

Congratulations on your selection to play in the 2018 All Star Classic Game & Combine. It is a great honor for you to represent your team and home town in this game. We have carefully reviewed nominations presented to us by your coaches, and now it is your turn to play. The game will take place in Lexington Kentucky @ Frederick Douglass High School. The All Star Weekend will be November 23rd – November 25th. This year is the Tenth Annual game and will be an experience of a lifetime for you and your family.

This event will provide you an opportunity to meet other great players from around the state. You will have a full weekend of things to do. Besides the practices and games, you will participate in the combine at Lexington Christian Academy on Friday, and attend the awards on Friday night at the Four Points Sheraton Hotel.

Reservations for your hotel should be made as indicated on the attached sheet. It is important that you make your reservations as early as possible. Please remember that Registration on Friday will be done at the Four Points Sheraton Hotel in Lexington as the Headquarters Hotel. Please bring your family and friends along to enjoy the atmosphere and/or attend the awards ceremony and jersey presentation on Friday night.

You will regester according to your itinerary on Friday. Be on time so your coaching staff can get going with you that afternoon. You will need to bring your complete practice equipment. (all pads, helmet, practice jersey and pants). You will not need your game pants from your own team.

We will be sending out an itinerary that will explain your schedule.

Again, congratulations and we look forward to seeing you in Lexington. Kentucky Middle School Football Association Jamie Howell, All-star Classic Coordinator <a href="mailto:jhowell@kymiddleschoolfootball.com">jhowell@kymiddleschoolfootball.com</a>

#### **PLAYER CARD:**

Please complete the on-line Player Card and complete all required information. The information will be used to make registration go much more quickly to have more time to enjoy the All-Star Weekend. You can also pay your fee online as well.

https://KYMSFA.formstack.com/forms/2018 all star classic player registration

## **HEADQUARTERS – Registration & Awards Ceremonies on November 23rd**

Four Points by Sheraton Lexington 1938 Stanton Way Lexington KY 40511 859-259-1311

# 8<sup>th</sup> Grade Team Hotel

**Reference Kentucky Middle School Football Association** 

https://www.marriott.com/meeting-event-hotels/group-corporate-travel/groupCorp.mi?resLinkData=Kentucky%20Football%20Association%5ELEXNW%60KFAKFAA%7CKFAKFAB%7CKFAKFAC%7CKFAKFAD%60109.00-

<u>139.00%60USD%60false%604%6011/23/18%6011/25/18%6011/2/18&app=</u> <u>resvlink&stop\_mobi=yes</u>

Fairfield Inn & Suites by Marriott Lexington North 2100 Hackney Place Lexington KY 40511 859-977-5870

## 7<sup>th</sup> Grade Team Hotel

**Reference Kentucky Middle School Football Association** 

https://www.marriott.com/meeting-event-hotels/group-corporate-travel/groupCorp.mi?resLinkData=KY%20Middle%20School%20Football%20All%20Stars%5Elexts%60KFAKFAA%7CKFAKFAB%60109.00%60USD%60false%604%6011/23/18%6011/25/18%6011/20/18&app=resvlink&stop\_mobi=yes

TownePlace Suites by Marriott Hotel Lexington South/Hamburg Place 1790 Vendor Way Lexington KY 40509 859-263-0018



# **Kentucky Middle School Football Association**

250 West Main Street Suite 2800, Lexington, Kentucky 40507,

### 2018 KYMSFA All Star Football Classic Release

I,	, have received the honor of be	eing selected as one of the
Commonwealth's top middle school foot Classic to be played on November 25th, 2	pall players and selected to participate in the 018.	2018 KYMSFA All-Star Football
Given the honor of this opportunity, I resp	ectively seek the permission of my teachers an	d principal to:
<ul> <li>Represent my football program ar</li> </ul>	nd wear certain required equipment provided by	/ the school;
<ul> <li>Receive an excused absence for a</li> </ul>	ny days of school missed due to my participation	on.
Note: The selected players will travel to Sunday, November 25, 2018 after the game	Lexington Friday, November 23, 2018 and Fne.	ootball Classic week will end on
By signing below, I agree to return any ed	uipment and complete and submit all schoolwo	ork missed during my absence.
Player Print Name	Signature of Player	 Date
	est of my ability, the above player/student has 2018, has received any assignments that will	
Please Check Yes or No:		
Yes No My school has granted Combine and to authorize my use of the s	me permission to participate in the 2018 KYMS chool's football equipment.	FA All-Star Football Classic &
Print Name of Legal Guardian	Signature of Legal Guardian	Date
Print Name of Principal/AD/Coach	Signature of Principal/AD/Coach	 Date



# 2018 KYMSFA All Star Football Classic & Combine Participation Authorization & Injury Waiver and General Release Form

As a participant in the 2018 KYMSFA All-Star Football Classic & Combine "the All-Star Game" or "Event", I acknowledge that participation in the game and/or combine exposes me to a possible risk of personal injury. I, hereby release the Kentucky Middle School Football Association, its members, coaches, volunteers, related sponsors, and their respective officers, directors, employees, agents, licensees, subsidiaries, consultants, independent contractors and affiliates, from any and all liability from property damage, personal injuries or other claims arising from or in connection with my participation in the Event including claims that are known and unknown, foreseen and unforeseen, future or contingent.

