



2013 WARHAWK FOOTBALL SHOWCASE

Showcase Dates and Times:

Sunday, June 9th - St. Amant High School
St. Amant, LA 4:00 p.m.

Monday, June 10th - Tad Gormley Stadium
New Orleans, LA 9:00 a.m.

Tuesday, June 11th - Malone Stadium
Monroe, LA 4:00 p.m.

Saturday, July 20th - Malone Stadium
Monroe, LA 4:00 p.m.

For 2014 High School Graduates

MAIL REGISTRATION FORMS TO:

ULM Football
ATTN: Vince Logan
308 Warhawk Way
Monroe, LA 71209

MAKE CHECKS PAYABLE TO:

Football Showcase

FOR MORE SHOWCASE INFO OR QUESTIONS CONTACT:

Vince Logan
(318) 342-5369
E-MAIL: logan@ulm.edu

www.ulmwarhawks.com

SENIOR DAY REGISTRATION FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Guardian's Name: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Date of Birth: ____ / ____ / ____ Height: ____ Weight: ____

School: _____

Coach: _____

POSITION (CHECK BOX)

Offense: ☐ QB ☐ RB ☐ WR ☐ TE ☐ OL

Defense: ☐ DB ☐ LB ☐ DT ☐ DE ☐ P/K

Primary Position: _____

CHECK SHOWCASES YOU ARE PLANNING TO ATTEND

☐ Senior Day I - St. Amant H.S. (St. Amant) \$20

☐ Senior Day II - Tad Gormley Stadium (New Orleans) \$20

☐ Senior Day III - Malone Stadium (Monroe) \$20

☐ Senior Day IV - Malone Stadium (Monroe) \$20

Total Due: \$ _____

I, participant's parent/legal guardian _____ authorize my child's full participation in the Warhawk Football Showcase including related activities. In consideration of my child's right to participate in this activity I agree to release, waive, agree not to sue, and agree to hold harmless for any purpose the Warhawk Football Showcase, The University of Louisiana Monroe, The University of Louisiana System, and their employees, agents and volunteers from any and all liabilities.

I also give permission for my child to receive any emergency medical treatment by a healthcare professional which may be required for injuries sustained by my child.

Participant's Name: _____

Legal Guardian Signature: _____ Date: _____

Insurance Company (if applicable): _____ Policy Number: _____

Name of Primary Policy Holder: _____