



MISSISSIPPI ASSOCIATION OF COACHES

P. O. Box 1194, Clinton, MS 39060-1194
600 East Northside Drive, Clinton, MS 39056
Telephone: 601-924-3020 • Fax: 601-924-3050
www.mscoaches.com

TO: 2015 *Mississippi Sports Medicine* North/South All-Star Basketball Players
FROM: Johnny Mims, Executive Director
DATE: January 8, 2015

Because of your commitment and dedication to excellence in athletics, you have been chosen to play in the 2015 *Mississippi Sports Medicine All-Star Basketball Game*. This special honor is extended to only 24 players in the state and my personal congratulations go to you for receiving this recognition.

The 5 forms listed below are included with this packet; please submit the completed forms (along with a copy of your current school physical) as soon as possible, but no later than Thursday, January 15, 2015.

1. Agreement to Participate (page 1)
2. Player Information Form (used for Honors Ad in Program Book) (page 2)
3. Consent to Medical Treatment & Insurance Coverage Questionnaire (page 3)
4. Statement of Understanding & Notice of Insurance Coverage (page 4)
5. Player General Release (page 5)
6. Copy of your current School Physical (your Coach can help you with this). Fax to 601-924-3050.

Please be sure to let your coach know that you have been selected as an All-Star - he/she will assist you in completing & returning the forms, and also in selling ads for the game program. Failure to return completed forms by Thursday, January 15, will result in an alternate being called to replace you on the team.

Information about the game:

- The games will be played Friday, March 27, 2015 - Girls' at 6:00 p.m., Boys' at 7:30 p.m. at the A.E.Wood Coliseum, Mississippi College, Clinton, MS.
- North and South All-Stars will check in Thursday afternoon, March 26 (reporting details will be provided later)
- Physical screenings will be administered by the medical staff of the MS Sports Medicine & Orthopaedic Center as players check in on Thursday, March 26 - - your participation depends upon your passing this examination. As stated in the player selection guidelines, female players cannot participate if pregnant.
- Secondary insurance will be provided.
- Players will be expected to sell a minimum of \$350.00 in ads for the Game Program. (In order to receive a commission check, players must sell at least \$350.00 in ads; **20% commission will be paid on ad sales of \$350.00 & above**).

* **NOTE:** Should you decide that you will not be able to participate **after** you have accepted this invitation, you must notify the MAC office, in writing, by February 27. **Failure to notify us as requested will cause you to be ineligible to be considered as a participant in the 2016 Mississippi/ Alabama All-Star Game.**

PLAYER FORMS (THE SIX FORMS LISTED ABOVE) must be received in the
M.A.C Office by Thursday, January 15, 2015.
AD SALES must be received in the M.A.C Office by Thursday, January 29.

MISSISSIPPI ASSOCIATION OF COACHES
2015 Mississippi Sports Medicine North/South Basketball
All-Star Player Agreement

I **accept** the invitation to play in the March 28, 2014, Mississippi Sports Medicine North/South All-Star Basketball Game directed by the Mississippi Association of Coaches, and agree to:

Follow all the rules and regulations of the host college and the Mississippi Association of Coaches;

Notify the Association immediately if circumstances change affecting my decision or ability to play, so that an alternate can have the chance to play and receive full benefits and honors;

By accepting this invitation I pledge my full support to my team and coaches and agree to accept all the responsibilities which go along with the honor. These responsibilities include meeting all deadlines, supplying requested information, reporting on time and supporting the program by selling the determined amount of advertising.

