

7-ON-7 STATE QUALIFIER REGISTRATION



TEAM _____

CITY _____ COACH _____

PHONE _____ EMAIL _____

SQUAD MEMBERS: (PLEASE PRINT NAMES)

- | | |
|-----------|-----------|
| 1. _____ | 11. _____ |
| 2. _____ | 12. _____ |
| 3. _____ | 13. _____ |
| 4. _____ | 14. _____ |
| 5. _____ | 15. _____ |
| 6. _____ | 16. _____ |
| 7. _____ | 17. _____ |
| 8. _____ | 18. _____ |
| 9. _____ | 19. _____ |
| 10. _____ | 20. _____ |

REGISTRATION FEE: \$400 PER TEAM

ADVANCED REGISTRATION:

Each team that wishes to participate in any tournament, must send \$180 nonrefundable deposit to the tournament host to secure your participation! The remaining per person balance must be paid the day of the tournament at the registration table.

TEAM FEE: \$400 per team. Roster is limited to a maximum of 20 players.

MAKE CHECKS PAYABLE TO: _____

MAIL ADVANCED REGISTRATION/TENTATIVE SQUAD LIST TO:

(7-on-7 Tournament Coordinator)

(Street Address)

(City, State, Zip)



RELEASE OF LIABILITY

STATE OF TEXAS

COUNTY OF _____
(county in which tournament is held)

I, _____, am a parent/legal guardian of
_____, who will be allowed to
participate in the Football Passing Tournament. I hereby release the
Football Passing Tournament and each of its' Directors from any
and all liability as a result of any injuries which may occur during my
child's participation. I fully understand that as a parent/legal
guardian, I am responsible for any and all medical expenses which
may be incurred as a result of any accidental injuries. I further
understand that the Football Passing Tournament is not sanctioned
by the _____ and is a private association.
(facility hosting the tournament)

DATE

PARENT/LEGAL GUARDIAN