

North Florida All-Star Series Volleyball Classic

PLAYER ACCEPTANCE FORM (REQUIRED)

SEND TO (SCAN & EMAIL) – ASAP: northflaallstar@gmail.com

NAME _____

HOME ADDRESS _____

ZIP _____

HOME PHONE () _____ CELL PHONE () _____

HEIGHT _____ WEIGHT _____

JERSEY SIZE _____

HIGH SCHOOL _____

DATE OF GRADUATION: MONTH _____ Day _____ Year – 2020

PRIMARY POSITION(S) _____

SECONDARY POSITION(S) _____

COLLEGE OR UNIVERSITY COMMITTED TO _____

TWITTER HANDLE: @ _____

_____ Yes, I accept the invitation to play in the North Florida All-Star Series Volleyball Classic on Saturday, November 23, 2019 at Bartram Trail High School in St. Johns/Fruit Cove and will participate in all related practices prior to the game.

Athlete Signature: _____

_____ Yes, I approve of my daughter playing in the North Florida All-Star Series Volleyball Classic on Saturday, November 23, 2019 at Bartram Trail High School in St. Johns/Fruit Cove.

Parent or Guardian Signature: _____

_____ No, I will not be able to play in the North Florida All-Star Series Volleyball Classic on Saturday, November 23, 2019 at Bartram Trail High School in St. Johns/Fruit Cove.