

# **Rising Freshman All Star Showcase Check List**

Enclosed you will find the following material for the Rising Freshman All-Star Football Game:

- (1) Letter of Agreement (Form B) must be sent in by December 3
- (2) Insurance Form (Form D) must be sent in by December 3
- (3) Release Form (Form E) must be sent in by December 3
- (4) Jersey Number (Form F) must be sent in by December 3
- (5) Advertising Forms (Form C) must be sent in by December 3(N/A)
- (6) Program Ad Page Checklist. Keep for your reference
- (7) Equipment Letter (Form G) keep for your reference
- (8) Banquet Form (Form J) must be sent in by December 3
- (9) Listing of Participating Schools (Form L) keep for your reference
- (10) Banquet Form - (Form P) keep for your reference
- (11) Players T Shirt and Shorts sizes (Form T) must be sent in by December 3
- (12) Additional T Shirt, Shorts order Form (Form S) - must be sent in by December 3

\*\*\*\*\* PLEASE NOTE \*\*\*\*\*

If name or address is misspelled or incorrect please contact us.

In closing, all information should be returned to me at the following address:

Email: [giveback2kidsinc@gmail.com](mailto:giveback2kidsinc@gmail.com) OR MAIL to:

RISING FRESHMANALL-STAR GAME  
2255 SE Veterans Memorial Parkway  
Port St. Lucie, FL 34952

\*\*\*DEADLINE FOR ACCEPTANCE TO PLAY IN THE GAME is December 3, 2017\*\*\*

NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

FORM B

AGREEMENT AND ACCEPTANCE OF INVITATION TO PARTICIPATE IN  
THE 2018 RISING FRESHMAN ALL-STAR FOOTBALL GAME

I accept your invitation to be a competitor in the Rising Freshman All-Star Game to be played on Friday, Jan.27, 2018. I agree to report for, follow the practice schedule, participate in all activities, and follow all regulations which may be established by the organizers and consultants of the Rising Freshman Committee and their agents, and I will exercise care in the pursuit of good safety and health practices.

I hereby release Give Back 2 Kids Inc, and the Game Consultants from liability for injuries or losses of any kind which may occur in connection with my participation in the Rising Freshman Game, directly or indirectly, including my travel associated with said contest; and injuries or losses of any kind which may result from any act of omission of the Give Back 2 Kids Inc and the Game Consultants.

I further understand that certain insurance will be provided to me (with benefits as provided in the policy) free of any cost. Any parent or guardian wishing to see a copy of the contract may do so upon request at any time by contacting Game Consultants through Give Back 2 Kids Inc.

DATE: \_\_\_\_\_

PARTICIPANT'S SIGNATURE \_\_\_\_\_

\*\*\*\*\* MUST BE FAXED OR MAILED BY DEC 9, 2017 \*\*\*\*\*

NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

FORM D

**RISING FRESHMAN ALL-STAR FOOTBALL GAME INSURANCE FORM**

I am pleased to inform you that the Rising Freshman All-star Game has secured the following insurance coverage protecting your son from injury while participating in the Rising Freshman All-star Game. The coverage will be written through the NCAA recommended insurance program provided by Hiscox Insurance, and it will have the following limits: \$1,000 death benefits, medical payments and catastrophic coverage\$100,000.

**DESCRIPTION OF HAZARDS:**

This Description of Hazards covers the Insured for injury sustained while:

- a. Participating in or attending any regularly scheduled activity of the Certificate holder. Such activity must be supervised by a person authorized by the Certificate holder. Traveling directly to and from such regularly scheduled activities with other members as a group. Such travel must be supervised by a person authorized by the Certificate holder. Traveling directly to and from the insured's residence and the meeting Place for the purposes of participating in such activity.

Respectfully,

James A. Monds Jr.

Game Chairman

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(CUT OFF HERE)

We need your acknowledgement that you have read this letter and are satisfied with the insurance arrangements. Thank you for your cooperation.

SIGNATURE OF PARENT OR GUARDIAN PLAYER \_\_\_\_\_

NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ FORM E

PARENTS OR GUARDIAN OF \_\_\_\_\_ IN THE 2018 RISING FRESHMAN GAME

RELEASE We certify we are the parents or guardian of \_\_\_\_\_, and we are aware of this invitation to participate in the 2018 Rising Freshman Showcase Football Game. We consent to his participation, and in consideration for the invitation and benefits provided him, release Give back 2 kids Inc and the Game Consultants from all liability from injuries or losses of any kind which he may sustain as a result of any activities in which he participates in connection with the transportation to and from practices and game, any injuries incurred in any practices in or on the facilities provided during the week of said practices, and injuries incurred in the game, regardless of whether the injury or loss resulted from any act or omission of the Give back 2 Kids Inc or the Game Consultants against loss of any kind for any claim which might subsequently be brought for such injury or loss in violation of this release.

DATE: \_\_\_\_\_ PARENT(S): \_\_\_\_\_

\_\_\_\_\_

NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ FORM F

***JERSEY NUMBER FORM***

**NOTICE:**

Deadline for program advertising of your full-page ad is DECEMBER 3, 2017.

Also, please indicate your preference of jersey numbers, your league, the High School you plan on attending and RETURN WITH YOUR COMPLETED AD.

