

2008 \_\_\_\_\_ 1

HOSTED BY \_\_\_\_\_ 2

DATE: \_\_\_\_\_ 3                      LOCATION: \_\_\_\_\_ 4

ADDRESS: \_\_\_\_\_ 5

CHECK-IN TIME: \_\_\_\_\_ 6 ★ START TIME: \_\_\_\_\_ 7

DIVISIONS: VARSITY, JV, FRESHMEN

EVENTS:

TEAM TRUCK PUSH

TEAM TIRE FLIP

BENCH PRESS FOR REPS

SLED DRAG

HAND-OVER-HAND SLED PULL

MEDICINE BALL THROW

FARMERS WALK

SAND BAG LOAD

**\*\*THIS WILL BE AN OFFICIAL QUALIFIER FOR THE STATE LINEMAN CHALLENGE IN JULY\*\***

THE WINNERS OF EACH 1A THRU 5A CLASSIFICATION WILL QUALIFY FOR STATE.

INDIVIDUALS PLACING IN THE TOP 3 OVERALL WILL QUALIFY FOR THE INDIVIDUAL  
COMPETITION AT STATE.

ENTRY FEE: \$ \_\_\_\_\_ 8\_ PER ATHLETE

TEAMS CONSIST OF 5 TO 8 ATHLETES

COMPETITION DIRECTOR: \_\_\_\_\_ 9

PHONE: \_\_\_\_\_ 10                      FAX: \_\_\_\_\_ 11

E-MAIL: \_\_\_\_\_ 12

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

STATE OF TEXAS

COUNTY OF \_\_\_\_\_

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 \_\_\_\_\_ ISD and is a private association.

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

PLEASE PRINT

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

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

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

Please fill out the form using the following information and fax back to the home office at 817-594-7012.

1. The name of your Lineman Challenge. Ex: 2008 Aledo Bearcat Lineman Challenge
2. The hosting organization of your Lineman Challenge. Ex: Football Booster Club
3. Date.
4. Location. Ex: Aledo High School Field House
5. Address. Give the exact address. You may want to test it with Mapquest to make sure it gives the correct location and directions.
6. Check-in Time. Please make this time at least an hour and end it at least 15 minutes prior to the start of the competition.
7. Start Time.
8. Entry fee per athlete.
9. Name of the competition director.
10. Contact phone number for the competition director
11. Fax number for coaches to send their paperwork.
12. Contact e-mail for the competition director.

