

Own and Dirty - Florida

Weight _____ Grade (Fall 2008) _____
State _____ Zip _____

SESSION (CHECK ONE)
 Session 1 - June 25-27 Session 2 - June 28-30 Session 3 - July 1-3

FOOTBALL POSITION (Circle one of each)

Offense- Center	Guard	Tackle
Defense- Nose Guard	DE	Tackle

's Name _____ School _____

Home Preference _____ EMAIL: _____

I have permission to attend Bishop Dullaghan Football Clinic. Enclosed is a \$100 reservation fee for the session he will be attending. This fee will apply to the tuition, the balance of which will be paid one month before the opening date. I have no knowledge of any physical impairment that, would affect or be affected by my son's participation in the B/D Football Clinic to act for me to obtain for him whatever treatment the staff in it's best judgment deems necessary and appropriate. I specifically consent to such treatment including but not limited to hospitalization and surgery and will be responsible for any medical charges in connection with his attendance at the B/D Football Clinic. I acknowledge that at the B/D Football Clinic that my son will participate in a sport that will involve, among other things, physical contact of his body with other persons or objects, including the ground, that at the B/D Football Clinic he may incur a risk of injury. I specifically waive my right to sue the B/D Football Clinic, it's owners and staff members from liability for any claim for damages which I or my son may have from an injury or illness that he may sustain at the B/D Football Clinic I authorize the B/D Football clinic to use my son's name, photographs of my son and/or article about my son for publicity purposes.

Covered by (Insurance Company) : _____

Number: _____ Home Phone: () _____

Signature of Parent or Legal Guardian: _____

Visa, Master Card, American Express Accepted online at BishopDullaghan.com

OFFICE USE ONLY

Check No. _____ Amount _____ Date _____

Check No. _____ Amount _____ Date _____