



GACA/BSN ALL STAR FOOTBALL PLAYER PACKET 2024



GACA ALL-STAR FOOTBALL PARTICIPANT

Congratulations on being selected to participate in the *2024 GACA All-Star Football Games sponsored by BSN and The Georgia Army National Guard* being played on December 29, 2024. The games will take place at **Harry B. Thompson Complex, 1210 Shurling Drive, Macon, GA 31223!** 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 27, 2024!***

PLAYER HOTEL ACCOMMODATIONS

The Macon Marriott City Center, 240 Coliseum Dr, Macon GA, 31217

- Players, staff, and coaches will be staying at Macon Marriott City Center, 240 Coliseum Dr, Macon GA, 31217
- All player hotel accommodations for the nights of Friday, December 27, and Saturday, December 28, 2024, will be covered by the GACA. There will be no additional expense to you.
- Players will be responsible for any damage or incidentals to their hotel room.
- Players will be paired with one other player to share a room with two double beds.
- Coaches and staff rooms will be located among the players' rooms and will serve as chaperones.

PLAYER ARRIVALS

- Players must report to The Macon Marriott City Center, 240 Coliseum Dr, Macon GA, 31217 between 2:00-4:00 PM to register with the GACA staff on December 27, 2024. There will be a brief Parent Meeting at 5:00 PM (optional)
- Players must check out of the hotel on the morning of December 29, 2024, ***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 lunch before registration at 5:00 PM on December 27, 2023.
- 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 three-day event.
 - Friday, December 27, 2024: Dinner and Evening Snack
 - Saturday, December 28, 2024: Breakfast, Lunch, Dinner, and Evening Snack
 - Sunday, December 29, 2024: Breakfast and Pre-Game Meal

GAME LOCATION AND TIMES

- All games will be played at **Harry B. Thompson Complex, 1210 Shurling Drive, Macon, GA 31223** on **December 29, 2024.**
 - Sophomore Game ~ 1:00 PM
 - Junior Game ~ 4:00 PM
 - Tickets will be sold on **S2Pass** and at the gate- \$10.00 (No Passes Out)



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GACA STAFF CONTACTS

- All-Star Football Event Coordinator- George Spencer, 770-722-3449, George.spencer0717@gmail.com
- All-Star Football Assistant Event Coordinator - Billy Roper, 404-376-3592, billy.ropert@bartow.k12.ga.us
- GACA Executive Assistant- Debbie Matuse, 912-294-0473, debbie@gacacoaches.com
- GACA Executive Director- Craig Davis, 770-578-6366, craig@gacacoaches.com

PARTICIPANT PAPERWORK AND PAYMENT/ WHAT TO BRING

- Player **PAYMENT** must be received or approved **before registration**.
- 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.

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 **\$395.00** 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 submit button once. You will be directed to S2Pass for payment.
<https://fans.s2pass.com/>
- 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 4, 2024**, then your player may be excluded from participation in our game.



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PLAYER NAME: _____

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If payment online, please click the submit button once. You will be directed to **S2Pass** for payment. If payment is by mail or school, please mail check to:

GACA All-Star / PO Box 1120 / Jesup, GA 31598

Submission of form without payment does not qualify your athlete for the 2024 ALL-STAR Football Games. Payment must be collected in order for your athlete to participate in the 2024 ALL-STAR Football Games. If the office cannot receive or confirm payment by the **deadline of December 7, 2024**, then your player may be excluded from participation in our game.

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

LOCATION OF ALL GAMES: Harry B. Thompson Complex, 1210 Shurling Drive, Macon, GA 31223

DATE OF GAMES: December 29, 2024

BOYS REPORT TO: December 27, 2024 @ 2:00-4:00 PM - The Macon Marriott City Center, 240 Coliseum Drive, Macon, GA 31217

ALL-STAR SOPHOMORE BOYS GAME STARTS: 1:00 PM - CoachComm vs. Hudl

ALL-STAR JUNIOR BOYS GAME STARTS: 4:00 PM - Danley vs. Booster

THE COACH MUST:

- Complete and submit this all-star player packet by **December 7, 2024**.
- The parental consent, insurance and questionnaire forms must be signed and submitted by **December 7, 2024**.
- The school's participation fee of \$395/player (add \$16.79/player if paid online) received by **December 7, 2024**.
- 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 7, 2024**. 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.



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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: _____



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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: _____



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ALL-STAR FOOTBALL CONSENT FORM

I, _____, hereby accept the Georgia Athletic Coaches Association's invitation to play in the **2024 GACA All-Star Football Games sponsored by BSN** being held at **Harry B. Thompson Complex, 1210 Shurling Drive, Macon, GA 31223**. 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 on December 27, 2024 @ 2:00-4:00 PM to the The Macon Marriott City Center, 240 Coliseum Dr, Macon GA, 31217. The 2024 GACA All-Star Football Games sponsored by BSN will be played on December 29, 2024.

Athlete Name: _____

Athlete Signature: _____

Date: _____

I, _____, hereby give my consent for the student named _____ to engage in approved sports activities, related to the 2024 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.