

Please Read Carefully
Parent/Guardian Consent Form

Please print, sign and send to:
The Bulldog Football School
PO Box 404
Franklin, MA 02038



My child has my permission to attend The BULLDOG Football School. I understand the risks and liabilities involved with the game of football and I understand that Dean College, The BULLDOG Football School Staff or anyone associated with the school will NOT assume responsibility for accidents incurred as a result of participation in the school. I will be responsible for medical or other charges associated with my child's attendance at the school. Furthermore the applicant is covered by family insurance, is in good health and is able to participate in physical activity. My signature below authorizes the BULLDOG Football School Staff to use their best judgment in the case of any emergency requiring medical attention.

I am covered by _____
insurance

Are there any restrictions on your participation?
If yes, please explain on a separate sheet.

Child's full name

Parent or Guardian Signature

Date

The BULLDOG Football School is a sole proprietorship and NOT operated by Dean College