

Speed Camp USA

7 on 7 Select Football League

hosted by SCFL

(936) 273-9821 (phone/fax)

Visit our website for further details...

www.SpeedCampUSA.com



Select 7 on 7 Football League

(3rd & 4th), (5th & 6th) & 7th grades

\$165 (\$130 w/o headgear)

Includes Gamebreaker headgear & (8) 45-minute games & practices plus end of season tournament play

Two Games will be played each Friday evening at SCFL-Gullo Park

January 25th – February 22nd

- o 12 players per team, maximum
- o Each grade has its own division, (3rd & 4th), (5th & 6th) & 7th grade, (*younger players play up if needed*)
- o **Dad's coach, bring your own team & shirts**
- o Texas High School officials calling each game.
- o **Headgear & mouthpiece required**

Important Dates:

Tuesday, January 22nd – game schedule & rules available online

Friday, January 25th – GAMES start @ SCFL-Gullo Fields

Gamebreaker Headgear Head Sizing Instructions
Use a cloth or paper tape measure to measure around your head. For best results, use a plastic/cloth tape measure. Alternately, you may use a piece of string or cord and then measure the length of the cord. Measure across your brow (approx 1" above eye brows), slightly above your ears keeping the tape parallel to the floor. *This measurement is a "two-person" event and is nearly impossible to accurately do by yourself.*



Gamebreaker (circle): XS(18-19") S(19.5-20.5") M(21-22") L(22.5-23")

Name: _____ Grade: _____

Address: _____ City: _____ Zip: _____

School attending: _____

Mother's Name: _____ Phone #: _____

Mother's E-mail: _____

Father's Name: _____ Phone #: _____

Father's Email: _____

Name of Insurance Co: _____

RELEASE OF LIABILITY (waiver)

I give permission for _____ to participate in this 2019 event conducted by Speed Camp USA & SCFL. I understand that I must provide insurance coverage for my child and acknowledge that Speed Camp USA, SCFL and any agent involved with Speed Camp USA or SCFL 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
(all credit card transactions will have a \$2.95 processing fee)

Card # _____

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

CVV# _____ ZipCode _____

Auth. Signature _____

Check Information:

Check# _____ Amt \$ _____

Make payable to: **Speed Camp USA**

NO refunds available after January 15th

Mail To: **Speed Camp USA**

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

Register by Fax, Online or by Mail

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