

GEORGIA ATHLETIC COACHES ASSOCIATION

NORTH-SOUTH ALL-STAR FASTPITCH SOFTBALL SPONSORSHIP DEADLINE

Dear Principal and Coach,

Congratulations! _____ of your high school's fast pitch softball team has been selected to play in the 2020 Georgia Athletic Coaches Association North-South All-Star Fast Pitch Softball Game that will be held at The University of West Georgia at West Georgia Softball Complex, 1601 Maple Street, Carrollton, Ga. 30118. Players will stay at the Holiday Inn Express & Suites Carrollton West, 1545 US Highway 27, Carrollton, Georgia, 30117. They should plan to report to report to Carrollton, GA at the West Georgia Softball Complex by 9:00am.

The North-South All-Star Fast Pitch Softball Game is June 10, 2020 at West Georgia Softball Complex. It is a great honor to you, your player, and your school. Please give the enclosed information to your All-Star Player. Make sure you make a copy before you give it to your player, in case the player loses the forms.

PLEASE NOTIFY THE GACA IMMEDIATELY IF YOUR PLAYER WILL NOT PLAY!

You should proceed immediately with completing the attached forms. Please try and send in all forms/payment together at the same time.

1. The coach must send, by email, fax, or mail the player's physical to the GACA by no later than May 15, 2020

EMAIL: gaca@elberton.net
PHONE: 770-578-6366
FAX: 762-533-0052
MAIL: GEORGIA ATHLETIC COACHES ASSOCIATION PO BOX 597, ELBERTON, GA. 30635
2. The player and parents must sign the ACCEPTANCE AND CONSENT FORM, the EMERGENCY TREATMENT FORM and the INSURANCE FORM and return it with the PLAYER'S QUESTIONNAIRE SHEET to the GACA by no later than May 15, 2020.
3. The school (principal, coach, AD or booster club) must assume the responsibility for the \$300.00 SPONSORSHIP FEE. If the coach is not a member of the GACA, an additional fee of \$60.00 to become a GACA member is required. Checks should be made payable to GACA.
 - CHECKS SHOULD BE PAID BY THE SCHOOL OR BOOSTER ORGANIZATION.
 - SPONSORSHIP MONEY WILL NOT BE REFUNDED IF THE PLAYER, WHO HAS ACCEPTED, WITHDRAWS PRIOR TO THE DATE OF THE GAME UNLESS THE PLAYER IS INJURED AND CANNOT PLAY. ALL TICKETS MUST BE RETURNED TO THE GACA BEFORE THE REFUND WILL BE MADE BY THE GACA.
 - PLEASE MAKE SURE THAT YOUR PLAYER BRINGS HER HIGH SCHOOL UNIFORM, HELMET AND SHOES BECAUSE SHE WILL BE PLAYING IN THOSE FOR THE ALL-STAR GAME.

IF ALL DEADLINES ARE NOT MET, THE NOMINATION OF YOUR PLAYER WILL BE TERMINATED AND THE NOMINATION WILL BE EXTENDED TO THE FIRST ALTERNATE AT HER POSITION.

If there are any issues with meeting deadlines, communication is the key!

Please let us know and we can work it out.

THIS PAGE SHOULD SERVE AS AN INVOICE. PLEASE MAKE A COPY OF THIS PAGE FOR YOUR BOOKKEEPER'S RECORDS!



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

**GEORGIA ATHLETIC COACHES ASSOCIATION
NORTH-SOUTH ALL-STAR FASTPITCH SOFTBALL**

ATHLETE'S ACCEPTANCE

I, _____, hereby accept the Georgia Athletic Coaches Association's invitation to play in the North-South All-Star Fast Pitch Softball Game being held at West Georgia Softball Complex, 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 Carrollton, Georgia on Tuesday, June 9th, 2020 at the West Georgia Softball Complex by 9:00am. The All-Star Fast Pitch Softball Game will be played on June 10, 2020 at West Georgia Softball Complex, in Carrollton, Ga.

Athletes Name: _____

Athletes Signature: _____

Date: _____

PARENTAL CONSENT

I, _____, hereby give my consent for the student named _____ to engage in approved sports activities, related to the North-South Softball 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.

Home Address: _____

Home Phone: _____

Cell Phone: _____

Night Phone: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____



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GEORGIA ATHLETIC COACHES ASSOCIATION NORTH-SOUTH ALL-STAR FASTPITCH SOFTBALL

PLEASE KEEP THIS INFORMATION!!!!

All-Star athletes must report to Carrollton on June 9, 2020 at the West Georgia Softball Complex by 9:00am. The hotel information: Holiday Inn Express & Suites Carrollton West, 1545 US Highway 27, Carrollton, Georgia, 30117.

Players are responsible for their transportation to and from Carrollton, Ga. During the time that the players are in Carrollton, Ga. for practice and the game, they will be housed under the direct supervision of their All-Star Coaches and the All-Star Committee.

Discipline, during the time the players are in Carrollton is determined by the All-Star Executive Committee. Meals and room expenses will be paid for by the Georgia Athletic Coaches Association.

The MEDICAL TRAINERS 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.

There will be no room deposit required. You are also responsible for any damage or theft of property. Please behave in an appropriate manner.

Roommates will be assigned by the All-Star Committee and coaching staff.

