

SHARYLAND HIGH SCHOOL PASS TOURNAMENT REGISTRATION



TEAM _____

COACH _____

PHONE (C) _____ (W) _____ (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: \$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:

Tony Guerrero
2113 E. 20th Street
Mission, TX 78572

(w) 956-624-5241
tguerrergv@yahoo.com



RELEASE OF LIABILITY

STATE OF TEXAS

COUNTY OF HIDALGO

*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 Mission Consolidated ISD and is a private association.*

DATE

PARENT/LEGAL GUARDIAN