

Return to:
Shea Hall
Clover High School
Email: Shea.Hall@clover.k12.sc.us

South Carolina Coaches Association of Women's Sports
Parental Permission Waiver

Law requires that Parental Permission be obtained for operation procedures on minors. The following consent form should be signed by the parent so that such procedures may be promptly carried out, and so that no unnecessary delays should occur with operation procedures. However, no operation will be performed, except emergency, without the parent or guardian being contacted and fully informed.

I give permission for such diagnostic, therapeutic and operative procedures as may be deemed necessary for my daughter.

(signature) (relation) (date)



In consideration of my being selected as a South Carolina Coaches Association of Women's Sports All-Star, I, intending to be legally bound do hereby, for myself, my heirs, executors, and administrators waive, release, and forever discharge any and all rights and claims or damages which I may have hereafter occur to me against the South Carolina Coaches Association of Women's Sports, or their respected officers, agents, representatives, assessors, and or assigned, for any and all damages which may be sustained or suffered by me in connection with my association with or participation in, and for rising out of my traveling to or returning from said South Carolina Coaches Association of Women's Sports All-Star Game.

I, the parent or guardian, do hereby agree to the above waiver and release.

(athlete) (parent or guardian) (date)

RETURN THIS FORM ALONG WITH A COPY OF YOUR CURRENT HIGH SCHOOL PHYSICAL BY May 20th TO:

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Shea Hall
Clover High School
Email: Shea.Hall@clover.k12.sc.us

SOUTH CAROLINA COACHES ASSOCIATION OF WOMEN'S SPORTS

SOFTBALL ALL-STAR INFORMATION SHEET

NAME OF PLAYER _____

NAME OF SCHOOL _____

HOME ADDRESS _____

TELEPHONE NUMBER _____

PLAYER'S T-SHIRT SIZE: S M L XL SHORT SIZE: S M L XL

COACH'S NAME _____

COACH'S CELL PHONE NUMBER _____

COACH'S EMAIL ADDRESS _____

PRINCIPAL'S NAME _____

ATHLETIC DIRECTOR'S NAME _____

_____ I WILL BE ABLE TO PLAY IN THE GAME

_____ I WILL NOT BE ABLE TO PLAY IN THE GAME