

# 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: \$300 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: \$300 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**