



Letter of Invitation to Participate in a 7 on 7 Passing Tournament Hosted by: The T.E.A.M. Elam Foundation

May 18, 2019

To: High Schools Head Coaches,

We would like to invite your team to the 3rd Annual T.E.A.M. Elam Foundation 7-on-7 Passing Tournament, hosted by the T.E.A.M. Elam Foundation.

The T.E.A.M. Elam Foundation, which stands for Together Everyone Achieves More with T.E.A.M. Elam was formed to help combat violence and negative influences by introducing the youth to an array of positive influences and equipping them with the skills, knowledge and confidence to succeed in life through our provided programs, role models, and community events.

The T.E.A.M. Elam Foundation, a non-profit 501©3 organization was founded in June 2008 by former NFL player Abram Elam. He now has partnered with his brother Matt Elam, a former first- round draft choice who played four seasons in the NFL. The foundation is one of their greatest achievements and a true representation to giving back to the youth of America.

The Tournament will again be held at the excellent facility of Wells Recreation Center on Friday 19th, July, 2019. Our previous tournament included high school teams from the surrounding area, including Glades Central last year's tournament champions. This tournament is a day of high-quality, great exposure and competitive football. At this year's tournament, we are expecting a maximum of 12 teams. Rosters are limited to 30 players.

We need your support to help us provide these positive outlets for our youth. We would be grateful if you could join us in keeping our youth in a positive fun-filled weekend. Your cooperation is appreciated and we look forward to seeing you at the T.E.A.M. Elam Charity Weekend 7 – on – 7 passing tournament. For additional information please see the enclosed forms. If you have any questions please contact 561-662-9147.

Thank You,
T.E.A.M. Elam



PLAYERS WHO HAVE PREVIOUSLY PARTICIPATED

- Jordan Travis** -- Benjamin QB: Louisville
Corey Gammage -- Atlantic WR: Marshall
Cameron Jones -- Dwyer DB: Syracuse
Kenih Lovely -- Atlantic DB: Western Michigan
Cadarius Gaaskin -- Atlantic WR: FIU
Teja Young -- Palm Beach Lakes ATHLETE: FAU
Justin Birchette -- Dwyer DB: Ohio
Jakari Starling -- Palm Beach Lakes DB: South Dakota
Jamarian Green -- Glades Central ATHLETE: UCF
Christian Brown -- Atlantic DB: Princeton
Lubens Ervil -- Dwyer WR: Jacksonville
CJ Smith -- Palm Beach Lakes: Nebraska
George Johnson --WR, Martin County: Michigan
Kaiir Elam -- DB, Benjamin: Florida
Antavious Lane -- DB, Dwyer Georgia State
Eldridge Franklin -- DB, Palm Beach Lakes: Chadron State
Gio Richardson -- QB, Dwyer: Tennessee Chattanooga
Ishmael Goulborne -- DE, Dwyer: Syracuse
James Meeks -- RB, Dwyer FAU
Lameron William, TE, Atlantic: FIU
Andrew Luchey -- DB/WR, Kings Academy: West Florida
Justin Wake -- QB, Kings Academy: Southwest Baptist University

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T.E.A.M. Elam Charity Weekend 2018

7 on 7 Passing Tournament

When	Friday, July 19 th , 2019
Where	Wells Recreation Center, 2409 Avenue H W, Riviera Beach, FL 33404
Time	Registration begins at 8am SHARP A light breakfast will start at 8:30am The first game will begin at 9:45am
Who Can Play	Grades 9 – 11
Game Duration	Teams will be placed in groups and play at least three games in a “Round Robin” format. Teams advance to a single-elimination format through the championship game in the afternoon
Players Per Team	NO MORE THAN 30 PLAYERS PER TEAM
Contact	Addie Elam Lewis elamlewis@bellsouth.net (561) 907-7393
Website	http://www.teamelam.org
Join Un On Facebook	https://www.facebook.com/TeamElamFoundation/

***Lunch will be provided for all teams and coaches that participate in the tournament**

NOTE: Players wear team uniform and standard football cleats with plastic or rubber spikes. No Metal

******Individual players do not register for this tournament. Instead, coaches should fill out their contact information on the registration sheet and team rosters can be submitted by mail or emailed to elamlewis@bellsouth.net

****** All teams participating in this event must bring a completed Release and Waiver of Liability and Medical History forms. Students will not be allowed to participate without this release and waiver

