

WALT BELL, LLC – 2019 APPLICATION

**7on7 / Big Man Football School for Boys Entering Grades 9-12; CEGEP; Prep School and JUCO
Registration Fee – 7on7 \$250 per team, Big Man \$60**



Friday, June 21

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: _____

Position: Please list one offensive and one defensive position

Offense:

Defense:

REGISTRATION

Register online at www.waltbellfootballschool.com

Online registration closes two days before each football school date.

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

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 Big Man 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 Big Man Football School by Walt Bell, LLC.

Parent or Guardian Signature _____ Date _____

Participant _____ 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:** _____

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): _____