

Registration Information Packet



Revised May 2009



Future All-Stars PARENT LETTER

Welcome to the *Future All-Stars!*

Sky's The Limit Community Foundation, Youth Of Tomorrow, and Obedient 2 Christ Ministries joined together and formed the Year of the Youth Collaborations and we are extremely pleased to have your son/daughter as a potential *Future All-Stars* participant, and guarantee that he/she will achieve academic, social, career and athletic success if he/she becomes a member of the *Future All-Stars*.

Future All-Stars is an innovative, educational basketball league that builds confidence in our youth with respect to self-perception, academics, and community and social capabilities. The program will assist in the growth of student-athletes to ensure that their performance off the court mirrors their performance on the court. *Future All-Stars* incorporates academics, social awareness and community into our program giving youth the needed exposure to be both well-rounded and triumphant on their path to success.

As you review this packet with your son/daughter, be sure to note any updates and changes for the spring and summer season. It is vital that you and your son/daughter understand what is required and the deadlines associated with these requirements in order to meet the eligibility guidelines of becoming members of the *Future All-Stars*. **These are not flexible requirements.** Your cooperation in completing and submitting necessary documents is very important.

Although we do not request any financial assistance from you, we do request some of your time. *Future All-Stars* will be servicing the community in the City of Pontiac from April 20th until August 29th, and all *Future All-Stars* parents must dedicate at least 10 hours of their time assisting the *Future All-Stars* in attaining our much needed goals of transforming youth into positive young adults by participating in the Positive Parent Association (PPA). The PPA has a vast amount of ways for you to participate, and we believe that your participation is essential.

The following forms must be completed, signed and returned to the *Future All-Stars* committee before your child can participate in the *Future All-Stars*: Application Form, Transportation/Medical Release Form, Media Release Form, Academic Permission Form, and Player Code of Ethics Form.

Thanks for your consideration, and we look forward to working with you and your child.

Year of the Youth Collaborations

Revised May 2009

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POSITIVE PARENT ASSOCIATION

The Positive Parent Association (PPA) consists of committees of parents that help sustain a constant positive environment for youth. The PPA is divided into four (4) powerful components that help maintain an overall positive environment for the participants. These components include:

1) Home

A positive household is the most powerful component of the Positive Parent Association. It is essential for participants to be in a household that will help retain the positive experience that participants will receive at the *Future All-Stars*.

2) Community Service

Parents are the number one role model for youth. Seeing parents take action in community will encourage participants to get up, get involved and take action.

3) Education

Parents will not only tutor but seek fun and exciting ways for youth of all ages and interest to learn. This goes beyond the required tutoring sessions incorporated in the *Future All-Stars* league. If parents see a youth in need of educational assistance then, as a PPA member, that parent will help in any way possible.

4) Positive Environment

The Positive Environment is a 24-hour, 7 day a week committee. Parents must help keep a positive environment for youth at *Future All-Stars* games, *Future All-Stars* events, Parents Neighborhoods, Participants School, etc.... Anywhere that a participant may be, if a PPA parent is in the area then it is his/her responsibility to make sure that the environment is constantly positive.

Future All-Stars can only do so much when it comes to positively changing youth. The most important component in ensuring that youth remain positive is the parents. We understand that parents have a big responsibility with work and their personal life which may prevent them from being involved in the *Future All-Stars*. The Positive Parent Association was put in place to serve as that supporter, that enforcer and motivator that youth in the *Future All-Stars* need. The PPA is a volunteer committee that requires a constant positive attitude.



Future All-Stars PLAYER CODE OF ETHICS

- ◆ I hereby pledge to be positive about my *Future All-Stars* experience and accept responsibility for my participation by following this Player Code of Ethics Pledge.
- ◆ I will do my very best in school and maintain grades to the level required for participation in the program.
- ◆ I will encourage good sportsmanship from fellow players, coaches, officials and parents at every game and practice by demonstrating good sportsmanship.
- ◆ I will encourage my parents to be involved with my team in some capacity.
- ◆ I will listen and learn from coaches.
- ◆ I will assist my teammates and coaches.
- ◆ I will attend and be on time for all practices, games and mandatory outings.
- ◆ I will take care of the uniforms and equipment assigned to me.
- ◆ I will notify my coach, in advance, if I am unable to attend a practice, game or mandatory outing.
- ◆ I will treat coaches and teammates with respect, as well as respect school property.
- ◆ I will be in full uniform on game days and in appropriate attire for practices and/or outing.
- ◆ I will not make fun of, call others names, use foul language or involve myself in any fights while participating in the *Future All-Stars* program.
- ◆ I understand that if I do not follow this Players Code of Ethics pledge, I may not be able to participate in the *Future All-Stars* program.
- ◆ When I sign this Player Code of Ethics, I am pledging that I understand and agree to all of the above.