\*\*\*\*\*

NAME: \_\_\_\_\_ LEAGUE: \_\_\_\_\_

H.S. Attending \_\_\_\_\_ \

***JERSEY NUMBER***

FIRST CHOICE \_\_\_\_\_

SECOND CHOICE \_\_\_\_\_

THIRD CHOICE \_\_\_\_\_

\* RETURN BY DECEMBER 3, 2017 \*

NAME \_\_\_\_\_ LEAGUE \_\_\_\_\_

### **PROGRAM AD PAGE CHECKLIST**

You will be responsible for supplying the information that appears on your page in the game program. Here are some guidelines to help you prepare your submission. Please use a computer to prepare your page.

#### **REQUIRED ITEMS**

\_\_ Good quality photo(s). This can be a professional picture or a football photo or both. To ensure a high quality reproduction please send original photos or digital photos on a disc. You may also email digital photos directly to the printer: [giveback2kidsinc@gmail.com](mailto:giveback2kidsinc@gmail.com). If you choose this option please reference the Rising Freshman Game and your name in the subject line and also indicate on your program sheet that you have emailed the photo. Photos printed from a home computer generally do not reproduce well, which is why we request an original. Originals will only be returned if you include a stamped, self-addressed envelope.

\_\_ Your name and the names of your parents.

\_\_ Your football team name, and the names of your coaches.

\_\_ Your height, weight, and the positions you play.

\_\_ A complete list of your sponsors.

#### **OPTIONAL ITEMS**

\_\_ College choice and/or career ambitions.

\_\_ Awards and honors you have achieved or activities in which you participate.

\_\_ Personal comments you wish to make.

NAME \_\_\_\_\_ TEAM \_\_\_\_\_

FORM G

Described below is a list of the equipment you will need for the Rising Freshman All-Star Game the week of January 15 – January 27<sup>th</sup> 2017.

1. Helmet. Please make sure your helmet has current Certification.
2. Shoulder Pads, Thigh Pads, Knee Pads
3. Football Shoes
4. ALL BLACK Practice/Game Pants
5. Mouth Piece
6. Towels
7. Socks
8. T-Shirts
9. Any Arm, Hand pads Etc.

Your Football Coach or School will be able to supply you with items 1 thru 5.

Also, described below is the list of items that will be furnished to you.

1. Game Jersey
2. Shorts & T-Shirt
3. Banquet style dinner 1/26/2017
4. Game MVP Trophy
5. Medals
6. Action Shot Photos

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***PLEASE NOTE PLEASE NOTE PLEASE NOTE***

***Each player is expected to wear his Rising Freshman t-shirt and short set he receives at the Picnic/Banquet for all the meals listed on the schedule.***

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NAME \_\_\_\_\_ TEAM \_\_\_\_\_

FORM J

**TO; RISING FRESHMAN ALL-STAR PLAYERS AND PARENTS**

**RE; 2017 RISING FRESHMAN BANQUET**

The 2018 Rising Freshman All-Star Banquet will be held Thursday, January 26, 2018, at Port St. Lucie Civic Center at 7:00pm.

The charge will be \$10.00 per person with the exception of the players. Please fill out and return the bottom part of this form with your check made payable to Give Back 2 Kids Inc or visit our website to make a payment via paypal along with the number attending by Dec 31<sup>st</sup> 2017.

You will receive your tickets in the form of nametags and seating assignments the night of the banquet. If you have a seating preferences with other families, please indicate on the form below and we will try to accommodate your request.

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NAME OF PLAYER: \_\_\_\_\_

(Please list individual(s) to be utilized for nametags)

GUESTS: \_\_\_\_\_ \$10.00  
\_\_\_\_\_ \$20.00  
\_\_\_\_\_ \$30.00  
\_\_\_\_\_ \$40.00  
\_\_\_\_\_ \$50.00

PLEASE RETURN TO: RISING FRESHMAN ALL-STAR GAME  
2255 SE Veterans Memorial Parkway,  
Port St. Lucie, FL 34952



NAME: \_\_\_\_\_ TEAM: \_\_\_\_\_

Player T Shirt and Shorts

Form T

Player's sizes. Please circle correct sizes.

T Shirt Size	S	M	L	XL	XXL
Short Size	S	M	L	XL	XXL

\*\*\*\*\* MUST BE MAILED BY DECEMBER 3, 2017 \*\*\*\*\*

NAME: \_\_\_\_\_ TEAM: \_\_\_\_\_

Form S

**ADDITIONAL CLOTHING ORDERS**

Use this form to order extras for family and friends. South team is RED shirts and North team is BLUE shirts.

NAME:

T SHIRTS RED	S	M	L	XL	XXL	XXXL	
PRICE	10	10	10	10	13	13	
QUANTY	___	___	___	___	___	___	
TOTAL	___	___	___	___	___	___	= \$ _____

T SHIRTS BLUE	S	M	L	XL	XXL	XXXL	
PRICE	10	10	10	10	13	13	
QUANTY	___	___	___	___	___	___	
TOTAL	___	___	___	___	___	___	= \$ _____

GRAND TOTAL = \$ \_\_\_\_\_