

BRISTOL WILDCATS

2017 SUMMER FOOTBALL CLINIC

PERMISSION and RELEASE FORM

CHILD'S NAME: _____ DATE OF BIRTH: _____

Address: _____

City: _____ Zip Code: _____ School District: _____

PHONE: _____ E-MAIL ADDRESS: _____

PARENT/GUARDIAN: _____ (please print)

****RELEASE OF ALL CLAIMS:** I hereby give permission for my child to participate in the **BRISTOL WILDCATS** football program. I release and discharge the **BRISTOL WILDCATS** its agents, coaches, and officers from any and all claims, demands, actions, judgments, and executions which the undersigned ever had, or now has, or may have against the **BRISTOL WILDCATS**, in addition to any personal injuries arising from playing and transporting to games.

DATE: _____ SIGNATURE (parent/guardian) _____

****MEDICAL CARE:** I, the undersigned, do hereby grant permission to any licensed physician to perform or provide necessary emergency medical care to my child in connection with playing the game.

DATE: _____ SIGNATURE (parent/guardian) _____

****EQUIPMENT LIABILITY:** Parents are responsible for the return of all equipment and uniforms in good condition. You, the parent will be responsible for reimbursement to the league any cost for lost or excessively damaged equipment or uniforms.

DATE: _____ SIGNATURE (parent/guardian) _____

PARENTS, PLEASE NOTE THAT YOUR CHILD WILL NOT PARTICIPATE IN CLINICS UNTIL THE PERMISSION FORMS ARE COMPLETE.

MAY: EVERY SUNDAY 12pm – 2pm

***excluding May 29th (Labor Day Weekend)**

JUNE: EVERY THURSDAY 6pm – 8pm

EVERY SUNDAY 12PM – 2PM