

Speed Camp USA

(936) 273-9821 phone (936) 273-9821 (fax)

\$110



16th Annual Competitive League 7 on 7 Football

6th, 7th & 8th grades

Registration deadline April 17th
\$20 late fee after deadline



Includes 7 on 7 gameshirt, six 45-minute games & practices plus City tournament play.

With concussion concerns becoming more prevalent, we've decided to require all players to wear protective headgear*. It is a necessary step in keeping our players safe. Visit Gamebreaker.com for more info.

Games will be played @ New Braunfels High School starting at 8:00am

April 27th, May 4th & 11th Regular Season, (two games each Saturday)

- * Optimal team size 10-12 players per team, no drafting of players.
- * High School Seniors will coach the teams, everyone must play.
- * Two HS official's calling each game. Mouthpieces & headgear required; trainer at game site.
- * Once per week practices determined by coach, after daily school activities.
- * Teams must check in before games start; at least 6 players else forfeit.
- * **All Participants must attend Cibolo, Comal, Marion, New Braunfels, San Marcos or Seguin ISD.**

May 18th, City Tournament

- * Two game guarantee.
- * Championship shirts awarded to division winners.

May 25th, Regional Tournament (top 4 teams per grade level)

- * Three game guarantee; requires extra \$30/player for qualifying teams
- * Teams from San Antonio, New Braunfels, Houston & San Angelo participating



Position (circle): **QB Rec RB LB DB**

Game shirt size (circle): **S M L XL XXL**

Name: _____ Grade: _____

Address: _____ City: _____ Zip: _____

School attending: _____

Phone#: _____ Parents Name: _____

Insurance Co: _____ Emergency#: _____

Email: _____

(for confirmation purposes; exclusive to Speed Camp USA)

RELEASE OF LIABILITY (waiver)

I give permission for _____ to participate in this 2019 event conducted by Speed Camp USA. I understand that I must provide insurance coverage for my child and acknowledge that Speed Camp USA and any agent involved with Speed Camp USA shall be held harmless in the event of injury. I further understand that the school insurance does not cover this event.

SIGNATURE FOR RELEASE OF LIABILITY

Parent _____ Date _____/_____/_____

Credit Card Information:

Check One: MasterCard Visa Discover

Card # _____ - _____ - _____ - _____

Amt \$ _____ Exp(mo./yr.) ____/____

CVV# _____ ZipCode _____

Auth. Signature _____

Check Information:

Check# _____ Amt \$ _____

Make payable to: **Speed Camp USA**

NO refunds after April 20th

Mail To: **Speed Camp USA**

P.O. Box 8063, The Woodlands, TX 77387

Register by Fax, Online or by Mail

www.SpeedCampUSA.com

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