



Cooper's Troopers Registration Form

PARENT/LEGAL GUARDIAN INFORMATION	
First Name:	
Last Name:	
Contact Email:	
CHILD INFORMATION	
Child's Name(s)	

RELEASE OF LIABILITY

COOPER'S TROOPERS - RELEASE OF LIABILITY STATE OF TEXAS BRAZOS COUNTY

I am the parent/legal guardian of the child/children listed above who will be allowed to participate in Cooper's Troopers at College Station High School. I will allow my child to run through the tunnel and onto the field at halftime of Cougar home games. I fully understand that as parent/legal guardian, I am responsible for any and all medical expenses which may be incurred as a result of any accidental injuries. I hereby release College Station ISD, its employees and volunteers from any and all liability as a result of any injuries which may occur during my child's participation.

Parent/Legal Guardian's Printed Name

Parent/Legal Guardian's Signature

CSHS COUGAR CLUB