

ABILENE 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 Pearce
Action Sports Medicine and Physical Therapy
1717 Pine Street
Abilene, TX 79601

(w) 254-559-3286
pearcebill@att.net

Make checks payable to: Bill Pearce / Action 7 on 7



RELEASE OF LIABILITY

STATE OF TEXAS

COUNTY OF TAYLOR

*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 Abilene ISD or Action Sports Medicine & Physical Therapy and is
a private association.*

DATE

PARENT/LEGAL GUARDIAN