Forest Club		01/07/2015
<i>Player Name</i>	<i>Signature</i>	<i>Date</i>
Ron Club		01/07/2015
<i>Parent/Guardian Name</i>	<i>Signature</i>	<i>Date</i>

Name of Coach: Joe Club

**THIS FORM MUST BE RECEIVED IN THE MAC OFFICE BY THURSDAY,
JANUARY 15.
ADS ARE DUE NO LATER THAN THURSDAY, JANUARY 29**

MISSISSIPPI ASSOCIATION OF COACHES

2015 Mississippi Sports Medicine North/South Basketball Player Personal Information Form

Name: Forest Club

High School: NRHS

Complete Mailing Address: 9 Belleville Avenue Bloomfield, New Jersey 07003

Home Telephone: (123)123-1234 **Cell Telephone:** (548)905-3111 **High School Coach:** Joe Club

Email Address: jbecker@sportzventures.net

School Mascot: Raiders

Size Information: Height: 6'2" Weight: 200 Jersey Top: XL Shorts: L T-Shirt: XL

Please list all honors received in sports and other school activities, and **be specific**. List the honor and the year, and if the award is not from your school, list the organization giving you the award and the name of the award (i.e., Hattiesburg Optimist Club Student of the Year, 2011).

Honor	Year
<u>sdfgsdfgsdfg</u>	<u>2012</u>
<u>sdfgsdfgsdfg</u>	<u>2013</u>
<u>sdfgsdfgsdfg</u>	<u>2014</u>
<u> </u>	<u> </u>
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Where do you plan to attend college? Duke University

What do you plan to major in at college? Economics

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MISSISSIPPI ASSOCIATION OF COACHES

2015 Mississippi Sports Medicine North/South Basketball Consent to Medical Treatment

Name: jeff Becker Date of Birth: 02/02/1998 Phone No. (123)123-1234
Name of Parents or Guardians: Ron Club Lynn Club
Mailing Address: 9 Belleville Avenue Bloomfield, New Jersey 07003
Family Physician: Richard King Home Phone: (123)123-1234
Office Phone: (201)564-7381

If the participant is less than 21 years of age, please complete the appropriate section of Part I and all of Part II.

Part I. (For Guardians) I/We Ron Club Lynn Club am/are the guardian jeff Becker as appointed by law.

Part II. I/We Ron Club Lynn Club in the same capacity as indicated in Part I authorize the Mississippi Association of Coaches to take whatever medical steps are deemed necessary in case of injury and/or illness (including giving authorization to duly qualified medical personnel to administer such medical or surgical treatment to include anesthetics and/or drugs as the duly qualified medical personnel deem necessary in the diagnosis and treatment) of jeff Becker during his/her participation in the 2015 Mississippi Sports Medicine North/South All-Star Basketball Practices & Game from March 26-27, 2015. Treatment of any such injury and/or illness shall begin immediately upon its discovery.

Signature of Guardian:



Date: 01/07/2015

Signature of Guardian:



Date: 01/07/2015

Part III. Please complete fully. THIS IS VERY IMPORTANT.

The above named participant **is covered** by hospitalization insurance under Policy # 123456

Name of Insurance Company: Aetna

Address of Insurance Company: 9 Belleville Avenue Bloomfield, Arizona 12345

If Group Policy, give Employer: 1231231234 Group #: r54t6y78u

Signature of Parent or Guardian:



Date: 1/7/2015

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MISSISSIPPI ASSOCIATION OF COACHES

2015 Mississippi Sports Medicine North/South Basketball Statement of Understanding & Notice of Insurance Coverage

I, the undersigned parent(s) and/or guardian(s) of Jeff Becker, a participant in the 2015 *Mississippi Sports Medicine* North/South All-Star Basketball Game, do understand that the insurance coverage provided for all the participants in this game is known as secondary coverage. This specifically means that my personal insurance company's policy is the primary coverage for my son/daughter and will be considered primary in the event my son/daughter suffers an accidental injury requiring medical attention, evaluation and/or treatment during any All-Star Activities from March 26 through March 27, 2015.

I further understand that the Mississippi Association of Coaches does provide insurance coverage to my son/daughter, but such coverage is secondary, specifically meaning that such coverage only becomes applicable after my coverage, if any, has first been utilized to cover the expenses and fees for such medical treatment. Moreover, I have been informed that the coverage provided by the Mississippi Association of Coaches may have certain deductions, exclusions and upper limits so as not to provide full coverage to my son/daughter even if the insurance is utilized after exhausting my personal coverage, if any.

