TEXAS SCHOOL OF FOOTBALL

REQUEST TO PLAY UP A DIVISION

I AM THE PARENT OR LEGAL GUARDIAN OF _____ ,
AND I AM GIVING MY PERMISSION FOR HIM TO PLAY IN THE _____
DIVISION. I AM AWARE THAT THERE ARE RECOMMENDED AGE & DIVISIONAL REQUIREMENTS FOR HIM, AND WOULD STILL LIKE TO DO SO. I AM RELEASING TSOF FROM ALL RESPONSIBILITIES OF INJURIES THAT MAY OCCUR AS A RESULT OF THIS DECISION. I AM ALSO AWARE THAT TSOF WILL NOT PROVIDE ANY KIND OF INSURANCE TO COVER SUCH POTENTIAL INJURIES EITHER.

_____

PARENT OR LEGAL GUARDIAN SIGNATURE DATE

_____

HEAD COACH SIGNATURE DATE

_____

TSOF BOARD MEMBER APPROVAL SIGNATURE DATE