

GBCA / GACA ALL-STAR BASKETBALL SHOWCASE GAME PACKAGE

PLAYER NAME: _____

The GBCA / GACA ALL STAR BASKETBALL CLASSIC provides Food, Hotel Lodging, Athletic Gear, Video Exposure for recruiting, Awards, Entertainment, Transportation, and Insurance for the participating athlete. There is a \$200.00 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.

If payment online, please click the submit button once. You will be directed to PayPal for payment.

If payment is by mail or school, please mail check to:

GBCA/GACA All Star
PO BOX 1120
Jesup, GA 31598

Submission of form without payment does not qualify your athlete for the ALL STAR BASKETBALL CLASSIC. Payment must be collected in order for your athlete to participate in the ALL STAR BASKETBALL CLASSIC. If the office can not receive or confirm payment by the deadline of March 18, 2022 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: The Gateway Arena @ College Park, 2330 Convention Center Concourse, College Park, GA 30337

DATE OF GAMES: March 26, 2022

GIRLS REPORT TO: ATLANTA AIRPORT MARRIOTT GATEWAY 2020 Convention Center Concourse, Atlanta, GA 30337-4200 PHONE:(404) 763-1544

BOYS REPORT TO: Renaissance Atlanta Airport Gateway Hotel, 2081 Convention Center Concourse, Atlanta, GA, 30337, (470) 306-0100

ALL-STAR JUNIOR GIRLS GAME STARTS: 11:00 AM

ALL-STAR SENIOR GIRLS GAME STARTS: 1:00 PM

ALL-STAR JUNIOR BOYS GAME STARTS: 3:00 PM

ALL-STAR SENIOR BOYS GAME STARTS: 5:00 PM

THE COACH MUST:

1. COMPLETE AND SUBMIT THIS ALL-STAR PLAYER PACKET BY March 18, 2022.
2. THE PARENT' CONSENT, INSURANCE AND QUESTIONNAIRE FORMS MUST BE SIGNED AND SUBMITTED BY March 18, 2022
3. THE SCHOOL'S PARTICIPATION FEE OF \$200/PLAYER (\$210/PLAYER IF PAID ONLINE) RECEIVED BY March 18, 2022.
4. (IF THE COACH IS NOT A MEMBER THEY MUST JOIN- \$55 MEMBERSHIP MUST BE MADE OUT TO THE GACA AND MAILED BY March 18, 2022. THE SCHOOL IS RESPONSIBLE FOR THE FEE. WE DO NOT DEAL WITH PARENTS!
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.

**GIRLS HOUSES AT: ATLANTA AIRPORT MARRIOTT GATEWAY 2020 Convention Center Concourse, Atlanta, GA 30337-4200
PHONE:(404) 763-1544**

BOYS HOUSED AT: RENAISSANCE ATLANTA AIRPORT GATEWAY HOTEL, 2081 Convention Center Concourse, Atlanta, GA, 30337, (470) 306-0100

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.

BRING A PAIR OF BASKETBALL SHOES

X

PRACTICE GEAR (SHORTS, T-SHIRTS, SHOES)

X



PO BOX 1120 Jesup, GA 31598 770-578-6366

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ALL-STAR BASKETBALL SHOWCASE CONSENT FORM

I, _____, 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 ATLANTA AIRPORT MARRIOTT GATEWAY 2020 Convention Center Concourse, Atlanta, GA 30337 for GIRLS and the Renaissance Atlanta Airport Gateway Hotel, 2081 Convention Center Concourse, Atlanta, GA, 30337 for Boys On Friday March 25, 2022 @ 10:00 AM The GBCA/GACA All-Star Basketball Game will be played on March 26, 2022 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 North-South Basketball 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.

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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Questionnaire

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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GBCA / GACA ALL-STAR BASKETBALL SHOWCASE
Insurance Coverage Form

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 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: _____



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