

# GACA ALL-STAR BASKETBALL SHOWCASE GAME PACKAGE

PLAYER NAME: \_\_\_\_\_

**COACH- PLEASE NOTIFY THE GACA WITHIN 48 HOURS THAT YOUR PLAYER WILL PARTICIPATE! THANK YOU! EMAIL- [craig@gacacoaches.com](mailto:craig@gacacoaches.com) OR CALL 912-294-5816!**

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

LOCATION OF ALL GAMES: **Brunswick High School Gymnasium, 3885 Altama Ave , Brunswick, GA 31520**

DATE OF GAMES: **March 23, 2019**

GIRLS REPORT TO: **Hampton Inn & Suites, 128 Venture Drive, Brunswick, GA 31525**

BOYS REPORT TO: **Marriott Courtyard, 580 millennium Blvd, Brunswick, GA 31525**

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 15, 2019.
2. THE PARENT' CONSENT, INSURANCE AND QUESTIONNAIRE FORMS MUST BE SIGNED AND SUBMITTED BY March 15, 2019
3. THE SCHOOL'S PARTICIPATION FEE OF \$300/PLAYER (\$315/PLAYER IF PAID ONLINE) RECEIVED BY MARCH 15, 2019.
4. (IF THE COACH IS NOT A MEMBER THEY MUST JOIN- \$60 MEMBERSHIP MUST BE MADE OUT TO THE GACA AND MAILED BY March 15, 2019. THE SCHOOL IS RESPONSIBLE FOR THE FEE. WE DO NOT DEAL WITH PARENTS!
5. THE EMAIL ADDRESS IS: [craig@gacacoaches.com](mailto:craig@gacacoaches.com)
6. GHSA/GACA PASSES WILL GET COACHES IN FOR FREE

GIRLS HOUSES AT: **Hampton Inn & Suites, 128 Venture Drive, Brunswick, GA 31525 912-261-0939**

BOYS HOUSED AT: **Marriott Courtyard, 580 millennium Blvd, Brunswick, GA 31525 912-265-2644**

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 Brunswick High School , 3885 Altama Ave , Brunswick, GA 31520. 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 Marriott Courtyard, 580 millennium Blvd, Brunswick, GA 31525 (912-265-2644) for BOYS or Hampton Inn & Suites, 128 Venture Drive, Brunswick, GA 31525 (912-261-0939) for GIRLS . The North-South All-Star Basketball Game will be played on March 23, 2019 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**

  X    
  X  

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**

    X    

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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