

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

Name of Athlete \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

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

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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.

Athletes signature \_\_\_\_\_

Parent signature \_\_\_\_\_