

Player Last Name	Player First Name	Grade	DOB	Age as of 9/1/11	Parent /Guardian Signature
Please Attach team roster with this info!					

TSOF PLAYER RELEASE AND WAIVER OF LIABILITY

(NO PLAYER MAY PARTICIPATE IN A TSOF SPONSORED EVENT UNTIL A SIGNED COPY OF THIS DOCUMENT HAS BEEN TURNED IN)

THIS IS TO CERTIFY THAT BY SIGNING THE ABOVE SECTION I, THE PARENT/LEGAL GUARDIAN HEREBY GRANT PERMISSION TO AN ADULT MANAGER/COACH OR DIRECTOR ON THE TEXAS SCHOOL OF FOOTBALL BOARD, TO OBTAIN MEDICAL CARE FROM ANY LICENSED PHYSICIAN, HOSPITAL, OR MEDICAL CLINIC, FOR THE CHILD NAMED ABOVE. THE AUTHORIZATION SHALL INCLUDE TRANSPORTATION TO AND/OR FROM SUCH HOSPITAL OR MEDICAL CLINIC AT SUCH TIME THAT EITHER PARENT/LEGAL GUARDIAN CANNOT BE CONTACTED IN PERSON OR BY TELEPHONE. I AGREE NOT TO HOLD TEXAS SCHOOL OF FOOTBALL, ITS DIRECTORS, COACHES OR SPONSORS LIABLE FOR ANY DECISIONS MADE ON MY BEHALF. I UNDERSTAND THAT I WILL BE FINANCIALLY RESPONSIBLE FOR ANY AND ALL TRANSPORTATION COST OR DOCTORS COST RELATED TO ANY INJURY MY CHILD MIGHT HAVE PLAYING FOOTBALL OR CHEERING FOR TSOF. IN ADDITION THIS AUTHORIZATION SHALL INCLUDE THE REQUIRED TRAVEL TO AND FROM ANY/ALL LEAGUE ACTIVITIES IF THE PARENT/GUARDIAN CANNOT DO SO. I ALSO AGREE NOT TO HOLD TEXAS SCHOOL OF FOOTBALL, ITS DIRECTORS, COACHES, SPONSORS, OR PERSON TRANSPORTING THE CHILD TO AND FROM THOSE ACTIVITIES. I AUTHORIZE THE USE OF PLAYER PHOTOS ON THE LEAGUES WEBSITE OR IN NEWS PAPERS AS WELL AS ANY INFORMATION OBTAINED ON THIS FORM FOR THE USE OF DATA SHARING WITH AFFILIATED ASSOCOATIONS. WE UNDERSTAND THAT AS A PARENT AND PARTICIPANT WE WILL NEED TO SIGN A CODE OF CONDUCT FORM SEPERATLEY WITH OUR COACH THAT OUTLINES THE RULES GOVERNING TSOF THAT WE MUST FOLLOW. FAILURE TO FOLLOW ANY OF THE BY-LAWS GOVERNING TSOF AND OR AFFILIATED ASSOCIATIONS MAY RESULT IN SUSPENSION OR REMOVAL FROM THE LEAGUE.