



**BATTLE OF THE BULLDOGS (POWDER PUFF) STUDENT PARTICIPATION FORM**

This form must be completed to participate in “Battle of the Bulldogs” and submitted no later than April 19<sup>th</sup> 2018. Make checks Payable to Bulldog Athletic Booster Club or make payment online (<https://www.bulldogathleticboosterclub.com>)

**Participant Information**

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Adult Shirt Size: \_\_\_\_\_

Power Puff

Coach

Alumni

Student Email Address: \_\_\_\_\_

Student Telephone Number: \_\_\_\_\_

**Participant/Guardian Information**

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Parent Consent:**

Your child as named above has indicated interest in participating in “Battle of the Bulldogs”. The cost for participation is \$20.00 and is nonrefundable. In consideration for being allowed to participate in this Activity, I release from liability and waive my right to sue The Bulldog Athletic Boost Club, Southeast Raleigh High School, Wake County Public Schools, their employees, officers, volunteers and agents from any and all claims, including claims of negligence, resulting in any physical injury, illness (including death) or economic loss suffered or which may result from his/her participation in this Activity, travel to and from the Activity, or any events incidental to this Activity.

I further certify that \_\_\_\_\_ (student name) has permission to participate in the above activity and is adequately covered by accident, health and/or hospital insurance policy that is in effect during the event and present school year.

**Parent/Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_