I represent and warrant that a current completed KHSAA Form 4 with KYMSFA Addendum for 2018 is on file with my middle school football program and a copy has been provided to the KYMSFA, including a valid physical. I also represent that I will be supervised by my parent(s) or adult person authorized by my parent(s) at all times during the Event other than during practices scheduled by the KYMSFA and the All-Star Game and that the KYMSFA has no responsibility to supervise the participant.

In consideration of my participation as a Player in the Event, I hereby grant, release, and quitclaim to the KYMSFA the right and authority to use, sell, reproduce, and distribute, quoted material, biographical information, my photograph, likeness, recorded voice or videotaped filmed appearances (the "Materials") for promotional and advertising purposes or programs as the KYMSFA in its sole discretion will deem appropriate. I acknowledge that I have read and fully understand this Player Authorization, Injury Waiver and General Release Form. This agreement will bind me, my spouse, my children, legal representatives, heirs, successors and assigns.

PARTICIPANT PRINTED NAME:	
PARTICIPANT SIGNATURE:	E-Mail:
STREET ADDRESS:	
CITY, STATE, ZIP:	
PARENTAL CONSENT (To be filled out if participant is under	
The undersigned ("Parent"), parent of	seneral Release Form attached hereto which has been that Parents (is)(are) entitled to the care and custody of minority of Player and for a reasonable time afterwards, tempting to or actually disaffirming the Injury Waiver and acknowledge that Parents have read the Injury Waiver and
DATE:	SIGNATURE:
NAME AND RELATIONSHIP TO PLAYER: (please print)	
NAME (DDINT).	



# 2018 KYMSFA All Star Football Classic & Combine Participant Authorization to Provide Medical Care

In consideration of being allowed to participate in the 2018 KYMSFA All Star Football Classic & Combine on November 25th, (the "Game"), practices for the Game, and/or other events and activities related to the Game, including but not limited to the Combine and Awards on November 23rd (collectively, the "Events"), I, as parent/guardian of the Participant, hereby give permission to the Kentucky Middle School Football Association ("KYMSFA"), or any person designated by it or any Released Party, to select appropriate medical personnel to provide routine health care, administer prescribed medications, and seek emergency medical treatment, including ordering x-rays or routine tests, and to arrange necessary related transportation. I agree to the release of any records necessary for insurance purposes. I hereby also give permission to any such medical personnel selected by KYMSFA, or any person designated by it or any Released Party, to secure and administer treatment, including hospitalization, for me.

I, for myself and on behalf of my heirs, assigns and next of kin, hereby release, indemnify and hold harmless KYMSFA, its assigns, successors, other individuals, medical personnel, entities, sponsors, sponsoring agencies, advertisers and owners or lessors of premises used in connection with the Game or Events, participating in or otherwise associated with the Game or Events and affiliated persons and entities thereof, and their respective officers, directors, partners, members, shareholders, employees, agents and representatives (collectively, the "Released Parties"), with respect to any and all injury, disability, death, loss or damage to person or property, whether arising from the negligence of any or all of the Released Parties or otherwise, to the fullest extent permitted by law.

I have read this Release of Liability and Assumption of Risk Agreement, fully understand its terms and understand that I am giving up substantial rights by signing it. I sign this Release of Liability and Assumption of Risk Agreement freely and voluntarily, without any inducement or coercion.

