

LOUISIANA STATE FOOTBALL CHAMPIONSHIP TOURNAMENT
November 24-25, 2018

___8U ___10U___12U ___14 & under
(Age cut-off date is May 1, 2018)

Name of Team: _____

City & State: _____

Manager's Name: _____

Manager's Email: _____

Manager's Phone: Work: _____ Cell: _____

Home: _____

Manager's Complete Mailing Address: _____

Secondary Contact:

Email:

Phone: _____ *cell, home, work (circle one)*

Current Season's Record: Won_____ Lost_____

Note: Please attach any publicity data concerning individual or team performances such as newspaper clippings, pictures & etc.

For more information contact: **Scott Bruscato- Tournament Director**
318-680-0904-cell 800-843-1872 -work email sbruscato@monroe-westmonroe.org.

Remit Check/Money Order to: **North Louisiana Sports Alliance**
PO Box 5032
Monroe, LA 71211

Team Entry Fee: \$350 for tackle teams

Code of Understanding:

1. The entry form, along with the entry fee, must be submitted prior to the start of the tournament.
2. The Director is under no obligation to accept an entry that arrives after the bracket is drawn.
3. All teams must be completely uniformed alike when competing in a State Tournament.
4. Any team that submits a bad check for payment of entry fee or motel bills will be subject to disbarment.
5. Any teams destroying property or involved in theft of motel property will be subject to disbarment.
6. My team must stand ready to play on Friday night if so scheduled.
7. I agree with the above *Code of Understanding*.

Release:

I, the undersigned, manager of the team shown on this entry form hereby states that the team, represented by its roster, is a voluntary participant in this tournament. In consideration of this acceptance of our application to participate in said tournament we do hereby release and forever discharge tournament personnel of and from all liabilities, claims, actions and possible causes of action whatsoever that may accrue to us or to our heirs from every and any loss and injury include death that may be sustained by our person or property while, in about, or route into and away from said tournament. AND WHEREAS, the undersigned is aware of the dangerous nature of our undertaking as it relates to the loss of life and/or limb; therefore, it is agreed as flows: That in consideration of being allowed to participate in said tournament, the undersigned team through its manager here by voluntarily assumes all risks from accident or damage to person or property and hereby release the director from every claim, liability, or demand of any kind for on an account of any personal injury or damage of any kind sustained or caused by the negligence of the directors, it sponsors or otherwise.

I HAVE READ AND UNDERSTAND THE FORGOING RELESE AND CODE OF UNDERSTANDING.

SIGNATURE: _____ (Team Manager)

Remit Check/Money Order to: North Louisiana Sports Alliance
209 Hoover Drive
Monroe, LA 71203

Team Entry Fee: \$350 for tackle teams

Entry Deadline: Team Entry Must Postmarked by Friday, November 16, 2018

LOUISIANA STATE FOOTBALL CHAMPIONSHIP
November 25-26, 2017

Name of Team: _____ Team is from: _____
 Age Group: **6U (Flag only)** ___8U ___10U ___12U ___14&under

Entry Deadline: Friday, November 17

READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the Football Athletics/Sports Program, related events and activities, the undersigned acknowledges, appreciates, & agrees that:

1. The risk of injury from the activities involved in the program is significant, including the potential for permanent paralysis & death, & while particular rules, equipment, & personal discipline may reduce the risk, the risk of serious injury does exist &
2. I KNOWINGLY & FREELY ASSUME ALL SUCH RISKS, both known & unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, & assume all full responsibility for my participation; &
3. I willingly agree to comply with the stated & customary terms and conditions for participation. If however I observe any unusual significant Hazard during my presence or participation, I will remove myself from participation & bring such to the attention of the nearest official Immediately; &
4. I, for myself & on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE & HOLD HARMLESS THE TOURNAMENT OFFICIALS, their officers, officials, agents &/or employees, other participants, sponsoring agencies, sponsors, advertisers, & if applicable, owners & lessors of premises used to conduct the event ("Releasees") WITH RESPECT TO ANY & ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THE RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHT BY SIGNING IT, AND SIGN IT FREELY & VOLUNTARILY WITHOUT ANY INDUCEMENT.

