

# ALAMO HEIGHTS 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  
Alamo Heights High School  
6900 Broadway  
San Antonio, TX 78209

(w) 210 820-8855 ext. 5784  
dbyrd@ahisd.net



**RELEASE OF LIABILITY**

**STATE OF TEXAS**

**COUNTY OF BEXAR**

*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 Alamo Heights ISD and is a private association.*

\_\_\_\_\_  
DATE

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