



Player Agreement Form

All-Star Player Information

Player Name		
High School		
Player Address		
City	Zip Code	
Player Phone Numbers		
Player Email Address		

Parent Information

Father's Name		
Mother's Name		
Home Address		
City	Zip Code	

All-Star Player Agreement

I accept the All-Star selection and agree to play in the Arizona Coaches Association Senior All-Star games this summer.

I understand that I will keep in touch with my All-Star coach before my graduation and until the all-star competition is concluded.

I will complete all required forms and also check notices and updates at www.azcoach.net for more current information.

Signature

All-Star Player Signature: _____ Date: _____