



OASIS ALL STAR GAMES

604 Doug Mayes Place

Charlotte, NC 28262

704-717-7827

www.OasisAllStarGames.com

Info@OasisAllStarGames.com

Code of Conduct Form

Registration Date _____ / _____ / _____
Month Day Year

All Star Team Playing For: NC / SC
(Please Circle)

Players Name _____
First Middle Last

Players Date of Birth _____ / _____ / _____
Month Day Year

Players Sex: M / F
(Please Circle)

I hereby promise to be responsible for my words and actions for the entire period of the Oasis All Star Games Event and shall be responsible for my conduct to the following Rules and Regulations.

1. I will be respectful to everyone involved.
2. I will not engage into any un-sportsman like conduct with any person on or off the event location during the All Star Game Event period.
3. I will not engage in any behavior that may jeopardize any person involved.
4. I will not use any alcohol, drugs, or tobacco products of any kind during the Event period.
5. I realize that any unsanctioned actions after player selection and before arrival for the Event week may lead to the revocation of my invitation.
6. I will follow the rules set forth in day-to-day activities designated by the coaches and Oasis All Star Games Staff.
7. I will not have unauthorized visitors in my Hotel rooms at any time.
8. I will adhere to the dress code set forth by the Oasis All Star Games Staff.
9. I will be responsible for any damage that I incurred during the week including, but not limited to, the hotel room, hotel facility, transportation vehicles, and associated property.

The below signatures do hereby consent to the Code of Conduct and that the medical history, contact information, and personal information supplied to the Oasis All Star Games Staff is accurate to the best of our knowledge.

I further understand that any violation of the Code of Conduct Agreement can result in myself being dismissed from the Team and asked to leave the Official Event.

Players Name (Print) _____

Players Signature _____ Date _____/_____/_____
Month Day Year

Parent/Guardians Name (Print) _____

Parent/Guardian Signature _____ Date _____/_____/_____
Month Day Year

Please remember to include a **Self Addressed – Stamped Envelope** along with your Registration Forms so that Game Tickets will be automatically mailed to you.
Please Contact Us If You Have Any Questions. 704-717-7827

Sincerely,

The Oasis All Star Games Staff