



## Fishers – HSE Youth Softball - All-Star Commitment Letter

I, \_\_\_\_\_, wish to be an All-Star candidate. If selected, I commit to attending all scheduled practices and games related to Fishers-HSE All-Star activities.

The All-Star practices begin the last week of April and the Tournament Season runs from Middle of June through end of July.

Please return this completed form with you to the All-Star tryouts on April 14th.

Once the team is selected, players will be notified directly by the All-Star Coach. It is important that you list the best contact number(s) and email addresses below. If you have a vacation planned during the tournament season ( June – end of July) please reference those dates below:

Dates: \_\_\_\_\_ Reason: \_\_\_\_\_

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NOTE: AVAILABILITY MAY BE A DETERMINING FACTOR IN ALL-STAR SELECTION

Players' Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Primary Parent/Guardian Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Secondary Parent/Guardian Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

All-Star Age Group: 8U 10U 12U 14U Age Determination based on your daughter's age on 1/1/2019.

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I, parent or guardian of \_\_\_\_\_, who is a candidate for a position on a Fisher-HSE Youth Softball All-Star team, hereby give my approval to participate in any and all All-Star related activities. I also agree that the Coaches shall determine the Team, Position, and Playing Time of my child. I also grant all pictures or photographs taken to be published in newspaper, Web, or other format in the use of publicizing Fishers-HSE Youth Softball All-Star program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date