



Future Stars Basketball School

Developing Tomorrow's Stars...Today!!

Tattnall Square Academy

February 24, 2017

Dear Parents,

It's that time again! Tattnall's varsity basketball season has concluded, and we will be beginning our Future Stars youth basketball program for 1st- 6th graders. The purpose of Future Stars is to teach our young athletes the fundamental skills of basketball and the basics of playing in a team setting. We strongly believe that developing skills and a love for the game at a young age is key to further enhancing the success of Tattnall Square Academy's basketball programs.

Future Stars will consist of 9 days beginning March 6th and concluding March 23rd. Equal playing time for all participants, fundamentals, sportsmanship and hustle will be emphasized. All players will also receive a team t-shirt to be worn on program days.

Please see attached sheet for times and dates.

Please fill out the registration form and return with a check to the TSA Athletic Office or the elementary office by Friday, March 3rd.

The Tattnall coaching staff looks forward to working with your young athletes!

Sincerely,
Jarvis Smith
TSA Boys' Basketball Coach
jarvis.smith@tattnall.org
478-477-6760

Todd Whetsel
TSA Girls' Basketball Coach
todd.whetsel@tattnall.org
478-477-6760



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DATES:

Monday, March 6
Tuesday, March 7
Thursday, March 9
Monday, March 13
Tuesday, March 14
Thursday, March 16
Monday, March 20
Tuesday, March 21
Thursday, March 23

Starting Times:

Monday, Tuesday and Thursday
3:30 pm - 4:30 pm 1st - 6th Grades

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ELEMENTARY REGISTRATION FORM

Grade: _____ Gender: _____ Birthday (M/D/Y): _____ T-Shirt Size: _____

Player's Name: _____

Address: _____

City: _____ Zip: _____ Parent's Home Phone: _____ Cell: _____

Parent's Email Address: _____

School Attended: _____

Other Player Information: (medical conditions, allergies, special needs):

Parent/Guardian Information:

Father/Guardian: _____ Daytime Phone: _____

Volunteer As: Coach _____ Team Parent: _____

Mother/Guardian: _____ Daytime Phone: _____

Volunteer As: Coach _____ Team Parent: _____

Emergency Contact: _____ Phone: _____

REGISTRATION FEE: \$75.00 each
(Please make checks payable to TSA)

PLEASE READ CAREFULLY SIGNATURE REQUIRED BELOW:

(Participant's Name)

By signing below, I fully acknowledge that my child has permission to participate in *FUTURE STARS BASKETBALL*.

Does this child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart conditions, history of respiratory illness or other significant medical condition?

Circle One: Y N (If yes please list)

EMERGENCY AUTHORIZATION

If you want your doctor contacted in case of emergency, please list below:

Doctor's Name: _____ Phone: _____

I, the undersigned parent or legal guardian of said minor participant, hereby authorize the coaches and/or supervisor, acting as my agents, to consent to medical, surgical, or dental examination and/or treatment. In case of emergency, I hereby authorize treatment and/or care at any hospital. If there is an emergency and I cannot be reached, contact the emergency contact I have designated.

(Signature)

(Date)