



Captain Registration Form

2025 - 2026 SEASON

ONLINE REGISTRATION IS PREFERRED AT [OSCEOLAANGLERS.COM](https://osceolaanglers.com) OR SCAN QR CODE

CAPTAIN INFORMATION:

Captain Name: _____ Captain Phone: _____

Captain Email: _____

Address: _____

City, State Zip: _____

Do you have boat Insurance?: _____ Size of boat: _____
(You must have Insurance or you cannot captain an angler)

Insurance Name: _____ Policy Number: _____

Insurance Address: _____

City, State Zip: _____

Insurance Phone Number: _____

Are you currently a captain of a youth team? ____ Yes ____ No
If yes, who are your team members:

Angler 1: _____ Angler 2: _____

Emergency Contact Name: _____ Emergency Contact Number: _____

Print Name: _____

Signature: _____ Date: _____

Any questions you can contact: Wayne Colbert (407) 202-5002

PLEASE ATTACH A COPY OF YOUR INSURANCE POLICY OR INSURANCE CARD

**CAPTAIN JERSEY ORDER FORM****2025-2026 SEASON****ONLINE REGISTRATION IS PREFERRED AT OSCEOLAANGLERS.COM OR SCAN QR CODE**Captains Full Name: _____
First and Last Name

Angler Name: _____

☐ **Quarter Zip Team Jersey (Long sleeve only): \$65.00**1 Quarter Zip Team Jersey
(Long sleeve only)☐ YL ☐ X S ☐ S ☐ M ☐ L ☐ XL ☐ 2 XL ☐ 3 XL☐ **Team Packet: (includes Team Jersey) \$135.00**Dri-Fit Tee Shirt
(short sleeve)☐ YL ☐ X S ☐ S ☐ M ☐ L ☐ XL ☐ 2 XL ☐ 3 XL1 Quarter Zip Team Jersey
(Long sleeve only)☐ YL ☐ X S ☐ S ☐ M ☐ L ☐ XL ☐ 2 XL ☐ 3 XL1 Custom Hoodie
(Long sleeve only)☐ YL ☐ X S ☐ S ☐ M ☐ L ☐ XL ☐ 2 XL ☐ 3 XL

1 Custom Sun-Gloves

☐ YL ☐ X S ☐ S ☐ M ☐ L ☐ XL ☐ 2 XL ☐ 3 XL

1 Custom Buff

One Size Fits All

SIZING CHARTS

MEN'S								
	XS	S	M	L	XL	2XL	3XL	4XL
CHEST	32-34	34-36	38-40	42-44	46-48	50-52	54-56	58-60
WAIST	26-28	28-30	32-34	36-38	40-42	44-46	48-50	52-54

WOMEN'S							
	XS	S	M	L	XL	2XL	3XL
BUST	30-32	32-34	34-36	36-38	38-40	42-44	46-48
WAIST	24-26	26-28	28-30	30-32	32-34	36-38	40-42
HIP	32-34	34-36	36-38	40-42	44-46	48-50	52-54

YOUTH					
	XS	S	M	L	XL
CHEST	24-26	26-28	28-30	30-32	32-34
WAIST	20-22	22-24	24-26	26-28	28-30

Any Additional Jersey's at \$65 each Qty: _____ \$ _____

Total Amount Enclosed \$ _____

Who is your Captain: _____

Who is your Partner: _____

Please make check payable to: **Osceola Anglers High School Fishing Club, Inc.****Bring form to next meeting*** or***Mail form with check to:**Osceola Anglers High School Fishing Club, Inc.
4075 Canoe Creek Road
St. Cloud, FL 34772



Osceola County Sheriff s Office
2601 E. Irlo Bronson Memorial Hwy., Kissimmee, Florida 34744
Telephone 407-348-1100
www.osceolasheriff.org

Request for Background Check

Name / Nombre: _____

DOB / Fecha De Nacimiento: _____ Race / Raza: _____ Sex / Sexo: _____

Social Security # / Numero De Seguro Social: _____

Charges / Cargos:

Records Clerk / Recepcionista De Registros: _____

Date / Fecha: _____

To obtain the court disposition for the above listed charges, please contact the Clerks of Courts at (407) 742-3500.

Para obtener la disposicion del tribunal para los cargos anteriores, por favor comuniquese con el secretario del tribunal al (407) 742-3500 o en persona al 2 Courthouse Square, Kissimmee, FL 34741



WAIVER OF LIABILITY

Thank you for being a part of OSCEOLA ANGLERS during the 2025-2026 season. This is an annual form where you agree to release OSCEOLA ANGLERS of all liability while fishing and/or working with us.

