

2010 ARLINGTON COLTS LINEMAN CHALLENGE

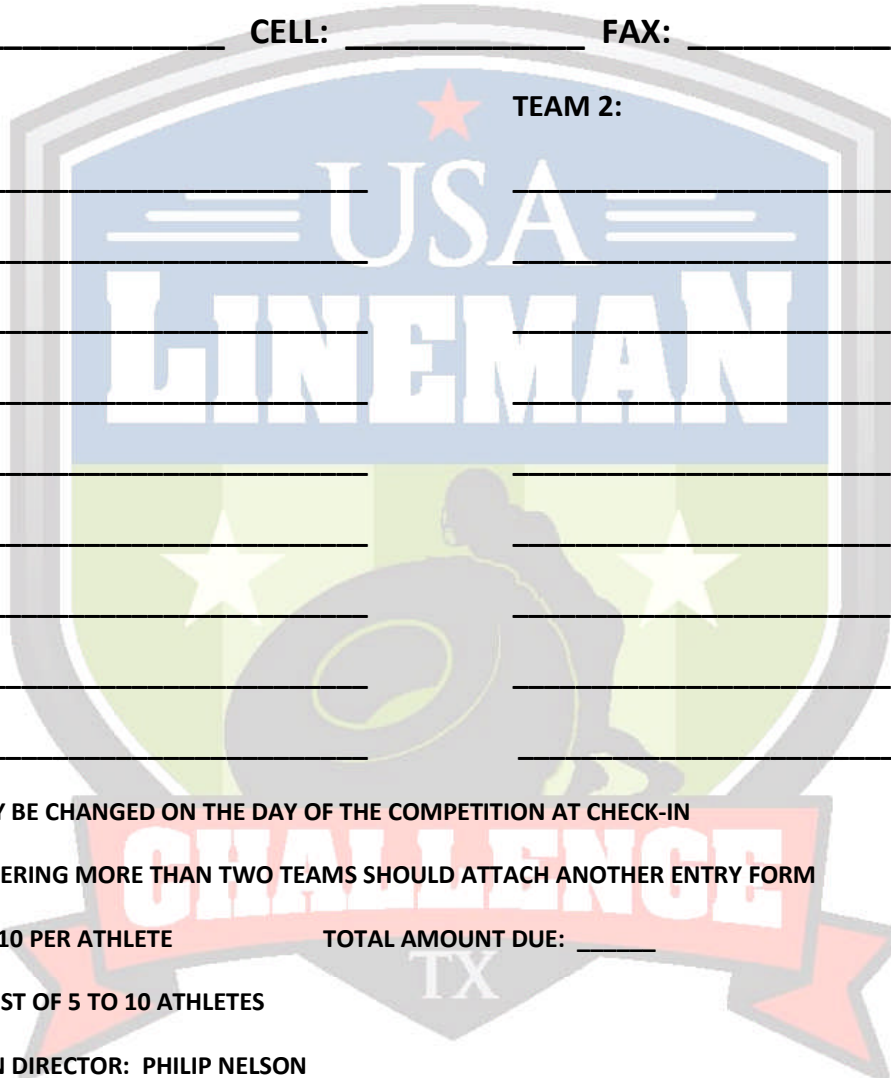
OFFICIAL REGISTRATION

SCHOOL: _____ COACH: _____

PHONE: _____ CELL: _____ FAX: _____

TEAM 1:

TEAM 2:



ROSTERS MAY BE CHANGED ON THE DAY OF THE COMPETITION AT CHECK-IN

SCHOOLS ENTERING MORE THAN TWO TEAMS SHOULD ATTACH ANOTHER ENTRY FORM

ENTRY FEE: \$10 PER ATHLETE

TOTAL AMOUNT DUE: _____

TEAMS CONSIST OF 5 TO 10 ATHLETES

COMPETITION DIRECTOR: PHILIP NELSON

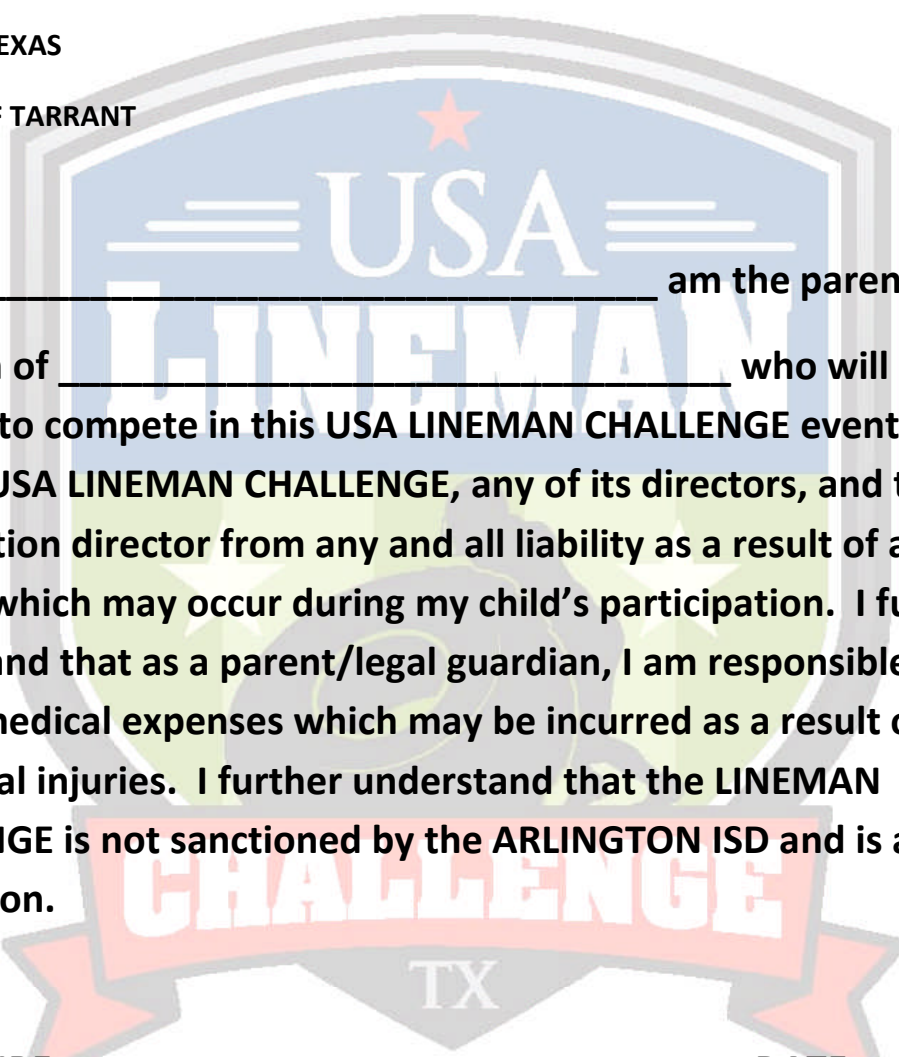
PHONE: 817-563-7056 FAX: E-MAIL: PNELSON@AISD.NET

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

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

STATE OF TEXAS

COUNTY OF TARRANT



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 ARLINGTON ISD and is a private association.

SIGNATURE: _____ DATE: _____

PLEASE PRINT

ATHLETE NAME: _____

PHONE: _____

EMAIL: _____