

Jr JACKET FOOTBALL PLAYER FEES & PAYMENT

Jr Jacket Football Fees for the 2025 Season are \$650/athlete.

- \$450 Player Fee
 - o Equipment (helmets, shoulder pads, practice jerseys, uniforms, footballs, field equipment, camera equipment, etc.), Hudl, referee fees, winter/spring/summer strength and conditioning.
 - o Player Packet which include an equipment bag, shirt and shorts.
 - o It costs approximately \$1000 per player to run our program. In order to offset this cost, our program **DEPENDS HEAVILY** on our player fees and fundraising, such as online fundraising.
 - o Player fees are Non-Refundable.
- \$100 Mandatory Equipment Fee
 - o Refundable at the end of the season when all equipment is returned in good condition.
- \$100 Mandatory Volunteer Fee
 - o Refundable after completing 4 volunteer shifts and no balance on your account.

Payments may be made on the website via credit card when you complete your athlete's registration. You may also send in cash or check made out to Sprayberry Touchdown Club in a sealed envelope and give to Coach Mack.

** \$3.00 + 3.4% per transaction for all credit card transactions.

**Credit card payments made in person via Square are subject to a 3.4% fee/transaction.

** No transaction fees - Zelle money to sprayberrytouchdownclub@gmail.com

** \$30 for all returned checks. Payable in cash or credit card only.

The following payment plans are available:

- 3 Payment Plan:
 - \$150 today, \$250 on 6/1, \$250 on 9/1
- 4 Payment Plan:
 - \$200 today, \$150 5/1, 7/1, 9/1
- 5 Payment Plan:
 - \$130/today, 5/1, 7/1, 8/1, 9/1

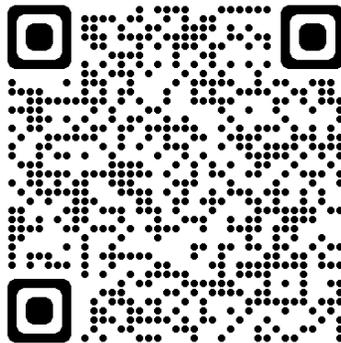
Questions please email: sprayberrytouchdownclub@gmail.com

Jr JACKET FOOTBALL REGISTRATION INFO

Registration for Jr Jacket Football is a two-step process. Parents MUST sign their athlete up for football via the Sprayberry Touchdown Club. Parents MUST also register their athlete for GMSAA Football. These are separate action items & both are required. Information for both is below:

STEP ONE - SPRAYBERRY FOOTBALL SIGN-UP:

1. Go to: <https://sprayberryfootball.org> or use the QR Code:



2. Select "REGISTER" in the upper right-hand corner.



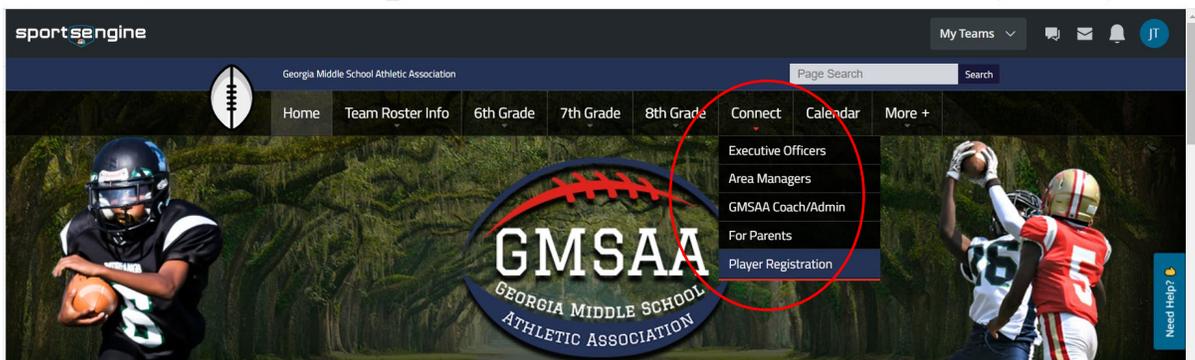
3. Once inside, you will submit the information needed to sign your athlete up for football.

If you have any questions regarding the SIGN-UP process, please email sprayberrytouchdownclub@gmail.com

STEP TWO - GMSAA REGISTRATION: (ONLY IF YOU ARE **NEW!!**)

Returning players are already registered.

1. Go to: <https://www.gmsaa.com/>
2. Select Connect, Player Registration



3. You can either create an account or sign is as guest.
4. Select the appropriate grade, school: Sprayberry, and complete requested data.
5. You will need to upload the following documents:
 - a. Birth Certificate
 - b. [GMSAA Participation Waiver](#)
 - c. [Concussion Awareness Form](#)
 - d. Utility Bill matching address used to enroll in school on ParentVue

We will also need a [completed physical](#).

Sponsorship Opportunities:

Parents and players can reduce their player fees by selling sponsor packages. If a player gets \$500 or more in sponsorships, they will receive a 20% discount off the player fee. (Ex: \$500 sponsor = \$100 discounts, \$1000 sponsor = \$200 discount, \$1500 sponsor = \$300 discount, \$2500 sponsor = \$500 discount). See attached flyer.

