

# WALT BELL, LLC – 2019 APPLICATION

One Day All Position Football School for Boys Entering Grades 9-12; CEGEP; Prep School and JUCO  
Registration Fee - \$40.00

<input type="checkbox"/>	Saturday, June 8	<input type="checkbox"/>	Saturday, July 27
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Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

High School: \_\_\_\_\_

Participant Cell Phone: \_\_\_\_\_

Participant Email Address: \_\_\_\_\_ Participant Twitter: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Cell Phone: \_\_\_\_\_

Grade Entering Fall of 2019: 9  10  11  12  CEGEP  Prep  JUCO

DOB: \_\_\_/\_\_\_/\_\_\_ AGE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

**T-Shirt Size:**

Please list one Men's:

**Position:**

Please list one offensive and one defensive position

**Offense:**

**Defense:**

**REGISTRATION**

Register online at [www.waltbellfootballschool.com](http://www.waltbellfootballschool.com)

Online registration closes two days before each football school date. After this date, interested participants may register in person the day of the event with cash or money order (no personal checks accepted). The Walk-In fee is \$50.00.

Make **money order** out to:  
**Walt Bell, LLC**

**Refund Policy:** There will be no refunds issued after 1 week prior to event start without a note from a physician. Once a participant is on campus, no refunds will be given for any reason. Online Convenience Fees are non-refundable. NO EXCEPTIONS

**Individuals cannot participate in a football school without a completed Health Form and waiver.**

For more information, contact:

Dan O'Brien

Phone: 413-404-3711

E-mail: [waltbellfootballschool@gmail.com](mailto:waltbellfootballschool@gmail.com)

**FOR OFFICE USE ONLY**

PAYMENT RECEIVED: \_\_\_\_\_ DATE: \_\_\_\_\_

MEDICAL RECEIVED: \_\_\_ YES \_\_\_ NO PARTIAL/MISSING: \_\_\_\_\_

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



**Walt Bell Football School  
Medical & Liability Consent Form**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Phone #: \_\_\_\_\_

**Release and Medical Authorization**

This is to certify that \_\_\_\_\_ has been examined by a physician within the past year, and that he/she was found to be physically able to participate in vigorous physical activity and competitive athletic sports.

Date of last tetanus shot \_\_\_\_\_

Any known allergies \_\_\_\_\_  
\_\_\_\_\_

Any medical problems we need to be aware of \_\_\_\_\_  
\_\_\_\_\_

Any medications you are currently taking \_\_\_\_\_  
\_\_\_\_\_

Is an identification band or card carried to alert others to allergy(ies), medical conditions or medication use? \_\_\_\_\_  
If so, please explain. \_\_\_\_\_

**Release of Liability and Medical and Surgical Authorization**

In consideration of being permitted to participate in the 2019 One Day Football School by Walt Bell, LLC, I hereby assume the risks of personal injury that may result from program activities. I am knowledgeable about the sport, have previously participated in the sport, and am aware of the potential for injury while participating. Walt Bell, LLC will not be responsible for personal injury that results from negligent acts or omissions of the program employees. As a participant and/or parent or guardian, I do hereby release Walt Bell, LLC, the University of Massachusetts and their employees from all liability for personal injury or property damage which results from causes beyond the control of, and without the fault or negligence of, Walt Bell, LLC or the University of Massachusetts and their employees.

I \_\_\_\_\_ hereby authorize and give my consent to the health care providers to perform upon or administer to \_\_\_\_\_ (participant's name) any reasonable, necessary surgical or medical treatment. I also give permission to administer whatever anesthetic may be necessary or advisable during the medical or surgical procedures. This authorization is intended to cover emergency treatment, immunizations, injections and minor operations and procedures.

I understand that Walt Bell, LLC offers an excess insurance for injuries as a result of and that all claims must first be filed with my primary insurance in order to be eligible for this excess coverage. I authorize my insurance company to pay benefits to the health care providers that program employees send my son/daughter to for evaluation and treatment. I authorize the disclosure of medical information to my insurance company and to Walt Bell, LLC's excess carrier for the purpose of a claim.

This permission is good only while the participant is attending the 2019 One Day Football School by Walt Bell, LLC.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Participant name \_\_\_\_\_ Date \_\_\_\_\_

Insurance Company \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Policy number \_\_\_\_\_

Policyholder \_\_\_\_\_

**2019 Walt Bell Football School**  
**Participant Pickup Authorization Form**

*Names not placed on this list will not be allowed to pick up the participant*

**PARTICIPANT'S NAME** (please print): \_\_\_\_\_

**SCHOOL** (please print): \_\_\_\_\_

**DATES ATTENDING** (please list ALL that apply):

**PARENT/GUARDIAN'S NAME** (please print): \_\_\_\_\_

**PARENT/GUARDIAN'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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**AUTHORIZED INDIVIDUALS TO PICK-UP THE NAMED PARTICIPANT** (please print):

1. (name): \_\_\_\_\_ (phone #): \_\_\_\_\_

2. (name): \_\_\_\_\_ (phone #): \_\_\_\_\_

3. (name): \_\_\_\_\_ (phone #): \_\_\_\_\_

4. (name): \_\_\_\_\_ (phone #): \_\_\_\_\_

5. (name): \_\_\_\_\_ (phone #): \_\_\_\_\_

**INDIVIDUALS NOT AUTHORIZED TO PICK-UP THE NAMED PARTICIPANT** (please print):

1. (name): \_\_\_\_\_

2. (name): \_\_\_\_\_

3. (name): \_\_\_\_\_

4. (name): \_\_\_\_\_

5. (name): \_\_\_\_\_