

# TEXAS CITY HIGH SCHOOL PASS TOURNAMENT REGISTRATION



TEAM \_\_\_\_\_

COACH \_\_\_\_\_

PHONE (C) \_\_\_\_\_ (W) \_\_\_\_\_ (FAX) \_\_\_\_\_

## 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: \$15.00 PER PERSON

**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.

**MAXIMUM FEE: \$300 (20 Participants) MINIMUM FEE: \$180**

### MAIL ADVANCED REGISTRATION/TENTATIVE SQUAD LIST TO:

7 on 7 Football Passing Tournament Coordinator  
Texas City High School  
1800 9<sup>th</sup> Avenue North  
Texas City, TX 77590

(w) 409-942-2740  
tfinn@tcisd.org



**RELEASE OF LIABILITY**

**STATE OF TEXAS**

**COUNTY OF GALVESTON**

*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 Texas City ISD and is a private association.*

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PARENT/LEGAL GUARDIAN**