This Release and Waiver of Liability (the "Release") executed on this _____ day of _____ 2024, by _____ (the "Volunteer")
(Angler or Volunteer name)

in favor of OSCEOLA ANGLERS, a nonprofit corporation, their directors, officers, employees, and agents (collectively, OSCEOLA ANGLERS).

The Volunteer desires to work as a volunteer for OSCEOLA ANGLERS and engage in the activities related to being a volunteer (the "Activities"). The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

Release and Waiver: Volunteer does hereby release and forever discharge and hold harmless OSCEOLA ANGLERS and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's Activities with OSCEOLA ANGLERS.

Volunteer understands that this Release discharges OSCEOLA ANGLERS from any liability or claim that the Volunteer may have against OSCEOLA ANGLERS with respect to any bodily injury, personal injury, illness (including illness associated with food provided), death, lodging, transportation or property damage that may result from the Volunteer's Activities with OSCEOLA ANGLERS, whether caused by the negligence of OSCEOLA ANGLERS or its officers, directors, employees, or agents or otherwise. Volunteer also understands that OSCEOLA ANGLERS does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

Medical Treatment: Volunteer does hereby release and forever discharge OSCEOLA ANGLERS from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with OSCEOLA ANGLERS.

Assumption of the Risk: The Volunteer understands that the Activities includes work that may be hazardous to the Volunteer, including, but not limited to, physical labor, loading and unloading, and any possible transportation.

Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases OSCEOLA ANGLERS from all liability for injury, illness, death, or property damage resulting from the Activities.

Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

Release: Volunteer does hereby grant and convey unto OSCEOLA ANGLERS all rights, title, and interest in any and all photographic images and video or audio recordings made by OSCEOLA ANGLERS during the Volunteer's Activities with OSCEOLA ANGLERS, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings. I hereby grant permission to the rights of my image, likeness and sound of my voice



as recorded on audio or videotape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse settings within an unrestricted geographic area.

Other: Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the state of Florida and that this Release shall be governed by and interpreted in accordance with the laws of the State of Florida. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year first above written.

Angler/Volunteer
Name : (Print Please)

Angler/ Volunteer
Signature :

Today's Date :

Angler/ Volunteer
Address :

Best Phone Number:

Email:

In case of emergency, please contact

Name :

Relation :

Phone Number :

IF ANGLER/VOLUNTEER IS A MINOR, PLEASE SEE ATTACHED



LIABILITY RELEASE AND WAIVER FOR MINOR CHILD PARTICIPANT

*I, _____ on behalf of my minor child or children named below, and the
(Parent/Guardian Name)

child's or children's personal representatives, heirs and executors, release and forever discharge all members of Osceola Anglers and it's, contributors, participants, producers, and their employees, agents, contractors, representatives, successors and assigns (the "Released Parties") of all liabilities, claims, actions, damages, costs or expenses which the child or children may have against the Released Parties for bodily injury, death, property damage, libel, slander and any other loss arising out of or in any way connected with the child or children's participation in this activity, to the fullest extent permitted by law, including but not limited to, all risks, known or unknown, anticipated or unanticipated, without regard to whether they are inherent in participating in this activity. I understand that this release on behalf of my minor child or children is an unconditional, full and general release, including my expressed release of all claims, actions, damages, costs or expenses arising out of the negligent acts or omissions of any of the Released Parties.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN PURSUANT TO SECTION 744.301(3), FLORIDA STATUTES READ THIS RELEASE AND WAIVER COMPLETELY AND CAREFULLY.

YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE RELEASED PARTIES USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHTS AND YOUR RIGHT TO RECOVER FROM THE RELEASED PARTIES IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE RELEASED PARTIES HAVE THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

(Print Parent's Name)

(Parent's Signature)

Date: _____

On behalf of the following named child or children under the age of 18 of which I certify that I am the parent or natural guardian.

(First Child's Name)

(Second Child's Name)

(Third Child's Name)

(Fourth Child's Name)



HANDBOOK ACKNOWLEDGMENT AND DISCLAIMER

I _____ have received, read, understood, and agree to comply with
(Angler Name)
the Angler and Parent Handbook for Osceola Anglers and understand all the information presented.
I have been given an opportunity to ask any questions I may have and have received satisfactory
answers to all of my questions.

Anglers Name: _____ Anglers Signature: _____

Parent/Guardian Name: _____ Parent/Guardian Signature: _____

PHOTO AND VIDEO RELEASE

I _____ (full name), hereby agree that my photograph or video tapes of me
(Angler Name)
may be taken during the course of my participation by tournament organizers, sponsors or media. As a
voluntary participant in this season, I agree that photographs or video tape taken of me may be used for
commercial purposes by the organizers of this club, sponsors and news media without royalties or prior
consent, unless specified in writing prior to the season.

Anglers Name: _____ Anglers Signature: _____

Parent/Guardian Name: _____ Parent/Guardian Signature: _____