Player Name (print)

(signature)

As a Parent/Guardian I have read the Player Code of Ethics Pledge and agree that my child has a complete understanding of all of the above.

Parent/Guardian Name (print)

(signature)

Date: _____



Pontiac, MI - Spring & Summer 2009
Boys/Girls Grades 6th – 12th

Future All-Stars

TRANSPORTATION/MEDICAL RELEASE FORM

Please complete both top and bottom of form.

(Name of Student) _____ has the opportunity to participate in the *Future All-Stars* program from May 1, 2009 through August 30, 2009.

In the event that your child needs to be transported, I give permission to and understand that *Future All-Stars* will provide transportation through one of the following MEANS OF TRANSPORTATION:

- A. Commercial vehicle
- B. Car pool

Transportation will not be provided by the Pontiac School District

I understand the nature of the *Future All-Stars* program in which my son/daughter will be participating and that he/she is expected to abide by all company regulations during the course of the activity.

I hereby give my permission for him/her to participate in the above-described activity.

I further agree that, in the event of an accident, illness or any other circumstance requiring medical treatment, I give permission to *Future All-Stars* to seek medical attention on my child's behalf, and further agree that such treatment may be procured for my son/daughter without financial obligation to the *Future All-Stars, Sky's The Limit Community Foundation, Youth of Tomorrow, and Obedient 2 Christ.*

Print Name (*Parent/Guardian*)

Signature (*Parent/Guardian*)

Date

IMPORTANT MEDICAL INFORMATION THE SUPERVISOR SHOULD KNOW, INCLUDING ANY ALLERGIES TO FOOD OR DRUGS: _____

EMERGENCY CONTACT NAME: _____

RELATIONSHIP: _____

TELEPHONE NUMBERS: _____

THIS FORM SHOULD BE KEPT BY THE CHAPERONE DURING THE ACTIVITY
(Please complete the form below)

I, the undersigned, do hereby release and waive any and all rights and claims I may have against Future All-Stars, Sky's The Limit Community Foundation, Youth of Tomorrow Inc., and Obedient 2 Christ; including staff, regarding injuries suffered by my son/daughter while enrolled in the Future All-Stars. I further state that I have disclosed all pertinent information as it relates to my child's medical history.

Print Name (*Parent/Guardian*)

Signature (*Parent/Guardian*)

Date



Future All-Stars
ACADEMIC PERMISSION FORM

I, _____ hereby give my permission for members of the Year of the Youth Collaborations committee to monitor the academic progress of _____ in all classes. This includes, but is not limited to:

- ❖ Communicating with instructors, counselors, and coaches regarding academic status
- ❖ Sending written progress reports periodically, to be completed by instructors

I understand the contents of this contract and consent to all of the conditions.

Student Signature

Date

Parent Signature (if student is under 18 yrs. of age)

Date



Future All-Stars
MEDIA RELEASE FORM

Program: _____

Date: _____

Dear Parent or Guardian:

Throughout the year, the media may visit *Future All-Stars* to cover special events. *Future All-Stars* may also wish to use your child's photograph, voice or student work for promotional and educational reasons, such as in publications, posters, brochures and newsletters; on the company's website, radio station or TV; or at local events or other special events.

Before your child's photograph or voice can be used by the media or by *Future All-Stars*, you must give your permission.

Please sign and return the bottom part of this page stating whether the company and the media have permission to use your child's photograph, student work or voice for promotional and educational purposes. Thank you for your cooperation.

- I give my permission** that my child may be filmed/photographed/interviewed by the media during school events and for the company to use my child's photograph/work/voice for promotional and educational purposes.

Parent/Guardian signature _____ Date: _____

- I do not give my permission** that my child may be filmed/photographed/interviewed by the media during school events **nor** for the company to use my child's photograph/work/voice for promotional and educational purposes.

Parent/Guardian signature _____ Date: _____

Student's name (please print) _____