I further understand that the Mississippi Association of Coaches provides such coverage for the benefit of the participants in the 2015 *Mississippi Sports Medicine* North/South All-Star Basketball Game and their parents, and such insurance coverage possibly may not cover all bills, expenses and other costs incurred by the participants while participating in the 2015 *Mississippi Sports Medicine* North/South All-Star Basketball Games at A.E. Wood Coliseum, Mississippi College, Clinton, MS. Toward that end, I have been placed on notice by the Mississippi Association of Coaches and its representatives that if additional insurance coverage is needed for my son/daughter, I should provide such insurance at my own expense. I hereby state that the information provided on the Medical Consent form is the correct name, address and policy number of the present health, accident and hospitalization insurance providing coverage for my son/daughter. If such coverage is changed, lapses or terminates for any reason, I hereby agree to update and supplement the information provided and to ensure that the Mississippi Association of Coaches and its representatives are provided with current information relating to insurance up and through the date of the game.

Date: 1/7/2015

Guardian:



Guardian:

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MISSISSIPPI ASSOCIATION OF COACHES

2015 Mississippi Sports Medicine North/South Basketball Player General Release

Name: jeff Becker Age: 18
Date of Birth: 02/02/1998 Player Cell #: (548)905-3111
Mailing Address: 9 Belleville Avenue Bloomfield, New Jersey 07003
Parents(s)/Last Legal Guardian(s) Names: Ron Club Lynn Club

We, the undersigned parent(s) or legal guardian(s) of jeff Becker (hereinafter "Player"), a member of the 2015 *Mississippi Sports Medicine North/South All-Star Basketball Team*, for in the consideration of our son/daughter participating in such game and in further consideration of the fact that the Mississippi Association of Coaches will house and feed my son/daughter from March 26 through March 27, 2015, do hereby release the Mississippi Association of Coaches, its officers, directors, members and any other agents or representatives (hereinafter "Releasees") and hereby hold harmless the Releasees against any and all claims, causes of action, demands, costs, expenses, or any other potential actions asserted arising out of or in any way related to or connected with the participation of our son/daughter in the 2015 *Mississippi Sports Medicine North/South All-Star Basketball Game*. We, the undersigned, release the Releasees from any and all claims that may result either from the participation in practices leading up to the 2015 *Mississippi Sports Medicine North/South All-Star Basketball Games* or participation in the game, and transportation to or from the game and/or transportation during the week of the game. Moreover, we do hereby grant permission to the Mississippi Association of Coaches to transport and entertain the above named player during the All-Star activities beginning Thursday, March 26, 2015, until Friday, March 27, 2015, at the close of the All-Star games at A.E. Wood Coliseum, Mississippi College, Clinton, MS. We, the undersigned, release the above named parties, their agents, employees and other related persons, including all other Releasees, from any and all claims which may result from the travel and entertainment of the above named player.

We also agree that the released parties shall not be responsible for any illness, disease, injury or other occurrence suffered by the player associated with his travel, entertainment, participation in practice or in the game, and furthermore agree that there shall be no liability to the Releasees herein for any of the above noted acts.

By these presents and in consideration above enumerated, we further covenant and agree that we shall forever refrain from instituting any action, pressing, collecting or in any way aiding or proceeding upon any and all claims, causes of action, suits and proceedings of any kind at law or in equity which our son/daughter or the undersigned ever has, or may have, against any of the Releasees herein arising out of the aforesaid activities, and more particularly participation in practices and the game relating to the 2015 *Mississippi Sports Medicine North/South All-Star Basketball Games*, or any other activity relating thereto.

WE ACKNOWLEDGE THAT WE HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND WE SIGN THE ABOVE AND FOREGOING OF OUR OWN FREE ACT.



Signature of Parents or Legal Guardians

1/7/2015

Date

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