GACA
ALL-STAR VOLLEYBALL PLAYER PACKET 2025-2026

GACA ALL-STAR VOLLEYBALL PARTICIPANT

Congratulations on your selection to the 2025 GACA All-Star Volleyball Games, sponsored by BSN Sports and the Georgia Army National Guard! The event will be held on *Saturday, November 1, 2025, at Jefferson High School* (575 Washington Street, Jefferson, GA 30549). This event is dedicated to showcasing the highest-rank junior and sophomore volleyball athletes in the State of Georgia. That is YOU; congratulations on this huge accomplishment! Below, you'll find all the details you'll need to prepare for this exciting event. If you have any questions, please don't hesitate to contact the GACA Office at 770-578-6366. We can't wait to work with you—the best of the BEST at your position. **See you on November 1, 2025!**

PLAYER ARRIVAL

All players must report to *Jefferson High School* on **Saturday, November 1, 2025 between 9-9:30 am** to register/check in with the GACA staff.

- Address: 575 Washington Street, Jefferson, GA 30549
- **Practice will start promptly at 9:30am, ending at 11am.** Please arrive on the earlier side of 9-9:30am so you'll have time to enjoy pre-practice activities and warm up. Players will wear their high school jerseys for practice. GACA shirts will be provided for the matches; locker rooms will be available.

MEALS PROVIDED FOR PLAYERS

- Please note that all events are private events for players, coaches, and staff unless otherwise noted.
- Parents can observe the morning practice session from the stands but must clear The Arena at 11am. All spectators will be allowed to enter at 11:20am with Hudl.
- Lunch will be provided for players at 11am.

GAME LOCATION AND TIMES

- The games will be played at *Jefferson High School* (575 Washington Street, Jefferson, GA 30549) on Saturday, November 1, 2025.
    - **Pre-Game Ceremony at 11:45am**
    - **MATCH #1 at 12:00 NOON**
    - **MATCH #2 at 1:00 PM**
- Tickets will be sold on **Hudl** and at the gate - $5.00 (No Passes Out) -https://fan.hudl.com/gaca
    - The Arena will be cleared of spectators at 11am. Spectators will be allowed to re-enter at 11:20am with S2 Pass. The Event will be streamed as well- https://fan.hudl.com/gaca

GACA STAFF CONTACTS

- GACA Executive Assistant- Debbie Matuse, 912-424-8615, debbie@gacacoaches.com
- GACA Executive Director- Craig Davis, 770-578-6366, craig@gacacoaches.com
- GACA Volleyball Coordinator- Brittani Lawrence, 404-451-8652, brittani.lawrence@jeffcityschools.org

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: **Home AND Away Jersey** and your court shoes, socks, knee pads, spandex, ankle braces if needed, and any other gear. Please also provide your own pre-wrap and athletic tape. You may want to bring a second pair of spandex, socks and additional garments to change into before the official matches.

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The GACA ALL-STAR Volleyball Games sponsored by BSN/Georgia Army National Guard provides food, athletic gear, video exposure for recruiting, awards, and insurance for the participating athlete. There is a **$175.00** participation fee to help cover the cost of the event which may be paid by the school, booster club, parent/guardian, and/or combination of those mentioned.

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

- _____: School
  _____: Player Family
  _____: Booster Club
- If paying *online*, please click the submit button once. You will be directed to **S2Pass** for payment. S2Pass Player Fee Link
  - **1**) Choose Georgia and type in GACA on right
  - **2**) Click on Shop at top and
  - **3**) Scroll down until you see the yellow box for All Star Volleyball (email debbie@gacacoaches.com or call (912-424-8615) if you have any questions or issues with the link.
- If paying by *mail*, please mail check to: GACA All Star, 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 or arranged for your athlete to participate in the All-Star game. If the office cannot receive or confirm payment by the **deadline of October 29, 2025**, 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!

