



REGISTRATION FORM

Kennedale High School - Kennedale, TX
Saturday, June 2, 2007

Player Information - Personal

First Name _____ Last Name _____ DOB (mm/dd/yy) ____/____/____ Graduation Year (circle one) **2008** **2009** **2010** **2011**

Home Address _____ City _____ State _____ Zip _____

Parent/Legal Guardian _____ Home Ph _____ Parent Cell Ph _____ Player Cell Ph _____

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Player Information - Football

Primary Offensive Position (Circle One) _____ Primary Defensive Position (Circle One) _____

QB RB FB WR TE OT OG OC PK NONE NG DT DE ILB OLB CB S P NONE

Other Positions Played (Circle All That Apply)

QB RB FB WR TE OT OG OC PK NG DT DE ILB OLB CB S P

High School Information

High School _____ Head Football Coach _____ District/Conference _____

Head Coach Ph _____ Head Coach Fax _____ Head Coach E-Mail _____

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School Address _____ City _____ State _____ Zip _____

Academic Information

GPA (4.0 Scale)	ACT	SAT	SAT Verbal	SAT Math	SAT Writing	PSAT	Class Rank
_____	1-36	600-2400	200-800	200-800	200-800	60-240	Rank Size
_____	_____	_____	_____	_____	_____	_____	_____/_____

HS Football Combine Preference

Please select "No Preference" unless you have a scheduling conflict that prevents you from attending one of the sessions.

No Preference Morning Session Evening Session **Morning Session: 8:30am - 11:30am**
Evening Session: 5:30pm - 8:30pm
 Interview Session* **Interview Session: 1:30pm - 4:30pm**

* Interview Session is a 5 minute audio interview conducted for profile purposes. To have interview, player **MUST** participate in either the morning or evening sessions. Scheduling for interview is limited. Please contact our office for inquiry and scheduling at (512) 535-2862.

Registration Submission

I have provided my e-mail address and signed the waiver and release form on Page 2 of the registration form. My parent or legal guardian has signed the waiver and release form if I am under the age of 18 years of age as of June 1, 2007.

Mailing Address:
TexasHSFootball.com
P.O. Box 6998
Texarkana, TX 75505
Ph: 512-535-2862
Fax: 817-678-3511



WAIVER & RELEASE FORM

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Release & Liability Waiver

In recognition of and knowledge of the fact that engaging in any form of physical activity involves a substantial risk of personal injury, I the undersigned, warrant that _____ (son's name) (participant) is presently in good physical condition and hereby agree to assume the risk of any injury that may result from participation of activities at the High School Football Combine at Kennedale High School.

Therefore, In consideration for being permittd to participate in the event, I hereby release, waive and forever discharge TexasHSFootball.com LLC, Kennedale ISD, its volunteers, the Texas HS Coaches Association, sponsors and employees, from any and every claim, demand or act of whatever kind, arising from any bodily harm, personal injury or death resulting from any accident which may occur as a resulting from any accident which may occur as a result of participation in the event. Further, and to the same extent and scope, I release said parties from any claim whatsoever which may be attributable to the receipt of first aid or other emergency treatment rendered in connection with participation in the event.

Release of Information Waiver

I, parent or legal gaurdian of Participant, give authorization to TexasHSFootball.com LLC, to release information provided on this form and completed data and testing results gathered from the event. I hereby understand that the information collected will be placed online and made available to all college coaches and each participant's high school coach. Personal Information will not be made available to the general public.

Catastrophic Injury Waiver

The possibility of sustaining a catastrophic injury is inherit in any athletic activity. I, parent or legal guardian of the participant, understand that by participating in the events, at the High School Football Combine at Kennedale does exist, although it is very rare. With this fact in mind, I understand the importance of rules and procedures as well as the necessity of using proper techniques. Furthermore, I understand that the possibility of a catastrophic injury does exist even though the above are to the fullest.

Authorization to Treat and Care

I, parent or legal guardian of the participant, give authorization to the athletic training staff and/or medical consultants to evaluate and treat at my expense, any injuries that may occur during my son's participation in the High School Football Combine. I understand that the medical staff has the authority to eliminate him from further participation in the events at the High School Football Combine because of an injury and/or an undue liability to TexasHSFootball.com LLC, Kennedale ISD, the sponsors and volunteers.

I the undersigned, afirmatively swear rgar I am the parent or legal guardian of the participant and am fully competent to and do hereby execute this release and waiver on behalf of that individual, heirs or assigns. I further represent and warrent that I have read and fully understand the terms of this document and their legal significance. In witness whereof I have voluntarily and without inducement from any party executed this Release and Waiver.

Parent/Legal Guardian Signature

(Required if student is under 18)

Date ___/___/___

Student Signature

Date ___/___/___

E-mail Address For Confirmation