

VALUES OF TFBU FOUNDATION

Honesty, Integrity, Compassion & Commitment

Our mission is to inspire the community through charitable endeavors, culture empowerment and unity among our communities.

TFBU Foundation's priority is to enhance educational opportunities, and to promote the growth of our communities through resources, counseling, volunteer at our local schools, and our senior center.

CONTACT:

TFBU Foundation
P.O BOX 121
Hassell NC 27841

252-497-3042
TFBU2018@gmail.com

TFBU FOUNDATION

DISTIGUISHED GENTLEMEN WITH A FUTURE PRESENTS:

Mentoring and Basketball on going camp/workout

When: Starting 3/3/2020 and every Tuesday (5th-8th grade) and Thursday (9th-12th)
3:30-6:00pm & Saturdays 9am-12:00pm (opening gym)

Where: 306 Horton Street (Old Edna Andrews School)
Hamilton NC, 27840

Who: Youth, Grades 5th-12th



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Overall objectives are to work on strategies to help the children succeed and to give them a study hall to work independently or receive assistance while helping the children reach a level of structure and discipline. Also, we will provide support and encouragement to the children's progress. Some of the many objectives on the basketball side of things are to enhance the fundamentals, team building, being able to compete on a higher level. To improve overall fitness, offer continual coaching during instructional and game situations, learn basic strategies and rules of basketball, building a player's self-esteem, emphasize teamwork and fair play and learn more about basketball while enjoying the game.

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This application is for youth grades 5th-12th. There will be a \$20.00 annual fee. If at any time your child is terminated from this program for what would be considered irresolvable problems for our group leaders or participating youth the fee will be nonrefundable. You must provide transportation for your child until further notice. There will be a \$5.00 late fee for any student that is left after 15 minutes.

Full Name _____
Date of Birth _____
Age _____ Grade _____
School Attending _____
Male _____ Female _____
Address _____
Telephone Number _____
Email address _____
Allergies _____

Parent/Guardian _____
Address _____
Telephone Number _____
Email address _____
What is your child weakest and strongest subject?

Power School Access: Yes _____ No _____
Username _____
Password _____

Signature _____

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Medical Authorization

Child's Full Name _____

Date of Birth _____

I hereby authorize TFBU's Distinguished Gentlemen with a Future members/mentors to secure necessary and required medical aid for my child when he/she is in the company of or under their supervision without my presence. I agree and understand that prior to authorizing medical care in the event of an emergency, the staff shall make every effort to contact me or designated contacts for oral approval/disapproval. Further, I agree not to hold the TFBU Foundation liable for any misfortune or accident which might occur while your child is in their company.

Name (Print) _____

Signature _____

Date _____

Emergency Contacts:

Name _____

Relationship _____

Phone # _____

Address _____

Name _____

Relationship _____

Phone # _____

Address _____

Name _____

Relationship _____

Phone # _____

Address _____