

Coach R. Shell Dula, Executive Director
South Carolina Athletic Coaches Association
P O Box 50028
Greenwood, SC 29649

**THIS FORM MUST BE
RETURNED TO THE SCACA
BY MAY 1, 2019**
Email: dulas@gwd50.org
Fax: 864-388-2478

Dear Coach Dula:

I accept the opportunity to play in the **2019 South Carolina Select Baseball Game** to be played May 20-22, 2019 at Lexington High School, Lexington, SC.

I also agree to follow all rules set by the SOUTH CAROLINA ATHLETIC COACHES ASSOCIATION and the ALL-STAR COACHES. ANY PLAYER WHO FAILS TO FOLLOW ALL THE RULES WILL BE SENT HOME. This includes personal appearance, clothing, and conduct. DO NOT ACCEPT THIS INVITATION IF YOU CANNOT BE HERE FOR THE ENTIRE COMPETITION.

DRESS CODE:

1. HAIR SHOULD BE NEAT, CLEAN, AND WORN IN GOOD TASTE AT ALL TIMES. FACIAL HAIR SHOULD BE WELL GROOMED.
2. NO EARRINGS (EXCEPTION: FEMALES)
3. NO CLOTHING THAT REPRESENTS ALCOHOL, TOBACCO, OBSCENE WORDS/PICTURES OR DRUGS WILL BE WORN AT ANY TIME.
4. HATS/CAPS THAT ARE NOT OFFENSIVE MAY BE WORN, BUT NOT INSIDE. NO RAGS, BANDANNAS OR HEADBANDS MAY BE WORN
5. IT IS STRONGLY SUGGESTED THAT YOU WEAR PROPER AWARD PROGRAM ATTIRE (COAT AND TIE IF APPLICABLE).
6. PANTS MUST BE WORN ABOVE THE HIPS.

I also know I must pass a physical when I report. Failure to pass the physical will result in my being replaced and sent home. I know that the SCACA will provide EXCESS ACCIDENT INSURANCE, however if your parents have insurance, it will be the first provider and SCACA the second.

I have read the above information and agree to abide by all rules. Sign and return by Wednesday, May 1, 2019. It is recommended that this form be faxed ASAP to 864-388-2478.

Player Name: (Please Print) _____

Player Signature: _____ Cell Phone (_____) _____

School Name _____

Player Email: _____

Parent Signature _____

Coach's Signature: _____

Coach's E-mail: _____