



**2024**

**CSB Spring/Summer Ball Informational Meeting**

➤ **Welcome:**

We would like to welcome you to the Carolina Stars Basketball Organization. We want to share with you some vital information that should help you throughout the 2024 Spring-Summer Travel Season: Practices, Tournament Schedule, Annual Fee, and Program Expectations of Players and Parents.

➤ **Practice:**

All CSB Spring teams practice will begin the week of March 11th. You can find this information on our Carolina Stars Basketball website at [www.carolinastarsbasketball.com](http://www.carolinastarsbasketball.com) on the Team Grade Page.

➤ **Tournament:**

Spring tournament schedule will be sent out via text (Head Coach/Team Manager) or posted on each team's website page. Each team will play at least 7 tournaments starting the weekend of March 23rd (Based on if team Meets Budget). All travel tournaments will charge admission which can vary by each tournament host ranging \$15.00 to \$45.00 per person.

➤ **Team Page**

All teams' pages will be set up by Sunday, March 10th. Please check main page as well as your team page for important information.

➤ **Spring Annual Fee**

Teams Annual Fee is SA \$400 / \$545 MS / \$645 HS Boys Teams, covers 7+ tournaments including all exposure & national events, practice rental, uniform rental, team insurance, and team administration fees. **Installment deposit of (\$325) or full payment is due by Tuesday, March 12th, with final installment balance (Visit Website).**  
(Payment Methods: Cash, Checks/MO, Cash App \$CSBSTARS & Venmo @agrier\_hps)

➤ **Parents/Players Expectations**

Expectations of players and parents in our program regarding conduct on and off the basketball court are high. Our program does not tolerate bad attitudes or conduct detrimental to our reputation. Every action from an individual or team in our program that has a negative impact on our program will be handled on a case-by-case basis by our Board of Directors. Our program is swift to correct any problems.

CSB Thanks you for choosing us and we welcome you to the Stars Family  
Aaron Grier / CSB Director / (336) 991-0597 / Email: [agrier\\_hps@yahoo.com](mailto:agrier_hps@yahoo.com)

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

Registration Form	
3rd-8th (Grade Only) DMV Photo ID – Sanctioned Events	
National SPORTS ID Certified	
AAU MEMBERSHIP CARD	
Birth Certificate (Copy Only)	
Latest Report Card (Copy Only)	
Parent/Player Contract	
Medical Release	
20 for \$20 Fundraiser	

## Carolina Stars Basketball Player-Parent Commitment Contract

Please accept this contract of Carolina Stars Basketball Organization for the 2024 Spring/Summer Season, March 5th -August 31st, 2024. Please read the following thoroughly. In accepting this offer and paying the initial \$400 - \$545-\$645 (Select Circuit Teams) the undersigned player will be committed to Carolina Stars Basketball for the 2024 Spring/Summer 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 sessions.
- \*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 always cooperate with coaches & other teammates and respect the 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 events. \*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 the 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 2024 Player Fee by the final due date (1st payment of \$325 is due by March 12th, 2024, and the remaining balance is due on April 9th, 2024). 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 a 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, etc.

**([www.carolinastarsbasketball.com](http://www.carolinastarsbasketball.com)).**

- \*Commit to volunteering during organization and team fundraising functions.
- \*Parents/Players are to help fundraise coaches' travel expenses 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 critically or sending mass email 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 2024 Spring-Summer 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 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 the 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 for the cost of the uniform if it is damaged or lost while in the possession of the player.

[www.carolinastarsbasketball.com](http://www.carolinastarsbasketball.com)

\_\_\_\_\_  
(Player Signature) (Date)

\_\_\_\_\_  
(Parent/Guardian Signature) (Date)

Approved By: Carolina Stars Basketball REVISED 3/5/24

**2024 Spring-Summer 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: \_\_\_\_\_

2023-2024 School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_ Height:

\_\_\_\_\_ Uniform Size: \_\_\_\_\_ **(Uniform Top & Bottom are Same Size...No Mix Match)**

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 fee's 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  
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, USSSA, USBA, NTBA, NCAA or Non-Sanctioned Basketball Tournaments or any preparatory practices, games, or tournaments for a period from March 5th, 2024 to August 31st, 2024 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: \_\_\_\_\_



**2024  
CAROLINA STARS BASKETBALL  
20 FOR \$20 FUNDRAISER**

**The Carolina Stars Basketball program would like to thank you for participating in our 20 for \$20 fund-raiser. All proceeds from this fund-raiser will help to defray the cost of expenses towards our 2024 Spring-Summer travel basketball season for players expenses.  
(Players Annual Fee, Uniforms Fee, Tournaments, Practices, and Etc.)**

**We thank you again for your support!!!**

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16. \_\_\_\_\_
18. \_\_\_\_\_
20. \_\_\_\_\_

**\*\*\* ALL DONATIONS DUE BY APRIL 3TH \*\*\***