

**Football All-Star Acceptance Form
Texas Six-Man Coaches Association**

Name of Athlete _____ School _____

Home Phone: _____

Cell Phone: _____

E-mail: _____

Helmet size: S M LG XL

T shirt size: S M LG XL

Coaches Name: _____

Coaches Phone: _____

Circle which team you are selected to play for:

Division 1 East Division 1 West Division II East Division II West



I _____ have read the rules and regulations set forth by the Texas Six-Man Coaches Association and understand and agree to comply with these rules and regulations. I understand that failing to comply with these rules and regulations will result in my being sent home. I also agree to pay for any damages to property that I am responsible while involved with the Texas Six-Man Coaches Clinic and All-Star games.

Athlete's signature _____

Parent signature _____