

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 OCTOBER 29, 2018  
Email: dulas@gwd50.org  
Fax: 864-388-2478**

Dear Coach Dula:

I accept the opportunity to play in the 2018 NORTH-SOUTH ALL-STAR TENNIS CLASSIC to be played, November 16-17, 2018 at MYRTLE BEACH HIGH SCHOOL, 3302 Robert Grissom Pkwy, Myrtle Beach, SC. I understand that I am to report to Myrtle Beach High by 1:00 pm on Friday, November 16, 2018 and that the match should conclude by 1:00 pm on Saturday, November 17, 2018.

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. NO CLOTHING THAT REPRESENTS ALCOHOL, TOBACCO, OBSCENE WORDS/PICTURES OR DRUGS WILL BE WORN AT ANY TIME.
2. HATS/CAPS THAT ARE NOT OFFENSIVE MAY BE WORN, BUT NOT INSIDE. NO RAGS OR BANDANNAS MAY BE WORN
3. IT IS STRONGLY SUGGESTED THAT YOU WEAR PROPER AWARD PROGRAM ATTIRE.

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 October 29, 2018. It is recommended that this form be faxed ASAP to 864-388-2478.**

Player Name: (Please Print) \_\_\_\_\_

School Name: \_\_\_\_\_

Players Email: (Please Print) \_\_\_\_\_

Player Signature: \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Parent Signature \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Coach's Signature: \_\_\_\_\_

Coach's E-mail: \_\_\_\_\_