

GACA ALL-STAR SOCCER GAMES- PLAYER PACKAGE

PLAYER NAME: _____

COACH- PLEASE NOTIFY THE GACA WITHIN 48 HOURS THAT YOUR PLAYER WILL PARTICIPATE! THANK YOU! EMAIL- [Craig Davis](#), [Mike Townsend- Boys Chair](#) or [Tim Hunter- Girls Chair](#)

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

LOCATION OF ALL GAMES: **Riverbend Park, 1999 Riverbend Park Drive, Dalton, GA 30721**

DATE OF GAMES: **June 6, 2022**

ALL-STAR GAME STARTS: **TBD**

ALL-STAR BOYS GAME STARTS: **TBD**

THE COACH MUST:

1. EMAIL A COPY OF THE PLAYER'S PHYSICAL BY MAY 31, 2022
2. THE PARENT' CONSENT, INSURANCE AND QUESTIONNAIRE FORMS MUST BE SIGNED AND SUBMITTED BY MAY 31, 2022
3. THE SCHOOL'S PARTICIPATION FEE OF \$150/PLAYER
4. (IF THE COACH IS NOT A MEMBER THEY MUST JOIN- \$55 MEMBERSHIP MUST BE MADE OUT TO THE GACA AND MAILED BY MAY 31, 2022 . THE SCHOOL IS RESPONSIBLE FOR THE FEE. WE DO NOT DEAL WITH PARENTS!
5. THE EMAIL ADDRESS IS: craig@gacacoaches.com
6. GHSA/GACA PASSES WILL GET COACHES IN FOR FREE

BRING A PAIR OF SOCCER SHOES (CLEATS)

PRACTICE GEAR (SHORTS, T-SHIRTS, SHOES)

GAME JERSEY- NORTH TEAM- DARK

GAME JERSEY- SOUTH TEAM- LIGHT

X
X
X



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

ALL-STAR SOCCER SHOWCASE CONSENT FORM

I, _____, hereby accept the Georgia Athletic Coaches Association's invitation to play in the North-South All-Star Soccer Showcase being held at Riverbend Park, 1999 Riverbend Park Drive, Dalton, GA 30721. 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 Dalton, Georgia on Friday June 6th, 2022 at Riverbend Park, 1999 Riverbend Park Drive, Dalton GA between 9-10am. The All-Star Soccer Games will be played at Riverbend Park, 1999 Riverbend Park Drive, Dalton, GA 30721.

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 GACA All-Star Soccer 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: _____

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.



Georgia Athletic Coaches Association All-Star Soccer- Player Packet 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.)

Parent Names: _____

Parent Emails: _____

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: _____



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

**Georgia Athletic Coaches Association All-Star Soccer- Player
Packet
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: _____



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