

GACA JUNIOR ALL-STAR LACROSSE SHOWCASE GAME PACKAGE

PLAYER NAME: _____

COACH- PLEASE NOTIFY THE GACA WITHIN 48 HOURS THAT YOUR PLAYER WILL PARTICIPATE! THANK YOU! EMAIL- gaca@elberton.net OR CALL 770-578-6366!

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

LOCATION OF ALL GAMES: **Glynn County Stadium, 5 Community Action Drive, Brunswick, GA 31520**

DATE OF GAMES: **June 29, 2017**

GIRLS REPORT TO: **Hampton Inn & Suites, 128 Venture Drive, Brunswick, GA 31525 by 2:00pm on June 28, 2017**

BOYS REPORT TO: **Courtyard Marriott, 580 Millennium Blvd., Brunswick, GA 31525 by 2:00pm on June 28, 2017**

ALL-STAR JUNIOR GIRLS GAME STARTS: **1:00 PM**

ALL-STAR JUNIOR BOYS GAME STARTS: **4:00 PM**

THE COACH MUST:

1. EMAIL A COPY OF THE PLAYER'S PHYSICAL BY _____ JUNE 16, 2017 _____
2. THE PARENT' CONSENT, INSURANCE AND QUESTIONNAIRE FORMS MUST BE SIGNED AND SUBMITTED BY _____ JUNE 16, 2017 _____
3. THE SCHOOL'S PARTICIPATION FEE OF \$300/PLAYER
4. (IF THE COACH IS NOT A MEMBER THEY MUST JOIN- \$60 MEMBERSHIP MUST BE MADE OUT TO THE GACA AND MAILED BY _____ JUNE 16, 2017 _____. YOUR MEMBERSHIP AND BENEFITS WILL BE APPLIED TO THE 2017-2018 SCHOOL YEAR. THE SCHOOL IS RESPONSIBLE FOR THE FEE. WE DO NOT DEAL WITH PARENTS!
5. THE EMAIL ADDRESS IS: gaca@elberton.net
6. GHSA/GACA PASSES WILL GET COACHES IN FOR FREE

GIRLS HOUSES AT: Hampton Inn & Suites, 128 Venture Drive, Brunswick, GA 31525

BOYS HOUSED AT: Courtyard Marriott, 580 Millennium Blvd., Brunswick, GA 31525

PLAYERS NEED TO BRING THEIR OWN EQUIPMENT!

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 LACROSSE SHOES (CLEATS)

X

PRACTICE GEAR (SHORTS, T-SHIRTS, SHOES)

X



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

ALL-STAR LACROSSE JUNIOR SHOWCASE CONSENT FORM

 X
 X

I, _____, hereby accept the Georgia Athletic Coaches Association's invitation to play in the GACA All-Star Lacrosse Junior Showcase being held at Glynn County Stadium, Brunswick, GA. 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 Courtyard Marriott, 580 Millennium Blvd., Brunswick, GA 31525 for BOYS or Hampton Inn & Suites, 128 Venture Drive, Brunswick, GA 31525 for GIRLS by 2:00pm on June 28, 2017. The All-Star Junior Lacrosse Showcase will be played on June 29, 2017 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 GACA All-Star Junior 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 All-Star Lacrosse
Junior 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: _____

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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**Georgia Athletic Coaches Association All-Star Lacrosse
Junior Showcase Questionnaire
Insurance Coverage Form**

 X
 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 Junior Lacrosse Showcase 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 I 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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