





GACA ALL-STAR FOOTBALL PARTICIPANT

Congratulations on being selected to participate in the ***2026 GACA All-Star Football Games sponsored by BSN*** being played on December 29, 2026. The games will take place at **Callaway Stadium, 801 Dallis Street, LaGrange GA 30240**! You are among the best in Georgia High School Football! Below is the information you need to participate in this event. Please call the GACA Office if you have any questions- 770-578-6366. We are very excited to work with you - the best of the BEST at your position! ***See You on December 28, 2026!***

PLAYER HOTEL ACCOMMODATIONS

The Great Wolfe Lodge, 150 Tom Hall Parkway, LaGrange, GA 30240

- Players, staff, and coaches will be staying at Great Wolfe Lodge, 150 Tom Hall Parkway, LaGrange, GA 30240
- All player hotel accommodations for the nights of Monday, December 28th, 2026 will be covered by the GACA. There will be no additional expense for lodging or food.
- Players will be responsible for any damage or incidentals to their hotel room.
- Players will be paired with a roommate but will NOT have to share a bed.
- Coaches and staff rooms will be located among the players' rooms and will serve as chaperones along with onsite security.

PLAYER ARRIVALS

- Players must report to **Great Wolfe Lodge, 150 Tom Hall Parkway, LaGrange, GA 30240** between 8:30 and 10:30 AM to register with the GACA staff on December 28, 2026. There will be a brief Parent Meeting at 10:30 AM (optional for parents)
- Players must check out of the hotel on the morning of December 29, 2029, ***before*** departure to the stadium.
    - Parents can pick up any luggage if needed, as the players will not return to the hotel after the game.

MEALS PROVIDED FOR PLAYERS

- Please note that all players should eat Breakfast before registration at 8:30-10:00 AM on December 28, 2026.
- Please note that all events are private events for players, coaches, and staff unless otherwise noted. Below are the events that the All-Stars will be a part of over the two-day event.
    - Monday, December 28, 2026: Lunch, Dinner, Water Park and Evening Snack
    - Tuesday, December 29, 2026: Breakfast and Pre-Game Meal

GAME LOCATION AND TIMES

- All games will be played at **Callaway Stadium, 801 Dallis Street, LaGrange GA 30240**! on **December 29, 2026.**
    - Sophomore Game ~ 11:00 AM
    - Junior Game ~ 2:00 PM
    - Tickets can be purchased on Hudl Ticketing at Hudl Ticketing Link
    - Tickets can be purchased the gate- $10.00 (No Passes Out)
    - All Star Games are streamed on Hudl Streaming- GACA Hudl All Star Streaming

GACA STAFF CONTACTS

- GACA Executive Director- Craig Davis, 770-578-6366, craig@gacacoaches.com
- GACA Executive Assistant- Debbie Matuse, 912-294-0473, debbie@gacacoaches.com
- GACA Event Assistant - Abby Bates, 678-234-6279, abbymanus@walkerschools.org

PARTICIPANT PAPERWORK AND PAYMENT/ WHAT TO BRING

- Player **PAYMENT** must be received or approved **before registration**. ($350.00)
- Player Physical is submitted with the packet (please bring a hard copy if possible)
- Please bring: helmet, cleats, mouthpiece, gloves, chinstrap, white game pants, practice gear, shoulder pads, tennis shoes, hip & butt pads, injury pads, thigh pads, girdle, knee pads, cold-weather practice gear, shorts, undergarments, sweatshirts, socks, T-shirts, jeans or pants
- Toiletries
- Please do NOT bring expensive Items- expensive Jewelry, electronics, or valuables.

GACA ALL-STAR EVENT INFORMATION

The GACA ALL-STAR FOOTBALL Games, sponsored by BSN, provide food, hotel lodging, athletic gear, video exposure for recruiting, awards, entertainment, transportation, and insurance for the participating athletes. A **$350.00** participation fee helps cover the cost of the event, which may be paid by the school, booster club, parent/guardian, and/or a combination of those mentioned.

