

Bulldogs Waiver Acknowledgement Form

League: _____
Name: _____

Team

Manager: _____

I have read and acknowledge the Bulldogs COVID-19 waiver to return to play:

Player Name

Parent Signature

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

7) _____

8) _____

9) _____

10) _____

11) _____

12) _____

13) _____

14) _____

15) _____
