

Please Read Carefully
Parent/Guardian Consent Form

Please print, sign and send to or email copy (emay@dean.edu):

The Bulldog Baseball Camp
Baseball Office 99 Main Street
Franklin, MA 02038



My child has my permission to attend The BULLDOG Baseball Camp. I understand the risks and liabilities involved with the game of baseball and I understand that Dean College, The BULLDOG Baseball Camp Staff or anyone associated with the school will NOT assume responsibility for accidents incurred as a result of participation in the camp. I will be responsible for medical or other charges associated with my child's attendance at the camp. Furthermore the applicant is covered by family insurance, is in good health and is able to participate in physical activity. My signature below authorizes the BULLDOG Baseball Camp Staff to use their best judgment in the case of any emergency requiring medical attention.

I am covered by _____
insurance

Are there any restrictions on your participation?

If yes, please explain on a separate sheet.

Child's full name

Parent or Guardian Signature

Date

The BULLDOG Baseball Camp is a sole proprietorship and NOT operated by Dean College