

Florida Comets

*Higher Education
Assistance Program*



Handbook



FLORIDA COMETS BASKETBALL

A non-profit 501C (3) Community Service Organization
Higher Education Assistance Program

Dr. Bennie L. Shaw

P.O. Box 650058
Vero Beach, Florida 32965

Cell: 772-828-6369
Email: bennieshaw0014@att.net
Webpage: www.floridacomets.org

Welcome Letter

Hello and welcome to the Florida Comets. You have entered into a world of discipline and commitment. The program will give you experiences that you have only dreamed about and now have an opportunity to live.

Our mission and goals are to provide community services. Our youths have very little to do outside of school activities. The entertainment activities are limited unless you have a car to travel to another part of the county. This program would be used to motivate students to participate in existing programs and/or participate in our start-up program. We will expand our existing programs to involve all students at all levels, with the opportunity to participate in some type of physical activity and at the same time be presented with health, fitness, and wellness information by our staff and outside speakers. This program will provide intervention and/or prevention methods to be expanded beyond the health physical education classroom.

Each player will gain the necessary experience needed to participate at the next level because of the competition we will encounter each weekend. Each player will also:

- * Understand the importance of academics, discipline, being on time, sportsmanship, responsibility, being accountable, and team work.
- * Experience different cultures by traveling to different areas.
- * Experience opportunities that are not available to them without this type of program.
- * Develop a sense of "team work" needed throughout life by participating on a team.* Develop lifelong social skills associated with friendships by participating in activities away from home.
- * Learn about the rewarding effects of discipline and hard work.



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PARENT PERMISSION STATEMENT

Activity: Basketball Participation Fee: _____

Participant's Name: _____ Sex: _____ Age: _____

School _____ Current Grade: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell Telephone: _____ Date of Birth: _____

E-mail address: _____

Mom's Name: _____ Work Phone: _____

Dad's Name: _____ Work Phone: _____

Does your child have any special allergies or health problems or is she on any medication of which we should be aware?
 Please initial: No _____ Yes _____ If yes, please list information: _____

PARENTAL PERMISSION TO PARTICIPATE—please read and sign below:

The undersigned, which hereby represents that she is the natural parent (or legal guardian) of: _____, does hereby consent to said minor (child) participation in all Florida Comets sponsored activities. The undersigned does hereby assume all risk and hazards incidental to the conduct of this activity whether because of negligence, action or inaction by Florida Comets or its staff, volunteers or agents during games, practices, and/or transportation to and from these events. The undersigned expressly acknowledges that she releases Florida Comets and its staff, volunteers, agents and staff, volunteers and agents of any co-sponsoring agency from all liability for any injury, loss or damage connected in any way whatsoever to participation in Florida Comets activities whether on or off Florida Comets premises. The undersigned acknowledges that participation in Florida Comets, activities may involve risk of contact between the participants. Florida Comets reserves the rights to photograph, video, film, or reproduces in any medium, any participant for future use at no compensation to the participant, parent, guardian or agent.

Dated this _____ day of _____, 201__.

 Parent/or Guardian Signature

EMERGENCY MEDICAL TREATMENT AUTHORIZATION—Please read and sign below:

I hereby authorize and give my consent for any emergency medical, surgical, or dental treatment for my child, should it be deemed advisable by a medical doctor or dentist. I understand that this is to avoid delay and assure prompt medical attention/treatment and that only a licensed and qualified medical doctor/dentist will be engaged for such an emergency. Any Florida Comets officers, coaches, volunteers, or another responsible adult escort is authorized to act on my behalf ONLY after all reasonable efforts have been made to contact me.

Signature: _____
 (Parent or legal guardian)

** For financial payment assistance, please contact the Florida Comets, by calling 772-828-6369 for information reference requirements and all necessary paperwork.



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Student/Athlete Internet Release Form
Permission to post player information on the Florida Comets Website

I give the Florida Comets permission to post information and pictures of _____
on the Florida Comets website. Disclosure, copying, distribution, and/or use of the content of pictures or information will not
be posted without parental approval. This form releases the Florida Comets from liability of any misconduct or misuse of
the information provided by any person that is not a member of the Florida Comets AAU Basketball Organization.

____ Yes, I give permission for my child's information and picture to be posted on the Florida Comets website.

____ No, I do not give permission for my child's information to be posted on the Florida Comets website.

Print Name (parent or guardian)

Signature (parent or guardian)

Date



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Student/Athlete Information Form

First name: _____ M.I.: _____ Last name: _____
Date of Birth: _____ Gender: _____ Height: _____ Weight: _____
Parent(s) name: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Telephone: _____ Work Telephone: _____
Cell Telephone: _____ Email: _____

Current School: _____ Grade: _____

- What is your favorite subject? _____
- Most memorable moment? _____
- What is your favorite food? _____
- What are your hobbies? _____
- What are your high school plans/sports? _____
- What are your college plans/sports? _____
- Who is your role model? _____
- What would you like to be when you grow up? _____
- Who are your favorite basketball player and team? _____
- Do you have any personal goal(s) as a Florida Comet? _____
- _____
- What are your team goal(s)? _____
- _____
- Define the word "team". _____
- _____

Emergency Contact: _____ Telephone number: _____

Any health conditions or medication allergies? _____

Insurance Company; _____ Name of Insured: _____
Company Address: _____
Policy number: _____



FLORIDA COMETS BASKETBALL

Registration Fee and Financial Obligation

Higher Education Assistance Program

The Florida Comets basketball player registration fee can be obtained by calling or emailing a board member. See section below.

