

**2008 Participant Release and Permission to Participate**

Bloom-Carroll Bulldog Association  
PO BOX 512  
Carroll, Ohio 43112

Elementary School: \_\_\_\_\_

**1 Child = \$110**

**2 Children = \$200**

**3 Children = \$300**

We the undersigned consent and agree that the following child may be an active participant in the Bloom-Carroll Bulldog Association.

Participant's Name \_\_\_\_\_ DOB: \_\_\_\_\_ Grade in fall 2007 \_\_\_\_\_

Lives with: Both Father Mother Sex: Male Female School District: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Father's Address: \_\_\_\_\_ Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

City/Zip: \_\_\_\_\_ Email address: \_\_\_\_\_

Mother's Address: \_\_\_\_\_ Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

City/Zip: \_\_\_\_\_ Email address: \_\_\_\_\_

We ask that all participants bring a 12 pack of a Pepsi Product. A list will be provided during practice.

\_\_\_\_ I have a company that would be interested in becoming a BCBA sponsor. Please contact me with any information on how we can support the kids of Bloom-Carroll.

**WAIVER, RELEASE AND HOLD HARMLESS AGREEMENT:**

Player's Release and Permission,

I, the undersigned, hereby consent and agree that the herein named child is physically able and may be an active participant with the Bloom-Carroll Bulldog Association. In consideration of the acceptance of my entry as a participant in the Bloom Carroll youth Football/Cheerleading Program, I do hereby for myself, my heirs, executors, and administrators waive, release and forever discharge any and all rights and claims for damage which I may have or which may accrue to me against the Bloom-Carroll Bulldog Association, its board of directors, the sponsors, the administrators of the playing field, or all of their respective officers, agents or representatives, successors, and/or assigns for any and all damages which may be sustained and suffered by me in connection with any said association with or my entry and/or arising out of my travel to participation in and return from said games, exhibitions, or practice sessions conducted during the current playing year.

In consideration for such recreation and training being afforded our child, we do hereby release and discharge the BCBA, its board of directors, the coaches, assistants and their appointees, any and all of them, from any claims, liabilities, damages, o demands for injuries to person or property sustained by the named child, and resulting from his/her participation, and practice, or play in and with the aforementioned ball program. THIS REGISTRATION DOES NOT GUARANTEE PLAYING TIME. No medical insurance or other insurance is provided by the BCBA. The undersigned assumes full responsibility for obtaining all necessary insurance.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Total: \_\_\_\_\_

Board Member: \_\_\_\_\_ Check #/Cash: \_\_\_\_\_

**NO REFUNDS WILL BE ISSUED AT ANY TIME**