



FLORIDA COMETS BASKETBALL

A non-profit 501C (3) Community Service Organization

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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).
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: _____