



Strength Speed Agility Program

SSAP, LLC • 2307 Oak Lane, Suite 215 • Grand Prairie, TX 75051-4893
DIRECT: (832) 902-9819 or (281) 733-6212 <http://www.ssapcheernmore.com>

SSAP PEE WEE PRO BOWL GAME NORTH VS SOUTH

Youth Football League Season's *Best of the Best* Players

December 7, 2024

Thurgood Marshall High School

1220 Buffalo Run
Missouri City, TX 77489

Objective:

*The SSAP Pee Wee Pro Bowl is a game that brings together the “**best of the best**” - the **best** players from youth football leagues around the country. They are nominated, then voted on by the selected pro bowl coaches. These elite players will go head-to-head in a football game to recognize their hard work and achievements - those outstanding credentials from the current football season.*



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RULES AND PROCEDURES

Security:

Youth Football League policies will be in place on premises beginning first at each practice at each site until Saturday. Then, on the day of the Pro Bowl, police officers will be on hand.

Parents of players will be given a pass only to watch practices on Monday through Thursday.

Passes are NOT given for the actual Pro Bowl Game

Equipment:

1. All players must represent *their* organization by wearing the team's helmet (please have logo visible and clear!)
2. All players must have their own cleats, shorts, under armor, shoulder pads and jocks.
3. SSAP WILL provide players with their gameday jersey, pants and socks. **All SSAP equipment will be collected directly at the end of the game.**
4. All coaches will be responsible for providing players with water or Gatorade during the week of practice.
5. Players will be able to wear any practice gear during practice.

Transportation:

1. Parents of the North Teams are responsible for bringing their player(s) to the designated field for practice.
2. Parents of the South Team are responsible for bringing their player(s) to the designated field for practice.
3. **For VISITING Team players only** – a bus or van(s) will be provided to bring players to host city to the hotel designated for players to stay the night before Saturday's Pro Bowl game. **There is a \$25.00 fee to ride.**
4. Players for Visiting teams will stay Friday night only and must be prepared to check out Saturday morning **before leaving for the game.**
5. All coaches will be responsible, along with directors to make sure all players are checked in and out of the hotel by 8:00 am.

Registration:

To get into the selection pool, all potential players must complete the **Player Registration Form** and **include a \$20.00 registration fee**. This fee covers the cost for verifying the player's credentials through the league and the inclusion in the **Pro Bowl Program booklet**.



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RELEASE OF LIABILITY & MEDIA RELEASE

(1 copy per player must be completed and turned in)

READ THIS CAREFULLY BEFORE SIGNING: AGREEMENT TO ASSUME RISK AND RELEASE FROM LIABILITY

RELEASE OF LIABILITY

As consideration for being a participant in the Strength, Speed, & Agility Program, LLC. Pro Bowl Game (hereinafter "Pro Bowl"), and any and all possible resulting and Halftimes, I, the parent or guardian, hereby (1) release the Strength, Speed, & Agility Program, LLC., all related rehearsal sites and any officers, directors, members, employees or agents (collectively, the "Released Persons") from all actions, claims, or demands that I, my assignees, heirs, guardians, and legal representatives may have now or in the future, including those for personal injury or property damage resulting from the negligence of any Released Person, arising out of my child's participation in the Pro Bowl, and/or Halftime(s), and (2) agree that I, my assignees, heirs, guardians, and legal representatives will not make a claim against or sue any Released Person for personal injury or property damage resulting from my child's participation in the Pro Bowl, and/or Halftime(s), including that which results from the negligence of any Released Person.

MEDIA RELEASE

I, the parent or guardian, irrevocably consent to the reproduction and use of any photographs, tapes, videos, audio or other recordings of my child's likeness ("Recordings") made by any Released Person or the media. I authorize such Recording and release SSAP, LLC to use my child's name, likeness, and biographical material to exhibit or distribute such Recordings in whole or part without restrictions or limitations for any educational or promotional purpose. I, the parent or guardian, agree that any reproduction or use of such Recordings will be without compensation to my child.

I, the parent or guardian, agree that all referees' decisions are final arising out of my child's participation in the Pro Bowl, and/or Halftimes.

I, THE PARENT OR GUARDIAN, AM AWARE THAT THE PRO BOWL (AND/OR HALFTIMES) MAY BE RECORDED. I, THE PARENT OR GUARDIAN, AGREE TO ACCEPT ALL RISKS OF PERSONAL INJURY AND PROPERTY DAMAGE.

I AM _____'S PARENT/LEGAL GUARDIAN, AND ACTING IN THAT CAPACITY, I HAVE CAREFULLY READ AND I AGREE TO THIS RELEASE OF LIABILITY.

* _____
Participant (Player's) Name

* _____
Player's Youth Football League Team

* _____
Participant (player's) Address

City, State, Zip

IN CASE OF EMERGENCY:

* _____
Parent/Legal Guardian Signature

Relationship to Player

* (_____) _____ - _____
Parent/Guardian cell number



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NON-DISCLOSURE AGREEMENT (NDA)

READ THIS CAREFULLY BEFORE SIGNING

Client: Strength, Speed & Agility Program (SSAP), LLC

Contact: _____

Date: _____

I, agree that, in consideration for access to information given to me by SSAP, LLC., I will:

1. Keep all information provided to me from SSAP, LLC relating to the Pee Wee Pro Bowl, its rules, regulations, and/or marketing plans, discussions, graphics and marketing related to the Pro Bowl and processes in strict confidence.
2. Disclose to this information solely to individuals who have a signed non-disclosure agreement with or who have an express approval from SSAP, LLC either verbal or written, to receive this information.

Understood and agreed upon this ____ day of _____, 2024.

* _____

Contact Printed Name

* _____

Title/ Relationship to player (participant)

* _____

Contact Signature

Date

* _____

Signature of SSAP official

Date