OGAA SOFTBALL ALL STAR COMMITMENT FORM

I have been informed of the following regarding All Stars and agree that if selected:

1. I will adhere to such and understand that: Post Season All Stars is a highly competitive, tournament level program that will involve additional practices, overnight travel in Mississippi and possibly out of state, fundraising as well as certain costs which I will have to incur, including but not limited to uniforms, entry fees, gate fees etc.

2. I further understand that the Head Coach of the All Star team will be selected by the coaches and approved by the board of directors and I will not limit my child's participation based on the selection of the Head Coach or Assistant Coaches.

3. All Star teams fully participate in all OGAA sponsored tournaments until the team is eliminated from that tournament. All Stars could potentially play through the end of July and into August.

4. By accepting to be considered for All Stars, I confirm that I have read and accept the OGAA Softball All Star Policy.

Team Name: _____	**Coach: _____**	
Players Name (Print)	**Accept/Decline**	**Parents Signature**