

**RETURN THIS FORM, THE ACCEPTANCE FORM, AND THE MEDICAL HISTORY FORM TO ME BY THE DUE DATE.
KEEP THE REST FOR THE INFORMATION FOR FUTURE REFERENCE.**

TEXAS SIX-MAN COACHES ASSOCIATION

ACKNOWLEDGEMENT OF RULES

Attention All-Stars: This form must be signed by both the student and parent/guardian and be on file with the Executive Secretary before the All-Star may participate in any practice session, scrimmage, or contest. A copy of the Medical History form must be signed by the All-Star and a parent/guardian must also be on file with the Executive Secretary.

All-Star's Name

Address

City

Zip Code

Telephone (include area code)

All-Star's Date of Birth

I, hereby, give my consent for the above All-Star to participate in the Texas Six-Man Coaches Association practices, activities, and games.

I understand that even though protective equipment is worn by the athlete whenever needed, the possibility of an accident still remains. The Texas Six-Man Coaches Association assumes no responsibility in case an accident occurs.

I have read and understand the Texas Six-Man Coaches Association rules and agree that my son/daughter will abide by all of the Texas Six-Man Coaches Association rules and regulations.

The undersigned agrees to be responsible for the safe return of all athletic equipment or property issued by the Association to above named All-Star.

If in the judgement of any representative of the Association, the above All-Star needs immediate care and or treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given to said All-Star by any physician, trainer, nurse, hospital, or Association representative; and I do hereby agree to indemnify and save harmless the Texas Six-Man Coaches Association and any Association representative from any claim by any person whomsoever on account of such care and treatment of said All-Star.

Player's Signature

Parent/Guardian Signature