THE COACH MUST:

1) Complete and submit this all-star player packet by **October 29, 2025**.
2) The parental consent, insurance and questionnaire forms must be signed and submitted by **October 29, 2025.**
3) The school's participation fee of $175.00/player received by **October 29, 2025.**
4) The coach must be a paid (current) member of GACA. If the coach is not a member, they must join!! $65.00 membership must be paid to the GACA office by **October 29, 2025.** The school is responsible for the fee. **Please email debbie@gacacoaches.com to confirm your membership!
5) To confirm payment or packet submission please contact the office: craig@gacacoaches.com or debbie@gacacoaches.com
6) GHSA/GACA PASSES WILL BE ACCEPTED AT THE GATE FOR SUBMISSION INTO THE GAMES.

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PLAYER PACKET
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I, _____ , hereby accept the Georgia Athletic Coaches Association's invitation to play in the ***2025 GACA All-Star Volleyball Games sponsored by BSN / Georgia Army National Guard*** being held at *Jefferson High School* (575 Washington Street, Jefferson, GA 30549). 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 Saturday, November 1, 2025 at 9-9:30am** to register with the GACA staff at *Jefferson High School* (575 Washington Street, Jefferson, GA 30549).

Athlete Name: _____

Athlete Signature: _____ Date: _____

I, _____ , hereby give my consent for the student named _____ to engage in approved sports activities, related to the ***2025 GACA All-Star Volleyball Games sponsored by BSN / Georgia Army National Guard***. It is my clear understanding that participation in athletics activities (e.g. football, volleyball, and soccer) 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.
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.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____Date: _____

The GACA/GBCA/GFCA is a resource for portraying the life of the student-athlete, and as a result images/videos of people publicly engaged in GACA/GBCA/GFCA events are often taken for these purposes. The GACA/GBCA/GFCA reserves the right to take photographs of facilities, events, faculty, staff, students, athletes, and guests in any areas of the event where subjects would not have an expectation of privacy. The GACA/GBCA/GFCA uses photographs, photographic images, names, and audio/video recordings of employees, students, athletes, or guests for general publicity in publications, on its website, on social media, in public relations, promotions, and advertising, etc. Your presence in or around facilities used during GACA/GBCA/GFCA events and/or properties, as well as at other related sponsored events, constitutes your consent to capture and/or use your image or likeness without remuneration. The GACA/GBCA does not collect release forms from its students, athletes, faculty, staff members, or guests for the use of images or films taken during events. The GACA/GBCA/GFCA understands that there may be employees, students (or parents/ guardians of such person if under the age of 18), or guests who may wish to not be photographed or have their image used for the GACA/GBCA/GFCA-related purposes and can opt-out by completing a Photo Opt Out Waiver. Unless a fully completed Photo Opt-Out Waiver is on file, your image and/or likeness may at any time be captured by still photography, videography, or other photographic or electronic means. The GACA/GBCA/GFCA reserves the right to use any such image, photograph, video, or the like for any related purposes. Those who do NOT want to be photographed and have completed a Photo Opt Out Waiver are responsible for notifying the camera operator of their opt-out status, and/or removing themselves from any event where photographs/videography are in use. Failure to do so may result in the employee's, students', athlete's, or guest's inclusion in a photograph or recording and will be treated as a release, allowing the GACA/GBCA/GFCA to utilize that photograph or recording accordingly.

Please request a "PHOTO OPT OUT" Waiver by signing your name below....

I, _____, request a "PHOTO OPT OUT" waiver to be provided to me by the GACA Office upon all star player check -in and a signed copy provided to me for my records.

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ALL-STAR VOLLEYBALL PLAYER INFORMATION FORM

Name of Athlete: _____

High School: _____

Name of Coach: _____

Coach's Email Address: _____ Coach's Cell Phone: _____

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 VOLLEYBALL 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 Soccer game and practice. 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: _____

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: _____

Relation: _____

Phone Number: _____