

GACA ALL-STAR BASKETBALL SHOWCASE GAME PACKAGE

PLAYER NAME: _____

COACH- PLEASE NOTIFY THE GACA WITHIN 48 HOURS THAT YOUR PLAYER WILL PARTICIPATE! THANK YOU!

Please email or call:

Craig Davis- craig@gacacoaches.com/912-294-5816!

Kim Satterfield- kim.satterfield@hallco.org/770-540-6694!

The Georgia Army National Guard / GACA ALL STAR BASKETBALL CLASSIC provides Food, Hotel Lodging, Athletic Gear, Video Exposure for recruiting, Awards, Entertainment, Transportation, and Insurance for the participating athlete. There is a \$300.00 participation fee to help cover the cost of the event which may be paid by the school, booster club, parent/guardian, and/or combination of those mentioned.

If payment online, please click the submit button once. You will be directed to PayPal for payment.

If payment is by mail or school, please mail check to:

GACA
PO BOX 597
ELBERTON, GA 30635

Submission of form without payment does not qualify your athlete for the ALL STAR BASKETBALL CLASSIC. Payment must be collected in order for your athlete to participate in the ALL STAR BASKETBALL CLASSIC.

IF WE DO NOT HEAR FROM YOU WITHIN THAT TIME PERIOD WE WILL HAVE TO MOVE ON TO AN ALTERNATE!

LOCATION OF ALL GAMES: Dalton High School, 1500 Manly Street, Dalton, GA 30720

DATE OF GAMES: March 14, 2020

GIRLS REPORT TO: LaQuinta Inn and Suites, 715 College Dr, Dalton, GA 30720, 706-272-9099 at 2pm on 3/13/20

BOYS REPORT TO: Comfort Inn and Suites, 905 West Bridges Road, Dalton, GA 30720, 706-259-2583 at 2pm on 3/13/20

ALL-STAR JUNIOR GIRLS GAME STARTS: 11:00 AM

ALL-STAR SENIOR GIRLS GAME STARTS: 1:00 PM

ALL-STAR JUNIOR BOYS GAME STARTS: 3:00 PM

ALL-STAR SENIOR BOYS GAME STARTS: 5:00 PM

THE COACH MUST:

1. THE ALL-STAR ATHLETE'S COMPLETION OF THE PLAYER PACKET BY March 6, 2020.
2. THE PARENT' CONSENT, INSURANCE AND QUESTIONNAIRE FORMS MUST BE SIGNED AND SUBMITTED BY March 6, 2020
3. THE SCHOOL'S PARTICIPATION FEE OF \$300/PLAYER (\$315/PLAYER IF PAID ONLINE) RECEIVED BY March 6, 2020.
4. (IF THE COACH IS NOT A MEMBER THEY MUST JOIN- \$60 MEMBERSHIP MUST BE MADE OUT TO THE GACA AND MAILED BY March 6, 2020. THE SCHOOL IS RESPONSIBLE FOR THE FEE. WE DO NOT DEAL WITH PARENTS!
5. THE EMAIL ADDRESS IS: craig@gacacoaches.com
6. GHSA/GACA PASSES WILL GET COACHES IN FOR FREE

GIRLS HOUSES AT: **LaQuinta Inn and Suites, 715 College Dr, Dalton, GA 30720, 706-272-9099**

BOYS HOUSED AT: **Comfort Inn and Suites, 905 West Bridges Road, Dalton, GA 30720, 706-259-2583**

PLAYERS ARE RESPONSIBLE FOR THEIR OWN POSSESSIONS NOT THE GACA! BRING ALL PERSONAL ITEMS NECESSARY. BRING APPROPRIATE CLOTHING TO WEAR IN A RESTAURANT AND ADDITIONAL CLOTHING INCLUDING SLEEPWEAR! PLAYERS WILL BE RESPONSIBLE FOR ANY PROPERTY DAMAGE TO HOTEL ROOMS. YOU WILL HAVE A ROOMMATE. YOU MAY BRING A CR, BUT YOUR KEYS WILL BE TAKEN UNTIL AFTER THE GAME.

