

# GACA JUNIOR ALL-STAR SOCCER SHOWCASE GAME PACKAGE

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

**COACH- PLEASE NOTIFY THE GACA WITHIN 48 HOURS THAT YOUR PLAYER WILL PARTICIPATE! THANK YOU! EMAIL- [gaca@elberton.net](mailto: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 30, 2017**

GIRLS REPORT TO: **Hampton Inn & Suites, 128 Venture Drive, Brunswick, GA 31525 by 2:00pm on June 29, 2017**

BOYS REPORT TO: **Courtyard Marriott, 580 Millennium Blvd., Brunswick, GA 31525 by 2:00pm on June 29, 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](mailto: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 SOCCER SHOES (CLEATS)           X            
PRACTICE GEAR (SHORTS, T-SHIRTS, SHOES)           X          



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

**ALL-STAR JUNIOR SOCCER SHOWCASE CONSENT FORM**

X  
X

I, \_\_\_\_\_, hereby accept the Georgia Athletic Coaches Association's invitation to play in the GACA All-Star Soccer 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 Soccer Showcase will be played on June 30, 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 Soccer 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 Soccer 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: \_\_\_\_\_

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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**Georgia Athletic Coaches Association All-Star Junior Soccer Showcase 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 Soccer 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 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: \_\_\_\_\_