

CAROLINA STARS BASKETBALL
Medical Release Form

Head Coach: _____ Team Manager/Parent: _____

I hereby give permission for any and all medical attention necessary to be administered to my child, whose name is: _____ in the event of an accident, injury, sickness, etc. under the directions of the persons listed above until such time as I may be contacted. This release is effective for the time during which my child is participating in any AAU, BOC, AYBA, USSSA, USBA, NTBA, NCAA or Non-Sanctioned Basketball Tournaments or any preparatory practices, games, or tournaments for a period from February 26th, 2018 to August 31st, 2018 including traveling to and from tournaments. I also hereby assume the responsibility for payment of any such treatment.

My name is: _____

My address is: _____

Home phone: _____ Work phone: _____

Cell phone 1: _____ Cell phone 2: _____

My insurance company: _____

My policy number: _____

In case I cannot be reached, please contact:

Name(s)/Telephone#: _____

Our physician is: _____

Physician's address: _____

Phone: _____

Known allergies: _____

Medicines my child is taking: _____

Medicines my child can be given: _____

Signature of parent or guardian: _____

Date: _____

Director Signature: _____

Date: _____

**2018 Spring Season Registration Form
(TEAM BOOK INFO. SHEET)**

Player's Name: _____ Date-of-Birth (Include Year): _____

Home Address: _____

Address City St Zip

Home Phone: _____ Cell Phone(s): _____ / _____
Area code # Mom Dad

Parent(s) Name: _____ / _____
Mom Dad

Emergency Phone: _____ Emergency Contact Person: _____

Primary Email Address: _____

2017-2018 School Attending: _____ Grade: _____

Height: _____ Uniform Size: _____

Is this player covered under a parent / guardian's insurance? _____ Yes _____ No

Medical issues / allergies that the Carolina Stars Basketball program needs to know about: _____

Please read and sign the following: *I have read and agree to follow the rules and policies on the attached page of the Carolina Stars Basketball AAU Program. I understand that if I, as a parent / guardian, or my spouse or relative, do not follow the rules and policies of the Carolina Stars AAU Boys/Girls Basketball Program that I am / we are subject to disciplinary action by the program's Board of Directors and / or Director of Basketball Operations. I understand the fees structure, and the program's policy on refunds. I understand the uniform policy. I understand that this program is for my child to learn, grow and have fun, and that I have her participating in this program for those reasons.*

_____ Parent / Guardian Signature

_____ Date

For office use only

Payment:

Carolina Stars Basketball Player-Parent Commitment Contract

Please accept this contract of Carolina Stars Basketball Organization for the 2018 Spring Season, February 26th -August 31st, 2018. Please read the following thoroughly. In accepting this offer and paying the initial \$375 (Regional) - \$425 (National Select) - \$500 (Showcase Elite) the undersigned player will be committed to Carolina Stars Basketball for the 2018 Spring Season.

Expectations of a Carolina Stars Basketball Player:

The Carolina Stars motto is "One Team, One Body". We believe that discipline-academically and athletically are as important as shooting form, ball handling skills and rebounding ability. Becoming a great basketball player requires dedication and sacrifice, therefore Carolina Stars student-athletes are expected to:

- *Attend and be on time for all games, practices and training session.
- *Notify the coach, prior to a game or practice, if unable to attend.
- *Stretch and warm up prior to all practices and games.
- *Respect and cooperate with coaches & other teammates at all times and respect coach's decision on playing time.
- *Display good sportsmanship. Profanity and inappropriate behavior (as determined by the coach) is unacceptable.
- *Exhibit unselfishness by being a team player on and off the court and participate in all team fundraisers event.
- *Make good decisions on and off court. Use of profanity, tobacco products, alcohol, or drugs will not be tolerated.
- *Strive for academic excellence. Grade average of "A/B" (3.5 GPA or Better) is the goal for each Carolina Stars Participant anything less than a "C" (2.5 GPA) is not acceptable. ***GPA determined using only Core Academic Classes.***

Expectations of Parents and Guardians of a CAROLINA STARS Basketball Player

Parents and Guardians are key ingredients to the success of the CAROLINA STARS Basketball Program. Parents can demonstrate the importance of discipline and dedication by meeting the following expectations:

*Agree to pay the 2018 Player Fee by the final due date (1st payment of \$200/\$225/\$250 is due on March 8th, 2018 and the remaining balance is due on April 5th, 2018). Please understand that if player fees are not paid when due, the player uniform will not be released until such fees or deposit is paid **(No Refunds Once Team Plays in First Tournament Play)**.