Please contact sprayberrytouchdownclub@gmail.com for more details.



**SPRAYBERRY
YELLOW JACKETS**

FOOTBALL BUSINESS SPONSORSHIP

PACKAGE BENEFITS	YELLOW JACKET GIVING LEVEL			
	\$500 KICKOFF SPONSOR	\$1000 FIELD GOAL SPONSOR	\$1500 TOUCHDOWN SPONSOR	\$2500 GAME NIGHT SPONSOR
Football Media Program Full Color Ad	1/4 PAGE	1/2 PAGE	1/2 PAGE	FULL PAGE
PA Announcements				
Website Advertising (*on Home Page)	Logo & Link	Logo & Link	*PREMIUM Logo & Link	*PREMIUM Logo & Link
Sponsorship Plaque				
Season Passes (Home games only) <i>*plus 1 parking pass</i>	1	2	2	4*
Stadium Banner		2.5' x 4'	2.5' x 4'	2.5' x 4'
On-Premise Marketing & Promotion-Space Provided				
Social Media Package (X, Instagram, Facebook)				
Advertisement in Varsity Game Night Roster				
Stadium Sponsor Board				

**DEADLINE
JULY 7th!**

Skip the paper form and reserve your ad online now!



SCAN CODE OR CLICK HERE FOR ONLINE AD ORDER FORM



SPRAYBERRY YELLOW JACKETS

FOOTBALL SPONSORSHIP AGREEMENT

PARTICIPATION DEADLINE: JULY 7

I, _____ (print name) as a representative of _____
(business/company) hereby agree to the sponsorship package checked below and to contribute payment in full to the Sprayberry Touchdown Club to provide financial support for the Sprayberry Football Team.

Please make checks payable to: **"Sprayberry Touchdown Club"** and return this form to
Sprayberry Touchdown Club, Attention: "Sponsorship", 1710 Piedmont Road, Marietta, GA 30066

Questions? Email: sprayberrytouchdownclub@gmail.com

SELECT SPONSORSHIP LEVELS:

- Game Night - \$2500
- Touchdown - \$1500
- Field Goal - \$1000
- Kickoff - \$500
- Other - \$ _____

SELECT ADD-ON ITEMS:

- Social Media Package (Twitter, Facebook) - \$200
- Logo added to Game Night Roster - \$200
- Game Day Coin Toss (only 5 available) - \$250
- Game Day Quarter Sponsor Promotions - \$250
- Concessions Stand Up Ad - \$2000
- Student Section Sponsor - \$2000
- Game of the Week (only 5 available) - \$3000
- Score Board (only 1) - \$5000

\$ _____ TOTAL SPONSORSHIP

SPONSOR CONTACT INFORMATION

Sponsor: _____ Contact Name: _____

Mailing Address: _____

Phone Number: _____ Email: _____

PAYMENT INFORMATION:

Method of Payment: _____ Check #: _____

Sponsor Signature: _____ Date: _____

Business Card Attached: Yes / No Title: _____

Student-Athlete: _____ Circle One: High School JR/Youth Player

Do you want the Sponsorship Plaque? Yes / No

All ads are subject to approval by the Touchdown Club
QUESTIONS? Contact Sprayberry Touchdown Club President at sprayberrytouchdownclub@gmail.com

The Sprayberry Touchdown Club is a 501c3 organization. Federal Tax ID # 58-2495384



**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AND PARENTAL
CONSENT AGREEMENT ("AGREEMENT")**

IN CONSIDERATION of _____'s (hereinafter "the Child") participation in any way in the Georgia Middle School Athletic Association ("GMSAA"), I attest and affirm that I am the legal guardian or parent of the above-named minor child, and I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I and the Child understand the nature of full contact tackle football activities and that he is qualified (in age and residence), in good health, and in proper physical condition to participate in such activities. I further agree and warrant that if at any time I or the Child believes that his personal safety may be compromised, he will immediately discontinue further participation.
2. FULLY UNDERSTAND that: (a) FULL CONTACT TACKLE FOOTBALL ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by the Child's own actions or inactions, the actions or inactions of others participating in the activities, the condition in which the activities take place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ANY AND ALL SUCH RISKS AND RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES the Child or I may incur as a result of his participation in the activities.
3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE Georgia Middle School Athlete Association, Inc., their respective administrators, clients, directors, agents, officers, members, coaches, volunteers, employees, as well as other participants, any sponsors, advertisers, and, if applicable, owners and lessors of the premises on which the activities take place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY OR MY CHILD'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I, ON BEHALF OF MYSELF AND MY CHILD, FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorneys fees, loss, liability, damages, or cost which any may incur as the result of such claim.
4. PERMISSION FOR MEDICAL TRANSPORTATION & RELEASE & WAIVER OF LIABILITY: I hereby certify that I have knowledge of my child's physical condition and state of health and give my consent and permission for my child to engage in the active sports program of the GMSAA and the Woodstock Jr. Wolverines Football. I do further certify that my child has no physical defects, condition or disease or disability that will in any way jeopardize his / her health or physical condition if he/she is allowed to take an active part in the program. I further state that I shall not hold any Person, Firm or Corporation backing any team, nor any of the Coaches of the GMSAA Member Football Program, the GMSAA, and the represented High School / School System/District, responsible nor liable for injuries incurred during practice sessions, practice games, regularly scheduled games, playoff games, or transportation to and from games. I further certify that by placing my signature on this document I have given my permission to the GMSAA Member Football Program to transport my child to a medical facility to secure treatment if deemed necessary at that time
5. AUTHORIZATION FOR TREATMENT: I hereby give my permission for the representative(s) of the Player's GMSAA Member Football Program and to secure immediate medical treatment for my child, who is under the age of eighteen (18) years. I further give my permission for a medical facility, or a representative of the GMSAA Member Football Program to provide immediate medical treatment for the above listed child. I understand that medical treatment is authorized in my absence, and that my signature below releases the Medical Facility and the GMSAA, GMSAA Member Football Program and the represented High School / School System/District from liability regarding treatment if I cannot be reached. I further understand that I will be considered the responsible party for any charges incurred.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE REMAINING PROVISIONS SHALL CONTINUE IN FULL FORCE AND EFFECT.

