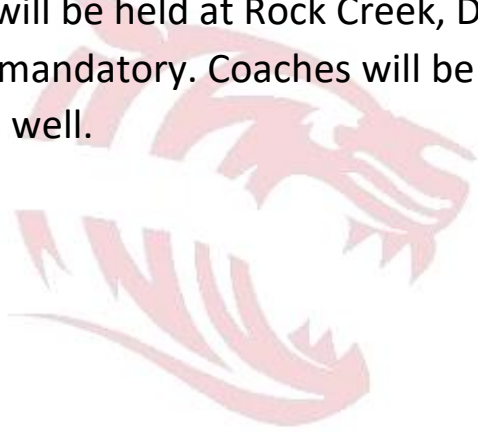


DAWSON COUNTY ALL-STAR TEAM

- If you have interest in your child playing All-Stars for basketball, you **MUST** turn in an All-Star application no later than Dec. 15th by 3:00pm.
- Turn in applications to Rock Creek during regular business hours (Mon-Fri 8:00-5:00) or email them to crandolph@dawsoncounty.org
- An application **DOES NOT** guarantee a spot on the roster. Our coaches will be evaluating and picking our All-Star teams.
- All-Star tryouts will be held at Rock Creek, Dec. 15th, 3:00pm.
- Tryouts are not mandatory. Coaches will be evaluating players during games as well.



DUE 3:00 PM ON MONDAY, DECEMBER 15th, 2019.

Dawson County Basketball All-Star Team Application

Eligibility:

For a player to be eligible for the Dawson County Basketball All-Star Team, a player must be an integral part of the program and live in Dawson County or attend public school in Dawson County.

Expectations:

Being a member of the Dawson County Basketball All-Star Team requires commitment above and beyond the regular season. Members of the team may practice in addition to their normal team practices and potentially play tournaments on the weekend leading up to the All-Star Tournament.

Player's Name as it Appears on Birth Cert.: _____

School Player Attends: _____

Parent / Guardian Name: _____

Participant's Physical Address: _____

Parent / Guardian Phone Number: _____

Parent / Guardian E-Mail: _____

Age Group (Select One): 10U 12U 14U

Gender: Boy Girl

Shoots: Right Handed Left Handed

Dribbles: Right Handed Left Handed

Regular Season Coach: _____

Regular Season Number: _____

Regular Season Position(s): _____

Basketball District Tournament

Dates and Locations: Mid to Late February – More Info. to Come

Basketball State Tournament

Dates and Locations: Late February to Early March – More Info. to Come

Please initial by the following: _____

_____ I understand/agree to the time commitment for the Dawson County All-Stars Team.

_____ I understand that completing this application does NOT guarantee a position on the Dawson County All-Star Team.

_____ In the event my child is selected for the team, I understand that I must submit ALL required documentation to maintain eligibility on the Dawson County All-Star Team. Failure to do so will result in being removed from the team. (Birth Cert. and Consent for Treatment)

_____ I understand that I must submit this application to the
FRONT DESK AT ROCK CREEK SPORTS COMPLEX ONLY.

Parent / Guardian Signature: _____ Date: _____

Employee Initial and Date: _____