Registration fee covers:

- Registration fees for a minimum of 8 basketball tournaments
- Players AAU/YBOA/USSSA membership cards
- Organizational costs: basketballs (2 per team), basketball bag, score book, etc Uniform
- Coaching
- Team registration
- Team & Individual Insurance

Fees	Age Groups	Amount	Oct. 01	Oct. 15	Nov. 1
	11 th grade girls, 11 th grade boys,	\$725	\$325	\$200	\$200
	All other Players (Travel Tournaments)	TBD	TBD	TBD	TBD
	All other Players (Non Travel/Developmental)	TBD	TBD		

Additional expenses will be offset through fundraisers, donations, contributions, and sponsorships. **Each family and player is expected to participate in all fundraising events.**

Players' cost for a 3 day, out of town tournament, traveling without a parent will be determined per tournament for hotel accommodations, travel, **plus** the cost of meals. The hotel usually provides breakfast. Cost does not apply to 5 to 10 day State or National Tournaments.

It is not the intentions of the Florida Comets to place any family in undue financial hardship. Please feel free to discuss any financial concerns that may prevent a player from attending a tournament or remaining a member of the organization with the President Dr. Shaw.

The registration fee for the **11th grade girls, 11th grade boys are slightly higher.**

Participants will participate in NCAA Sanctioned College Exposure Tournaments

- Participants will participate in older age/grade AAU/YBOA/USSSA Tournaments
- Participants will be required to fundraise to offset participation fees.
- Participation will begin in September.

FLORIDA COMETS BASKETBALL a non-profit 501C (3)
Registration Fee & Financial Obligation

Parents Name _____

Athlete Name _____

Date of Birth _____ Age _____ Before Sept. 1

Address _____

City _____ State _____ Zip _____

Phone Number _____ Cell: _____

Email _____

Please make checks or money orders payable to: Florida Comets P.O. Box 650058, Vero Beach, FL 32965.

Any questions, please contact Dr. Bennie Shaw Cell: 772-828-6369 or Email: bennieshaw0014@att.net.



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Florida Comets Basketball Team Policies

1. Players will volunteer in the community for a total of 25 hours each year.
2. Parents will volunteer with the Florida Comets for a total of 10 hours each year.
3. Players will notify the coach if they are going to miss or be late for practice,
4. Players will participate in team events—activities, fundraisers, etc.
5. If you check out of practice, you must see or notify the coach or designee before you leave.
6. Player will treat coaches and teammates with respect.
7. Player will treat parents, chaperones, and other Florida Comets' officials with respect at all times.
8. Player will travel with the team to away games and observe all Florida Comets' travel rules. When on an away trip, player must tell the coach or designee if they are riding home with their parent(s) or representative. **THIS IS MANDATORY.**
9. Players will follow and abide by all policies. TOBACCO PRODUCT, ALCOHOL, AND DRUGS WILL NOT BE TOLORATED IN OR OUT OF SEASON. Florida Comets has a zero tolerance policy. The coach and/or the chaperone will deal with the violation in accordance with the zero tolerance policy.
10. Missing a game without notifying the coach will result in disciplinary action including possible dismissal from the team.
11. Missing more than three practices (unexcused) may result in dismissal from the team.
12. Players are responsible for all damaged, lost, or stolen equipment and property, which includes fundraising material.
13. Academics will be dealt with according to the coach's discretion (Tutoring may be assigned). Minimum 3.2 GPA
14. Tutoring and non-participation in games by the athlete may result until academic improvement has been achieved.
15. Player will set a model example for their peers and teammates at all times.
16. Parent's who wish to talk to the coaches about their child **will not** do so before or after games(s). This meeting will be arranged through the coach and will take place before, during, or after practices.

Parents and athletes sign one copy and return it to your coach prior to the first day of practice.
I/we agree and will abide by the Florida Comets Basketball Team Policies:

Parent: _____
Print Name
Signature

Athlete: _____
Print Name
Signature

Date: _____



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Florida Comets' Medical Authorization Form

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I. Family Information

Child's Name: _____ Birth date _____

Mother Name/Guardian: _____ Home Phone: _____

Work Phone: _____ Cellular phone: _____

Father Name/Guardian: _____ Home Phone _____

Work Phone: _____ Cellular phone: _____

II. Additional person who can be called in an emergency:

Name: _____ Home: _____

III. Medical Insurance Information:

Insurance Provider: _____

Insurance Provider Phone Number: _____

IV. Child Physician Information

Name : _____ Phone: _____