I FURTHER CERTIFY THAT THE CHILD'S REGISTRATION INFORMATION IS CORRECT. I, ON BEHALF OF MY CHILD HAVE SUBMIT A CURRENT CERTIFICATE OF PHYSICAL EXAMINATION WITH THE SCHOOL PROGRAM PRIOR TO PARTICIPATING THAT INDICATES THE CHILD IS PHYSICALLY APPROVED FOR PARTICIPATION. I GIVE MY CHILD'S SCHOOL PERMISSION TO RELEASE INFORMATION REGARDING AGE, RESIDENCE, ADDRESS, AND RECOGNIZED PARENT OR LEGAL GUARDIANSHIP TO A GMSAA EXECUTIVE BOARD MEMBER.

This Document will cover 6th, 7th and 8th grade football.

PRINTED NAME OF PARENT/GUARDIAN:

NAME OF PARTICIPANT: ATTENDING SCHOOL

ADDRESS:

(Street) (City) (State) (Zip)

PARENT/GUARDIAN SIGNATURE:

STUDENT/PARENT CONCUSSION AWARENESS FORM

SCHOOL: _____

DANGERS OF CONCUSSION

Concussions at all levels of sports have received a great deal of attention and a state law has been passed to address this issue. Adolescent athletes are particularly vulnerable to the effects of concussion. Once considered little more than a minor “ding” to the head, it is now understood that a concussion has the potential to result in death, or changes in brain function (either short-term or long-term). A concussion is a brain injury that results in a temporary disruption of normal brain function. A concussion occurs when the brain is violently rocked back and forth or twisted inside the skull as a result of a blow to the head or body. Continued participation in any sport following a concussion can lead to worsening concussion symptoms, as well as increased risk for further injury to the brain, and even death.

Player and parental education in this area is crucial – that is the reason for this document. Refer to it regularly. This form must be signed by a parent or guardian of each student who wishes to participate in GMSAA athletics. One copy needs to be returned to the school, and one retained at home.

COMMON SIGNS AND SYMPTOMS OF CONCUSSION

- Headache, dizziness, poor balance, moves clumsily, reduced energy level/tiredness
- Nausea or vomiting
- Blurred vision, sensitivity to light and sounds
- Fogginess of memory, difficulty concentrating, slowed thought processes, confused about surroundings or game assignments
- Unexplained changes in behavior and personality
- Loss of consciousness (NOTE: This does not occur in all concussion episodes.)

BY-LAW 2.68: GMSAA CONCUSSION POLICY: In accordance with Georgia law and national playing rules published by the National Federation of State High School Associations, any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion shall be immediately removed from the practice or contest and shall not return to play until an appropriate health care professional has determined that no concussion has occurred. (NOTE: An appropriate health care professional may include; licensed physician (MD/DO) or another licensed individual under the supervision of a licensed physician, such as a nurse practitioner, physician assistant, or certified athletic trainer who has received training in concussion evaluation and management.

- a. No athlete is allowed to return to a game or a practice on the same day that a concussion (a) has been diagnosed, OR (b) cannot be ruled out.
- b. Any athlete diagnosed with a concussion shall be cleared medically by an appropriate health care professional prior to resuming participation in any future practice or contest. The formulation of a gradual return to play protocol shall be a part of the medical clearance.
- c. It is mandatory that every coach in each GMSAA sport participate in a free, online course on concussion management prepared by the NFHS and available at www.nfhslearn.com at least every two years – beginning with the 2013-2014 school year.
- d. Each school will be responsible for monitoring the participation of its coaches in the concussion management course, and shall keep a record of those who participate.

I HAVE READ THIS FORM AND I UNDERSTAND THE FACTS PRESENTED IN IT.

This Document will cover 6th, 7th and 8th grade football.

SIGNED:

(Student)

(Parent or Guardian)