



7-on-7 State Championships Recognition and Assumption of Risk Agreement & Physician Release

I, the undersigned parent/legal guardian of _____ authorize said child's full participation in the 7-on-7 State Championship, including all related activities. It is my understanding that participation in the activities that make up the 7-on-7 State Championship is not without some inherent risk of injury. As such, in consideration of my child's participation in the 7-on-7 State Championship, I covenant not to sue the camp program, its financial sponsors, the city of College Station, the State of Texas, their officers, servants, agents or employees and release, waive, and discharge said parties from any and all liability, claims, demands, action and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, whether caused by the negligence of the releases, or otherwise while participating in such activity, or while in, or upon the premises where the activity is being conducted. I also give my permission for any emergency medical care or treatment by a physician, surgeon, hospital, or medical care facility that may be required, including transportation and accept responsibility for the cost.

Print Participants Name _____

Personal Insurance Company and Policy Number _____

Parent/Guardian Signature _____

date

I also agree to follow all instructions and procedures in order to maintain a maximum level of safety

Participants Signature _____

Date



Team Roster State Tournament Registration

Team _____

Coach _____

Phone (Cell) _____ W _____

Fax _____ E-mail _____

Squad Members: (Please Print Names and Assigned T-Shirt Numbers)

<u>Name</u>	<u>No.</u>	<u>Name</u>	<u>No.</u>
1. _____	_____	11. _____	_____
2. _____	_____	12. _____	_____
3. _____	_____	13. _____	_____
4. _____	_____	14. _____	_____
5. _____	_____	15. _____	_____
6. _____	_____	16. _____	_____
7. _____	_____	17. _____	_____
8. _____	_____	18. _____	_____
9. _____	_____	19. _____	_____
10. _____	_____	20. _____	_____

Total T-Shirt sizes for Team: _____ Med _____ Large _____ X Large

Registration Fee: \$300 per team – 20 player per roster limit
Bring This Roster and Corresponding Fee with you to Registration