

New Jersey Division of Fish and Wildlife
Attn: Liz Jackson, HOFNOD Coordinator
605 Pequest Road
Oxford, NJ 07863
Phone: 908-637-4125 x 122
Fax: (908) 637-6735
Email: Liz.Jackson@dep.nj.gov



Youth Registration and Photo Release Agreement

Team Name: _____

My child, _____ (print first & last name), has permission to participate in activities related to the HOFNOD Program. I understand that this will include events on and off-site. Please note that one of the HOFNOD activities is a *confidential* survey, which means that no one will ever report how your child individually answered questions. The survey will ask your child's opinion about their neighborhood and nature as well as their perceptions of, and engagement with, alcohol and drugs.

Parent volunteers always make the program much more memorable. If you would like to volunteer for the program including field trips, please write your name, telephone number and the best time to reach you:

What types of activities are you willing/able to help with? (Please check all that apply)

- Educational Activities
- Fishing Skills (Hands-on)
- Other: _____

I give consent that all photographs of my child and I be used in local newspapers and New Jersey Division of Fish and Wildlife publications, including printed or electronic information about Hooked on Fishing—Not on Drugs. In addition, all photographs of my child and I may be used in local, state, and national publications.

Youth Name (Printed): _____

Parent Name (Printed): _____

Parent Signature: _____ Date: ____/____/20____



This program is sponsored by the New Jersey Division of Fish and Wildlife.

