

SHOOTING FOR PURPLE 2008

Registration

General Information

When: May 6th, 2008

Where: Blazer Tag
1701 W. Ben White Blvd.
Austin, Texas
78704

Time: 6-9:00 pm

Cost: \$15.00 per player (\$60.00 per team)

Cost Includes:

Games and T-shirts
Door Prizes and 1st, 2nd, 3rd Place
Highest scoring player will be awarded a
voucher for an MVP

**Proceeds will benefit the Texas School for the
Deaf's Junior Class
2008 Shooting for Purple Logo

 Hands On VRS[®]
Powered by Purple[™]

DRESS CODE

Close-toed shoes, sneakers or boots are suggested. No sandals, heels, cleats or bare feet. Shorts, jeans, pants, or other full coverage lower body clothing is recommended.

T-shirts, long sleeve shirts, utility vests, BDU jackets, or other full coverage upper body clothing is also recommended.

Release of Liability and Authorization

I recognize that there are dangers, risks and possible injuries to Child/Adult which are inherent in and may result from participation in the Shooting for Purple Tournament. I hereby release the

Hands On Video Relay Service including its employees, from any liability, cost or damages should any injury or illness occur to my child/adult while participating in the Shooting for Purple Tournament or which may in any way arise from or relate to the Shooting for Purple Tournament including serious injury or even death. I have instructed Child/Adult to obey all rules, regulations and instructions of the Shooting for Purple Tournament, including all authorized Shooting for Purple Tournament staff, in an effort to help minimize such risk. Child/Adult is in good physical health and fitness to allow him/her to participate in the Shooting for Purple Tournament.

I have fully read and agree to the terms of this Release

Parent/Guardian

Signature: _____

Printed Name: _____

Date: _____

If you are 18 years and older please sign here:

Signature: _____

Printed Name: _____

Date: _____

**Players must be 7 years and older to play. Children under the age of 13 must be accompanied by a parent or guardian.

TEAM REGISTRATION FORM

To register your team, please complete this form and return it with your team registration fee to the address listed below by **April 2008**. Please make all checks payable to: **Hands On Video Relay Service**.

Team Members

**Denotes Captain*

***PLAYER ONE**

Name: _____

Address: _____

City: _____ State: _____

Zip: _____ VP # _____

E-mail Address: _____

Please circle one of the following:

Shirt Size: Youth S M L

Adult S M L XL XXL

PLAYER TWO

Name: _____

VP # _____

E-mail Address: _____

Shirt Size: Youth S M L

Adult S M L XL XXL

PLAYER THREE

Name: _____

VP # _____

E-mail Address: _____

Shirt Size: Youth S M L

Adult S M L XL XXL

PLAYER FOUR

Name: _____

VP # _____

E-mail Address: _____

Shirt Size: Youth Size S M L

Adult Size S M L XL XXL

HOVRS Attn: Andrea Fernandez
7800 Shoal Creek Blvd
Suite 115 North
Austin, Texas 78757