PARTICIPANT SIGNATURE		TE OF BIRTH	DATE SIGNE	D
For Parents/Guardians of Part	icipants of	Minority Age (Und	der Age 18)	
This is to certify that I, responsibility for agree to the attached Authorizatio for myself and on behalf of my hei Released Parties with respect to a whether arising from the negliger permitted by law.	n to Provide rs, assigns a any and all i	(please print name) Medical Care inurin nd next of kin, here njury, disability, de	, the above named g to the benefit of the by release, indemnife tath, loss or damage	Participant, consent and ne Released Parties and, y and hold harmless the e to person or property,
EMERGENCY PHONE NUMBERS:	CELL	HOME	WORK	OTHER
PARENT/GUARDIAN SIGNATURE	<u></u> EM	IERGENCY PHONE	<u></u> DATE	SIGNED



# 2018 KYMSFA All Star Football Classic & Combine Participant Acceptance and Authorization to Use Information

I,
I, for myself and on behalf of my heirs, assigns and next of kin, hereby release, indemnify and hold harmless the Authorized Parties with respect to any and all injury, loss or damage, arising out of this Acceptance and Authorization, whether from the negligence of any or all of the Authorized Parties or otherwise, to the fullest extent permitted by law.
I have read the above authorization, fully understand its terms and understand the rights that I have granted by signing below. I sign this Acceptance and Authorization freely and voluntarily, without any inducement or coercion.
PARTICIPANT SIGNATURE DATE OF BIRTH DATE SIGNED
For Parents/Guardians of Participants of Minority Age (Under Age 18)
This is to certify that I, (please print name), as the parent/guardian with legal responsibility for the above named Participant, consent and agree to the above Acceptance and Authorization and, for myself and on behalf of my heirs, assigns and next of kin, hereby release, indemnify and hold harmless the Authorized Parties with respect to any and all injury, loss or damage, arising out of this Acceptance and Authorization, whether from the negligence of any or all of the Authorized Parties or otherwise, to the fullest extent permitted by law.

DATE SIGNED

PARENT/GUARDIAN SIGNATURE



# 2018 KYMSFA All Star Football Classic & Combine Participant Insurance and Health Information

### PARTICIPANT IS <u>REQUIRED</u> TO BE COVERED BY MEDICAL/HOSPITAL INSURANCE

Participant Name	
Insured Name	Relationship to Participant
Insured Address	
Insurance Company Carrier or Plan Name	
Group Number	
Address	
Policy Holder or Insurance ID Number	
PARTICIPANT HEALTH HISTORY	
ALLERGIES:	
Medication	
Food	
Other	
MEDICATIONS BEING TAKEN:	
Prescription (please include dosage and times to	aken)
Nonprescription (please include dosage and time	nes taken)
DIETARY RESTRICTIONS	
The above information is complete and accurate to the	best of my knowledge.
PARTICIPANT SIGNATURE DATE SIGNED	
For Parents/Guardians of Participants of Minorit	
This is to certify that the above information is complete	e and accurate to the best of my knowledge.
PARENT/GUARDIAN SIGNATURE DATE SIGNATURE	NED



## 2018 KYMSFA All Star Football Classic Participant Release of Liability and Assumption of Risk

In consideration of being allowed to participate in the KYMSFA All Star Football Classic on November 25, 2017 (the "Game"), practices for the Game, and other events and activities related to the Game, including but not limited to the Combine and Awards on November 23rd (collectively, the "Events"), the undersigned Participant, acknowledge, appreciate, agree and understand that:

- **1.** The risk of injury from the activities involved in the Game and Events is significant, including, but not limited to, the potential for disabling or permanent injury or paralysis and death and, while particular rules, equipment and personal discipline may reduce this risk, the risk of injury does exist;
- **2.** I knowingly and freely assume all such risks, both known and unknown, even arising from the negligence of the Released Parties (defined below) or others, and assume full responsibility for my participation in the Game or Events;
- **3.** I willingly agree to comply with the stated and customary terms and conditions for participation in the Game or Events. If, however, I observe any unusual or unanticipated hazard during my presence at or participation in the Game or Events, I will remove myself from such participation and bring such hazard to the attention of the nearest official, supervisor or other representative immediately;
- **4.** I am aware of, and agree to comply with, all rules, regulations, bylaws and official interpretations of the KYMSFA and any national federation responsible for administering or regulating interscholastic athletics, and of the NCAA or other regulatory authority, as such may be applicable to my participation in the Game or Events. I understand the consequences, if any, including, but not limited to, my ability to participate in future athletic contests in any sport at the high school, collegiate or other level, that may occur under such rules, regulations, bylaws and official interpretations, as a result of my participation in the Game or Events or from my noncompliance with or disregard of such rules, regulations, bylaws and official interpretations;
- **5.** I, for myself and on behalf of my heirs, assigns and next of kin, hereby release, indemnify and hold harmless KYMSFA, its assigns, successors, other individuals, entities, sponsors, sponsoring agencies, advertisers and owners or lessors of premises used in connection with the Game or Events, participating in or otherwise associated with the Game or Events and affiliated persons and entities thereof, and their respective officers, directors, partners, members, shareholders, employees, agents and representatives (collectively, the "Released Parties"), with respect to any and all injury, disability, death, loss or damage to person or property, whether arising from the negligence of any or all of the Released Parties or otherwise, to the fullest extent permitted by law.

