



Permission to Participate

College/University: _____
Athletic Director / Official Representative: _____
Address: _____
City/ State/ Zip: _____
Phone: _____ Fax: _____
Check one: Division I <input type="checkbox"/> Division II <input type="checkbox"/> Division III <input type="checkbox"/>

Student-Athlete Name: _____

Address: _____

City/ State / Zip: _____

Home Phone: _____ **Cell Phone #:** _____

As the Athletic/ Compliance Director, I hereby grant permission for _____ to participate in the 2nd Annual High Point Classic Men's Summer Basketball league. We understand that his participation is maintained under strict provisions of by laws 14.7.3.2 and 30.15 relating to NCAA Summer Basketball League certification. We grant permission for those dates that has been certified with the NCAA only.

Athletic/ Compliance Director Signature: _____

Date: _____

Application is subject to verification.

For Office Use Only: <input type="checkbox"/> Approved <input type="checkbox"/> Denied
