

Rising Freshman All Star Showcase Checklist

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

- (1) Checklist (Form A) must be sent in by December 20th
- (2) Jersey Number Form (Form B) must be sent in by December 20th
- (3) Equipment Checklist (Form C) must be sent in by December 20th
- (4) Banquet Order Form (Form D) must be sent in by December 20th
- (5) T-Shirt Order Form (Form E) keep for your reference
- (6) Additional Shirt Order Form (Form F) must be sent in by December 20th
- (7) Release Agreement & Acceptance Form (Form G) keep for your reference
- (8) Game Insurance Form- (Form H) keep for your reference

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

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

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

Email: giveback2kidsinc@gmail.com

DEADLINE FOR ACCEPTANCE TO PLAY IN THE GAME is December 14th, 2018

NAME: _____ SCHOOL: _____ FORM A

JERSEY NUMBER FORM

NOTICE:

Please indicate your preference of jersey numbers, your league & the High School you plan on attending.

NAME: _____ LEAGUE: _____

H.S. Attending _____

JERSEY NUMBER

FIRST CHOICE _____

SECOND CHOICE _____

THIRD CHOICE _____

* RETURN BY DECEMBER 20th, 2018 *

NAME _____ LEAGUE _____

Form B

Equipment Checklist

Described below is a list of the equipment you will need for the Rising Freshman All-Star Game the week of January 7th – January 27th 2017;

1. Helmet. Please make sure your helmet has current Certification.
2. Shoulder Pads
3. Football Cleats
4. Integrated Practice Pants or with girdle
5. Mouth Piece
6. Towels
7. Socks
8. T-Shirts
9. Any Arm, Hand pads Etc.

*Your Football League will be need to supply you with items 1 & 2.

Described below is the list of items that will be furnished to you;

1. Game Jersey
2. Dryfit Warm-Up Shirt
3. Banquet style dinner 1/18/2018
4. Medals

*MVP, Offensive & Defensive Players of the Game will be chosen & Trophies will be provided

PLEASE NOTE PLEASE NOTE PLEASE NOTE

Each player is expected to wear his Rising Freshman dryfit warm up he receives during the week of practice to the game

NAME _____ TEAM _____

Form C

Banquet Order Form

TO; RISING FRESHMAN ALL-STAR PLAYERS AND PARENTS

RE; 2018 RISING FRESHMAN BANQUET

The 2018 Rising Freshman All-Star Banquet will be held Thursday, January 18th, 2019, at Port St. Lucie Civic Center at 6:00pm.

The charge will be \$10.00 per person with the exception of the players. Please fill out and turn in at meet & greet Thursday December 20th 7pm @ Northport K-8 Located or visit our website to make a payment via PayPal along with the number attending by Dec 20th 2018.

You will receive a receipt which you'll provide at the door 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.

NAME OF PLAYER: _____

(Please list individual(s))

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

PLEASE PRINT / TURN IN @ THE MEET & GREET OR EMAIL TO
GIVEBACK2KIDSINC@GMAIL.COM

NAME: _____ TEAM: _____

Form D

T-Shirt Order Form

Player T Shirt

Player's sizes. Please circle correct sizes.

T Shirt Size S M L XL XXL

***** MUST BE TURNED IN @ BANQUET OR EMAILED BY
DECEMBER 20TH, 2018 *****

NAME: _____ TEAM: _____ **Form E**

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	
QUANTITY	___	___	___	___	___	___	
TOTAL	___	___	___	___	___	___	= \$ _____

T SHIRTS BLUE		S	M	L	XL	XXL	XXXL
PRICE		10	10	10	10	13	13
QUANTITY		___	___	___	___	___	___
TOTAL		___	___	___	___	___	___

= \$ _____

GRAND TOTAL = \$ _____

Form F

RELEASED AGREEMENT AND ACCEPTANCE FORM

I accept your invitation for my minor child to be a competitor in the Rising Freshman All-Star Game to be played on Saturday, January 19th, 2019. 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 & anyone associated under the Give Back 2 Kids Inc. 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. In addition you authorize Give Back 2 Kids INC to use photos, videos & names of your minor child for marketing purposes on all social media sites/outlets.

PARTICIPANT'S NAME _____

DATE: _____ PARENT'S SIGNATURE _____

***** MUST BE TURNED IN OR EMAILED BY DEC 20th, 2018 *****

FORM G

**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.

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

PLAYER NAME_____

SIGNATURE OF PARENT OR GUARDIAN_____

Date_____

