

# 2009 STATE CHAMPIONSHIP LINEMAN CHALLENGE

## OFFICIAL REGISTRATION

SCHOOL: \_\_\_\_\_ COACH: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS: (FOR COACHES PACKET) \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ROSTERS MAY BE CHANGED AT CHECK-IN

TEAMS CONSIST OF 5-8 ATHLETES

REGISTRATION FEE: \$25 PER ATHLETE

TOTAL AMOUNT DUE: \_\_\_\_\_

COMPETITION DIRECTOR: CURT ST. ROMAIN

PHONE: 817-629-3954

FAX: 214-484-1176

E-MAIL: [CURT@TEXASLINEMANCHALLENGE.COM](mailto:CURT@TEXASLINEMANCHALLENGE.COM)

**PLEASE FAX ENTRY FORM, CALL OR EMAIL TO CONFIRM YOUR SPOT IN THE COMPETITION.**

ENTRY FEES CAN BE PAID IN ADVANCE OR AT CHECK-IN WITH CASH OR CHECK.

ADVANCE PAYMENT CAN BE MAILED TO:

TEXAS LINEMAN CHALLENGE

PO BOX 190930 DALLAS, TX 75219

**USA LINEMAN CHALLENGE  
ATHLETE LIABILITY RELEASE  
AND INFORMATION FORM**

STATE OF TEXAS

COUNTY OF DALLAS

I, \_\_\_\_\_ am the parent/legal guardian of \_\_\_\_\_ who will be allowed to compete in this USA LINEMAN CHALLENGE event. I hereby release USA LINEMAN CHALLENGE, any of its directors, and the competition director 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 LINEMAN CHALLENGE is not sanctioned by the DUNCANVILLE ISD and is a private association.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE PRINT

ATHLETE NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_