



OVAC ALL-STAR PARTICIPATION FORM

You have been selected to participate in the OVAC All-Star _____
on _____. Please **carefully read** this sheet and return it by the
date marked.

- I agree to participate in this All-Star contest.
- I decline to participate in this All-Star contest.

This form, as well as your emergency medical form, **must be returned** to the contest director specified by _____. If it is not returned by that date, it will be understood that you are not participating and you will be replaced with an alternate.

NOTE: Should you agree to participate in this contest and then drop out for any reason other than a medical concern (that is verified by a doctor), you will be ineligible to participate in any other OVAC All-Star contests during that school year.

REMEMBER: Playing in an OVAC All-Star Game is a privilege, not a right. The home school has the authority to remove you from the game for any reason they believe might embarrass or bring negative publicity to their school.

ALL FIVE SIGNATURES MUST BE INCLUDED:

Athlete _____

Parent/Guardian _____
(required regardless of age of athlete)

Coach /Advisor _____

Athletic Director _____

Principal _____

EMERGENCY MEDICAL FORM and PROOF OF INSURANCE FORM given to you (or a similar one from your school) MUST BE RETURNED WITH THIS FORM.

Date Received: _____

Meet Director