If a payment plan is accepted; please note that all payments must be on time to guarantee player's position on the team.

*It's the Responsibility of the parents to check the CAROLINA STARS Basketball website for all team information: practice, tournament schedule, tournament play, team meetings and etc.
(www.carolinastarsbasketball.com).

*Commit to volunteering during organization and team fundraising functions.

*Parents/Players are to help fundraiser for coaches travel expense for nationals.

*Ensure arrangements for players to arrive at games and practices on time and be picked up on time.

*Set a good example by having respect for coaches, referees, other parents, and members of other teams.

*Not speaking critical or sending mass e-mail critical of organization, players, parents, coaches or directors.

*Be encouraging, not critical, during and after games and respect the coaches' decisions on playing time.

*Leave the coaching to the coaches. Do not provide instructions to the players from the stands-**NO EXCEPTIONS!!!**

No loud outburst of any kind is permitted. We do encourage positive cheering for all players.

*Accompany your child to tournaments. If this is not possible, a note giving permission for another specified person to obtain necessary medical treatment is required for the player to attend the event.

Please read below and sign:

I, as a player and parent/guardian, understand that participating with the CAROLINA STARS Basketball Organization carries the responsibility of acting in a positive manner in practices, games, and other organization events and I will follow the guidelines set by the CAROLINA STARS Basketball for the 2018 Spring Season.

I will be a positive influence on the members of my team, and understand that playing on the CAROLINA STARS Basketball Team is a privilege and I understand that playing time is also a privilege, and that I need to attend practice and listen and work hard in practice to compete for my playing time. If I am not happy with my playing time, I will not confront the coach, or call him/her immediately following a game (the day of or the next day). I will ask to set up a meeting with the coach to discuss the issue, but understand that playing time is not up for debate.

I understand that that my uniform should be turned in at the end of each tournament, unless otherwise arranged by my coach or team manager. I am also responsible for the upkeep of my uniform when it is in my care. Uniforms are the property of the CAROLINA STARS Basketball Organization. The undersigned parent/legal guardian understands that it is my responsibility to return undersigned player's **uniform (Jersey and Shorts)** to the CAROLINA STARS Basketball team manager after the last game of each tournament event. We agree to pay \$100 cost of **uniform** if it is damaged or lost while in the possession of the player.

www.carolinastarsbasketball.com

(Player Signature)

(Date)

(Parent/Guardian Signature)

(Date)

Approved By: Carolina Stars Basketball
REVISED 2/22/18

Player Name:	Team:
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Check off list-What to bring next practice

Birth Certificate	
3rd-8th (Grade Only)	
DMV Photo ID	
Latest Report Card	
Medical Release	
Parent/Player Contract	
Registration Form	
Uniform Size Form	

UNIFORM & T-SHIRT SIZE SHEET



Player Name: _____ Team Grade: _____

Uniform Top Size (Please indicate Youth/Adult and Size): _____

Uniform Bottom Size (Please indicate Youth/Adult and Size): _____

***** PLEASE NOTE UNIFORM TOP & BOTTOM ARE THE SAME SIZES *****



2018 CAROLINA STARS BASKETBALL

FREE THROW-A-THON

The CAROLINA STARS Basketball program would like to thank you for participating in our Free Throw -A- Thon fund-raiser. All proceeds from this fund-raiser will help to defray the cost of expenses within the basketball program. This is how it works. First, each player solicits donation quotes for every made free throw from family, friends or fans. Next, the player will shoot a total of 100 free throws. Members of the coaching staff will monitor the free throws. The number of free throws made multiplied to the monetary donation for every made free throw, will be the total donation. It's that simple! This not only helps our program to raise funds, but it also benefits our players by developing and maintaining good free throw habits through concentration and repetition. We thank you again for your support.

Player's name _____

	Patron's Name	Phone Number	Donation for each Made Free Throw (Ex. .25, .50, \$1)	Total Free Throws Made (Maximum 100)	Patron Donation (Donation per FT Made)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

This certifies that _____ made _____ of 100 free throws

(Players Name)

(Free Throws Made)

Player's Signature: _____ Date: _____

Coach's Signature: _____ Date: _____

"ONE TEAM ONE BODY"