

# CELINA 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:

Bill Elliot

(w) 972-382-3408

Celina Athletic Department

P. O. Box 188

Celina, TX 75009



**RELEASE OF LIABILITY**

**STATE OF TEXAS**

**COUNTY OF COLLIN**

*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 Celina ISD and is a private association.*

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

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