I have read this Release of Liability and Assumption of Risk Agreement, fully understand its terms and understand that I am giving up substantial rights by signing it. I sign this Release of Liability and Assumption of Risk Agreement freely and voluntarily, without any inducement or coercion.

PARTICIPANT SIGNATURE	DATE OF BIRTH	DATE SIGNED
For Parents/Guardians of Participants	s of Minority Age (Under Age 18	8)
This is to certify that I,	(please print r	name), as the parent/guardian with legal
		eve named Participant, consent and agree to
on behalf of my heirs, assigns and next of	of kin, hereby release, indemnify a ath, loss or damage to person or pi	t of the Released Parties and, for myself and and hold harmless the Released Parties with roperty, whether arising from the negligence ted by law.
PARENT/GUARDIAN SIGNATURE	EMERGENCY PHONE	DATE SIGNED
EMERGENCY PHONE TYPE (CIRCLE O	NE): CELL HOME	WORK OTHER



#### **ACCEPTANCE OF INVITATION TO PARTICIPATE**

• SUBMISSION OF PLAYER CARD will confirm acceptance; https://KYMSFA.formstack.com/forms/2018 all star classic player registration

If not received by November 17, 2018, alternate player will be chosen and you will forfeit your selection

CHECKLIST OF REQUIRED FORMS: (PLEASE COMPLETE AND INCLUDE WITH OTHER FORMS)

PLEASE BE SURE ALL FORMS LISTED BELOW ARE COMPLETED AND BROUGHT TO REGISTRATION AND UPLOAD WHEN YOU SUBMIT ON-LINE PLAYER CARD.

 School Release (1 PAGE)
 Participant Injury Waiver and General Release Form (1 PAGE)
 Participant Authorization to Provide Medical Care (1 PAGE)
 Participant Insurance and Health Information (1 PAGE)
 Participant Release of Liability and Assumption of Risk (1 PAGE)

Please bring to registration and upload when you submit on-line Player Card



# 2018 All Star Classic Required Purchase

Game Jersey Game Pants Belt

Hoodie Combine

**Total Cost \$150.00** 

## **Extra Items for Sale**

Tickets to All Star Classic Games \$10.00 Adult \$5.00 Students

Hoodie \$30.00



# 2018 All Star Classic Player Itinerary

### Friday, November 23<sup>rd</sup>

#### Registration

Registration will be held Friday morning, November 23, at the Four Points by Sheraton Lexington

1938 Stanton Way, Lexington KY 40511 859-259-1311

7<sup>th</sup> Grade Registration 9:00am-10:00 a.m.

8<sup>th</sup> Grade Registration 10:00-12:00 p.m.

#### Friday, November 24th

9:00am to 12:00pm - Player Registration @ Four Points by Sheraton Lexington back Lobby

10:00am to 1:00pm – All Star Classic Combine at Lexington Christian Academy, 450 W Reynolds Road, Lexington KY 40503.

2:00pm to 4:30pm- Hotel Check in & Family time (Mandatory Coaches Meeting at Four Points by Sheraton Lexington Hotel @ 2pm)

5:30pm to 6:45pm – 7<sup>th</sup> grade Awards and Player Draft

7:15pm to 9:00pm – 8<sup>th</sup> grade Awards and Player Draft

## Saturday, November 24th

7:00am to 8:00a.m.- Breakfast at hotels

8:00am - Parents transport athletes to practice fields

8:30am to12:00pm - Team Practice Window 1

12:00pm to 12:30pm - Lunch

12:30pm to 4:00pm - Team Practice Window 2

4:00pm to 4:30pm - Pizza at practice sites

4:30pm to 6:00pm - Practice Window 3

6:00pm – Parents Transport players back to hotel. Team Meetings.

### Sunday, November 26<sup>th</sup>

Breakfast at Hotel

Game is at Frederick Douglas High School (see address below)

11:00- Gates Open - Parents transport athletes to game site

12:00 7<sup>th</sup> Grade All-Star Classic Game

2:00: 8th Grade All-Star Classic Game

Note... Parents will be transporting athletes to and from all venues this year. There will be no busses. You are responsible for making sure your athlete is at all functions at the above specified times. See assigned practice fields below:

## Practice Site 1 – 7<sup>th</sup> grade Blue & 8<sup>th</sup> Grade Black Teams

Frederick Douglas High School

2000 Winchester Road

Lexington KY 40509

(Field is in the back of campus behind main building)

### Practice Site 2 – 7<sup>th</sup> Grade White & 8<sup>th</sup> Grade White Teams

Lexington Christian High School

450 W Reynolds Rd,

Lexington, KY 40503