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Registration Form

Please print clearly. We cannot process incomplete registrations. All information requested must be provided. Coaches should register their team for the 7-on7 Passing Tournament

Coach's Full Name: _____

High School: _____

School Address: _____

City/State/Zip: _____

On-site Contact Name
(if different): _____

Phone #1: _____

Phone #2: _____

Email (necessary for
confirmation and tournament
communication) _____

Special needs for
participant(s): _____

WHAT TO BRING TO TOURNAMENT

_____ Team Roster & Signed waivers for each student playing

_____ Equipment-mouth pieces

_____ Cleats (PLASTIC OR RUBBER ONLY)

All forms must be submitted by June 17th, 2019 deadline

All forms to be returned must include a team roster, registration sheet, and registration fees.

**Please mail to: The T.E.A.M. Elam Foundation
6231 PGA Blvd Suite 104-203, Palm Beach Gardens, Florida 33418
Or email to Contact # (561) 907-7393**

WAIVER: Registration implies permission for photos, publicity and inclusion in a participant list unless the T.E.A.M. Elam Foundation is notified in writing prior to camp. By signing this form I agree to hold harmless and indemnify T.E.A.M. Elam Foundation from any and all liability, loss, damages, costs, or expenses which are sustained, incurred, or required arising out of the actions of my dependent in the course of the tournament. I authorize that any medical, surgical, diagnostic and hospital procedures may be performed by a physician on my dependent if I cannot be reached in the event of an emergency.

Parent/Guardian Signature: _____

Date: _____

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TEAM ROSTER

Please Type ALL details – Save as 'Team Name' & Email to: elamlewis@bellsouth.net

TEAM NAME: _____

	STUDENT NAME	DATE OF BIRTH	SHIRT SIZE
1			
2			
3			
4			
5			
6			
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11			
12			
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NO MORE THAN 30 PLAYERS PER TEAM

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RELEASE AND WAIVER OF LIABILITY MEDICAL HISTORY FORM

ALL AREAS OF THIS FORM MUST BE COMPLETED AND SIGNED PRIOR TO THE TOURNAMENT

Student's Name: _____

Birth Date: _____ Grade: _____

Parent/Guardian's Name: _____

Relationship: _____

Home: _____ Cell: _____ Work: _____

Does the student have allergies? No Yes List _____

Is the student currently on medications? No Yes List _____

Does the student have loss of a paired organ (*kidney, eye, etc.*)? No Yes List _____

Medical Insurance Co. Name: _____

Policy Holder Name: _____

Any instructions regarding your insurance? _____

If you have a yes answer to any of the above, you must include a physician's permission to participate.

IN CASE OF EMERGENCY

Contact Name: _____ Relationship: _____

Home: _____ Cell: _____

I/We, the undersigned, hereby certify that I/we am/are the parent/legal guardian of the student. I hereby give permission for the T.E.A.M. Elam to seek, during the period of the 7on7 Tournament, appropriate medical attention for the student and for medical attention to be given and for the student to receive medical attention in the event of an accident, injury or illness. I will be responsible for any and all costs of medical attention and treatment.

I/We, the undersigned, for ourselves and/or as guardians of (Print Student's Name Here) _____ understand that FOOTBALL is an active, physical sport and that injuries can take place during play. I/We understand that, as with any sport, injuries can occur, and we hereby acknowledge that my/our child is physically fit and mentally capable of participating in these activities. I/We also understand that it is my/our responsibility in caring for the student listed above, to be assured that he/she is fully capable of engaging in this sport's activity, and I/we are confident that he/she is able to engage in such sport.

For the sole consideration of my child's participation in the 7-on-7 Passing Tournament, I agree to indemnify and hold harmless the T.E.A.M. Elam foundation from any and all claims, demands, claims for attorney's fees whatever kind or nature which might be asserted against them, rights and causes of actions of whatever kind, by or on behalf of myself, my heirs, assigns, attorneys in fact, attorneys at law, personal representatives, dependents, or otherwise, arising from my Child's participation in connection with his/her activities at and through the T.E.A.M. Elam Foundation Charity Weekend events.

I hereby certify that I am eighteen (18) years of age or older, suffering under no legal disabilities, that I have read the foregoing document carefully and hereby sign this agreement voluntarily and for my own free will.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____