

<input type="text"/>	NAME	_____
	DATE OF BIRTH	_____
	Rising Stars Basketball Academy Level:	<input type="text"/>
Best Basketball Strength:	I want to improve my: _____	
Favorite Colour: _____		Favorite Food: _____
SIGNED		DATE OF ISSUE
_____		_____
October: Respect	GOAL ACHIEVED: _____	
November: Self-Control	GOAL ACHIEVED: _____	
December: Citizenship	GOAL ACHIEVED: _____	
January: Trustworthiness	GOAL ACHIEVED: _____	
February: Compassion	GOAL ACHIEVED: _____	
March: Goal Setting	GOAL ACHIEVED: _____	
April: Sportsmanship	GOAL ACHIEVED: _____	
May: Responsibility	GOAL ACHIEVED: _____	