BRING A PAIR OF BASKETBALL SHOES

X

PRACTICE GEAR (SHORTS, T-SHIRTS, SHOES)

X

ALL-STAR BASKETBALL SHOWCASE CONSENT FORM



PO BOX 597 ELBERTON, GA 30635 770-578-6366

I, _____, hereby accept the Georgia Athletic Coaches Association's invitation to play in the North-South All-Star Basketball Showcase being held at Dalton High School, 1500 Manly Street, Dalton, GA 30720. I agree to abide by the rules and disciplines set forth by the officials of the Georgia Athletic Coaches Association. I understand that I am to report to _____ Comfort Inn and Suites, 905 West Bridges Road, Dalton, GA 30720, 706-259-2583 for BOYS or LaQuinta Inn and Suites, 715 College Dr, Dalton, GA 30720, 706-272-9099 for GIRLS . The North-South All-Star Basketball Game will be played on March 14, 2020 for the girls and boys.

Athletes Name: _____

Athletes Signature: _____

Date: _____

I, _____, hereby give my consent for the student named _____ to engage in approved sports activities, related to the North-South Basketball All-Star camp and Game. It is my clear understanding that participation in athletics activities (e.g. football, basketball, baseball and softball) creates a risk normally associated with such activity. I agree not to hold the Georgia Athletic Coaches Association or anyone acting on its behalf responsible for any injury occurring to my son/daughter in the proper course of such athletic activities or travel. I further give my permission for the appropriate all-star association staff members or their designees (physicians, athletic trainers, student trainers, coaches) to render emergency treatment or authorize medical treatment by a hospital and/or physician or medical staff.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

The MEDICAL TRAINERS AND MEDICAL DIRECTORS will be in complete charge of the medical aspects of the game and practices. They will determine certain practice schedules that will be conducted under the best possible medical and training program.



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Georgia Athletic Coaches Association
North-South All-Star Showcase Questionnaire

Name of Athlete: _____

High School: _____

Name of Coach: _____

Date of Birth: _____ Place of Birth: _____

Weight: _____ Height: _____ Shoe Size: _____ Shirt Size: _____ Pant Size: _____

Right Handed: _____ Left Handed: _____

Home Address: (This is the address where your picture will be sent to.)

Home Phone: _____ Parent's Cell Phone: _____

Night-Time Phone: _____ (This is a must.)

Parents Names: _____

Will you be on scholarship for college? _____ Yes _____ No _____ Not known yet

If you are going to be on scholarship, please give us the name of college/university:

Will you attend college if you do not have a scholarship? _____ Yes _____ No

If so, where will you attend? _____

List all high school sport honors:

List all academic organizations that you belong to:

Please describe the most memorable sporting event that your were involved in:

Do you have asthma or allergies? _____ If so, explain: _____

Do you have diabetes? _____ Yes _____ No

Athletes Signature: _____

Parent/Guardian Signature: _____

Date: _____



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**North-South Classic All-Star Basketball Showcase
Insurance Coverage Form**

Name of Athlete: _____

High School: _____

_____ (Name of Student) is insured by _____ (Insurance Company).

Group Number: _____

Policy Number or Branch of Service: _____

I, _____ (Parent/Guardian) verify that the above information to b true and accurate to the best of my knowledge.

If the athlete does not have health insurance, please indicate below.

_____ (Name of Student) is not covered by a family or individual insurance policy.

I, _____ (Parent/Guardian), do hereby approve emergency treatment, as deemed necessary, by the hospital and/or medical staff (physician, athletic trainer)on site for my son/daughter _____ .

I give this consent with full knowledge and assumption on my part for any and all financial responsibilities incurred as a result of participation in the All-Star Basketball game and practices. My insurance company will serve as the primary coverage for my child. The Georgia Athletic Coaches Association's insurance will be secondary insurance.

My son/daughter is allergic to the following medicines:

My son/daughter is taking the following medications:

Please list any serious injuries, illness or circumstances we should be aware of before administering care:

Parent/Guardian Signature: _____

Date: _____

Home Phone: _____

Cell Phone: _____

Every attempt will be made to contact you in case of injury. Should this not be possible or practical, please list the name of a relative who can authorize treatment:

Name: _____

Relation: _____

Phone Number: _____



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