Please identify your school policy for player participation payment in the list below:

- _____: School (Do we need to invoice the school?)
  _____: Player Family
  _____: Booster Club

- If paying online, please click the S2Pass link below. You will be directed to S2Pass for payment.
    - Go to https://fans.s2pass.com/location-selection
    - Select Georgia (State) and GACA (School)
    - Click “Shop” at the top left corner
    - Click “Show Items” on the “GACA All Star Football Payer Fee”
    - Click “View” on the “GACA All Star Football Payer Fee” box
    - You should see a "Details" option to enter your payment information

- Click "add to bag" after you enter your information
- Click the top right corner "Hand Bag Symbol" for check out
- Click the Check Out button for review and payment instructions
- Please call the GACA Office if you have any questions- 770-578-6366

- If paying by mail, please mail check to: **GACA All-Star Football, PO BOX 1120, Jesup, GA 31598**

Submission of the form without payment does not qualify your athlete for the All-Star game. Payment must be collected for your athlete to participate in the All-Star game. If the office cannot receive or confirm payment by the **deadline of December 11, 2026**, then your player may be excluded from participation in our game.

LOCATION OF ALL GAMES: Callaway Stadium, 801 Dallis Street, LaGrange GA 30240
DATE OF GAMES: December 29, 2026
BOYS REPORT TO: December 28, 2026 @ 8:30 and 10:30 AM - **Great Wolfe Lodge, 150 Tom Hall Parkway, LaGrange, GA 30240**
ALL-STAR SOPHOMORE BOYS GAME STARTS: 11:00 AM
ALL-STAR JUNIOR BOYS GAME STARTS: 2:00 PM

THE COACH MUST:

Complete and submit this all-star player packet by **December 11, 2026**.

The parental consent, insurance and questionnaire forms must be signed and submitted by **December 11, 2026**.

The school's participation fee of $350/player received or approved by **December 11, 2026**.

The coach must be a paid member of GACA. If the coach is not a member, they must join!!- $65 membership must be paid to the GACA office by **December 11, 2026.** The school is responsible for the fee.

To confirm payment or packet submission please contact the office: craig@gacacoaches.com or debbie@gacacoaches.com

GHSA/GACA PASSES WILL BE ACCEPTED AT THE GATE FOR SUBMISSION INTO THE GAMES.

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 car, but your keys will be taken until after the game.

ALL-STAR FOOTBALL PLAYER INFORMATION FORM

_____ **2026 (Jr.)**

_____ **2027 (Soph.)**

Name of Athlete: _____

High School: _____

Name of Coach: _____

Date of Birth: _____

Weight: _____ Height: _____ Shirt Size: _____ Short Size: _____

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

_____

Player Cell Phone: _____ Parent's Cell Phone: _____

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

Parents Names: _____

Player Email Address: _____ Parent Email Address: _____

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:

_____

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

Do you have diabetes? _____Yes _____No

Athletes Signature: _____

Parent/Guardian Signature: _____
Date: _____

ALL-STAR FOOTBALL INSURANCE COVERAGE FORM

Name of Athlete: _____

High School: _____

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

Group Number: _____
Policy Number or Branch of Service: _____

I, _____ (Parent/Guardian), verify that the above information to be 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 Football 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 I allergic to the following medicines: _____

My son/daughter is taking the following medicines: _____

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

Parent/Guardian Signature: _____

Date: _____

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: _____

ALL-STAR FOOTBALL CONSENT FORM

I, _____ , hereby accept the Georgia Athletic Coaches Association's invitation to play in the ***2026 GACA All-Star Football Games sponsored by BSN*** being held at **Callaway Stadium, 801 Dallis Street, LaGrange GA 30240**! 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 the **Great Wolfe Lodge, 150 Tom Hall Parkway, LaGrange, GA 30240** between 8:30 and 10:30 AM to register with the GACA staff on December 28, 2026. The ***2026 GACA All-Star Football Games sponsored by BSN*** will be played on December 29, 2026.

Athlete Name: _____

Athlete Signature: _____

Date: _____

I, _____ , hereby give my consent for the student named _____ to engage in approved sports activities, related to the ***2026 GACA All-Star Football Games sponsored by BSN***. It is my clear understanding that participation in athletics activities (e.g. football, volleyball, 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.