PARENTS/GUARDIANS SIGNATURE SHOULD BE ON THE SAME NUMBERED LINE AS PLAYERS NAME APPEARS ON THIS ROSTER. By signing this roster, parent or legal guardian agrees to the above statements and verifies that the date of birth is correct. Parent or legal guardian of each youth player must sign below. **FOR PARTICIPANTS OF MINORITY AGE:** This is to certify that I, as parent/legal guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above all the Releasees, and for myself, my heirs, assigns & next of kin, I release & agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provide above. **EVEN IF ARISING FROM THEIR NEGLIGENCE.**

PLAYER NAME (please print)	DOB/AGE (as of 5/1/2017)		PLAYERS SIGNATURE	PARENTS/GUARDIAN SIGNATURE
1.	/		I HAVE READ THIS REALEASE	I HAVE READ THIS REALEASE
2.	/		I HAVE READ THIS REALEASE	I HAVE READ THIS REALEASE
3.	/		I HAVE READ THIS REALEASE	I HAVE READ THIS REALEASE
4.	/		I HAVE READ THIS REALEASE	I HAVE READ THIS REALEASE
5.	/		I HAVE READ THIS REALEASE	I HAVE READ THIS REALEASE
6.	/		I HAVE READ THIS REALEASE	I HAVE READ THIS REALEASE
7.	/		I HAVE READ THIS REALEASE	I HAVE READ THIS REALEASE
8.	/		I HAVE READ THIS REALEASE	I HAVE READ THIS REALEASE
9.	/		I HAVE READ THIS REALEASE	I HAVE READ THIS REALEASE
10.	/		I HAVE READ THIS REALEASE	I HAVE READ THIS REALEASE
11.	/		I HAVE READ THIS REALEASE	I HAVE READ THIS REALEASE
12.	/		I HAVE READ THIS REALEASE	I HAVE READ THIS REALEASE
13.	/		I HAVE READ THIS REALEASE	I HAVE READ THIS REALEASE

PLAYER NAME (please print)	DOB	PLAYERS SIGNATURE	PARENTS/GUARDIAN SIGNATURE	RELATIONSHIP
14.	/	I HAVE READ THIS REALEASE	I HAVE READ THIS REALEASE	
15.	/	I HAVE READ THIS REALEASE	I HAVE READ THIS REALEASE	
16.	/	I HAVE READ THIS REALEASE	I HAVE READ THIS REALEASE	
17.	/	I HAVE READ THIS REALEASE	I HAVE READ THIS REALEASE	
18.	/	I HAVE READ THIS REALEASE	I HAVE READ THIS REALEASE	
19.	/	I HAVE READ THIS REALEASE	I HAVE READ THIS REALEASE	
20.	/	I HAVE READ THIS REALEASE	I HAVE READ THIS REALEASE	
21.	/	I HAVE READ THIS REALEASE	I HAVE READ THIS REALEASE	
22.	/	I HAVE READ THIS REALEASE	I HAVE READ THIS REALEASE	
23.	/	I HAVE READ THIS REALEASE	I HAVE READ THIS REALEASE	
24.	/	I HAVE READ THIS REALEASE	I HAVE READ THIS REALEASE	
25.	/	I HAVE READ THIS REALEASE	I HAVE READ THIS REALEASE	
26.	/	I HAVE READ THIS REALEASE	I HAVE READ THIS REALEASE	
27.	/	I HAVE READ THIS REALEASE	I HAVE READ THIS REALEASE	
28.	/	I HAVE READ THIS REALEASE	I HAVE READ THIS REALEASE	
29.	/	I HAVE READ THIS REALEASE	I HAVE READ THIS REALEASE	
30.	/	I HAVE READ THIS REALEASE	I HAVE READ THIS REALEASE	

TEAM MANAGER'S AFFIDAVIT- I, the manager of the above team, do hereby state that all of the information supplied above is correct to the best of my knowledge & that all parents or guardians signed the above in their own handwriting, I further agree that each player is eligible to compete with my team in Bayou State Football Championship.

Manager's Signature: _____

Manager's Mailing Address: _____

Manager's Phone: _____

IMPORTANT-Each team manager shall be responsible to keep legal copies of birth certificates at all times in case of protest.

Any Questions- Contact:

Scott Bruscato

800-843-1872 - work

318-680-0904 - cell

Email: sbruscato@monroe-westmornoe.org

Remit Check/Money Order to: **North Louisiana Sports Alliance**

PO Box 5032

Monroe, LA 71211

Team Entry Fee: \$350 for tackle divisions and \$150 for flag teams