The Fast Pitch Softball All-Star Game is on June 10th, 2020 at West Georgia Softball Complex, 1601 Maple St. Carrollton, Ga. 30118 . Picture Day will be that same day before the game. A picture of the All-Star Team will be made available for you to purchase. You must give your name, jersey number and address to the photographer in order for you to purchase these pictures. Otherwise, the photographer will not be able to process the pictures.

ALL ALL-STAR PLAYERS AND COACHES MUST BRING: ALL PERSONAL ITEMS INCLUDING TOOTHBRUSH, TOOTHPASTE, CLOTHING, ETC. YOU WILL NEED TO BRING PANTS, SHIRTS, SHORTS (NOT SHORT SHORTS) AND ALL PRACTICE WEAR INCLUDING SHOES TO WEAR DURING PRACTICE AND GAME. BRING YOUR OWN UNIFORM AND SHOES BECAUSE YOU WILL BE PLAYING IN THOSE FOR THE ALL-STAR GAME.

YOU WILL BE RESPONSIBLE FOR KEEPING UP WITH THIS EQUIPMENT. THE GACA WILL NOT BE RESPONSIBLE FOR THEFT OR LOST ITEMS!!

You will have one or more roommates. You may bring a car but you will not be allowed to use the car during All-Star week. You will have to turn your car keys over to your All-Star Coach for safekeeping until the day of the game in which you play.

It will be very important that you begin an exercise and running program in time to be sure that you are in good physical condition when you arrive for All-Star Camp. The medical staff may determine that you are not physically fit to play in the games. You will be sent home if this happens.

THE COACHES OF THE GEORGIA ATHLETIC COACHES ASSOCIATION HAVE DEVOTED A GREAT EFFORT TO ASSURE THAT ATHLETES PARTICIPATING IN THE ALL-STAR CAMP AND GAME ARE PROTECTED IN EVERY WAY POSSIBLE. HOWEVER, PARTICIPATION IN ATHLETICS INCLUDES RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG-TERM AND CATASTROPHIC INJURIES INCLUDING PARALYSIS AND DEATH.

PARTICIPANTS MUST OBEY ALL SAFETY RULES AND REGULATIONS, REPORT ALL PHYSICAL PROBLEMS TO THE COACH OR ATHLETIC TRAINER, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT EQUIPMENT AFTER EACH PRACTICE. PROPER EXECUTION OF SKILL TECHNIQUES MUST BE FOLLOWED FOR EVERY SPORT AND ESPECIALLY CONTACT SPORTS.

The Georgia Athletic Coaches Association insurance coverage is as follows:

\$5,000.00 Medical Death and Dismemberment Coverage and \$5,000.00 Medical Expense Coverage will be for practice sessions and the game. This will include travel directly to and from the individual's home. You will be insured while you are in Rome for the practices and game. The insurance program provided by the GACA is a supplementary policy only and covers only after your family policy stops.

If you have any questions, you may contact the GACA office at 770-578-6366.



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**GEORGIA ATHLETIC COACHES ASSOCIATION
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INSURANCE COVERAGE FORM

_____, IS INSURED BY _____ INSURANCE COMPANY, OR HAS MEDICAL
COVERAGE THROUGH THE ARMED FORCES.

GROUP NUMBER: _____

POLICY NUMBER: _____

BRANCH OF SERVICE: _____

I VERIFY THE ABOVE INFORMATION TO BE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

IF ATHLETE DOES NOT HAVE INSURANCE PLEASE INDICATE BELOW.

_____ IS NOT COVERED BY A FAMILY OR INDIVIDUAL INSURANCE POLICY.

Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____



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**GEORGIA ATHLETIC COACHES ASSOCIATION
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EMERGENCY TREATMENT AUTHORIZATION

I, _____, HEREBY APPROVE EMERGENCY TREATMENT, AS DEEMED NECESSARY, BY THE HOSPITAL AND/OR MEDICAL STAFF (PHYSICIAN, ATHLETIC TRAINER) ON SITE FOR MY 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 FAST PITCH SOFTBALL GAME AND ALL PRACTICES. MY INSURANCE COMPANY WILL SERVE AS THE PRIMARY COVERAGE FOR MY DAUGHTER. THE GEORGIA ATHLETIC COACHES ASSOCIATION'S INSURANCE WILL BE SECONDARY INSURANCE.

Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Night Phone: _____

My son/daughter I allergic to the following medicines: _____

Date of last known Tetanus Shot: _____

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

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: _____

GEORGIA ATHLETIC COACHES ASSOCIATION NORTH-SOUTH ALL-STAR FASTPITCH SOFTBALL

ALL THE FOLLOWING SHOULD BE COMPLETED AND RETURNED TO THE GACA OFFICE BY THE **May 15, 2020** DEADLINE!!!

1. **PLAYER ACCEPTANCE FORM/PARENTAL CONSENT FORM**
2. **EMERGENCY TREATMENT AUTHORIZATION**
3. **INSURANCE COVERAGE FORM**
4. **ALL-STAR QUESTIONNAIRE**
5. **SCHOOL PHYSICAL**
6. **PICTURE**
7. **Fee**

*** BRING YOUR HIGH SCHOOL UNIFORM, HELMET AND SHOES BECAUSE YOU WILL BE PLAYING IN THOSE FOR THE ALL-STAR GAME.***

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 tickets 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:

Do you know of any reason why you should not participate in the all-star game?

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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