



Georgia High School All-Star Soccer Games

To Be Completed by the Selected All-Star Player and/or Parents/Guardians

Return this completed form to:

DiVarsity, Inc.
60 Perimeter Center Place NE, #210
Atlanta, GA 30346
Fax: (404) 601-0835
Email: soccer@divarsity.com

I accept (_____) / decline (_____) the invitation to play in the Georgia High School All-Star Soccer Game. I agree to abide by the rules and disciplines set forth by the officials of the Georgia High School Association. Furthermore, I hereby indemnify, release, and save harmless DiVarsity, Inc., including its owners, agents, and employees, from and against any and all suits, actions, claims, judgments, and expenses arising out of or relating to any loss of life, bodily or personal injury, property damage, or other demand, claim or action of any nature arising out of or related to these games or any events related to the games.

Athletes Name (PRINT): _____ Date: _____

Athletes Signature: _____

Parents or Guardian's Name & Signature: _____

How you'd like your name to appear in the program: _____

College Choice: _____ Scholarship?: _____

Position(s) you played in high school: _____

Stats & awards for this year and/or for your career:

Clubs where you play: _____

Other sports you play: _____

Other interesting facts about you: _____
