# TOMORROW'S STARS ALL SPORTS CLINIC @ DEAN COLLEGE

## DECEMBER 28, 29 & 30, 2009 Monday, Tuesday and Wednesday

*Offering: flag football, basketball, soccer, dodge ball, team handball mat/kick ball and other fun team sports.*

The idea behind our ***winter ALL SPORTS*** program is to offer a variety of team sports to our campers. Our goal is to provide a very active and fun environment for the young sport enthusiast **OR** introduce new sports & new games to our young campers. Our staff has not changed. Our staff is comprised of High school & College level coaches as well as some of the best student athletes in this area that are actively engaged in Varsity or College level sport teams.

**AGES:** BOYS & GIRLS 6-12 Morning Session 9:00 am – 12:30

**LIMITED ENROLLMENT**: Registration will be done on a first come first serve basis and is limited to approximately 30 participants. Walk in registration will be allowed if clinic is not filled. Clinic was filled last 3 years. Participants will tee shirts.

**CONTACT & MAILING:** Jim Edgehill, - Tomorrow's Stars, 2 Pearly Lane, Franklin, MA 02038
(508) 387-7979 starsbbpride@yahoo.com - www.starsbb.com

**TUITION**: $100 for the session. Please make check payable to Jim Edgehill

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Name (print) _____Age _____ M/F Shirt size _____

Address _____City_____ State_____ Zip_____

Telephone (home) _____ Work _____

Email Address _____

Emergency Contact _____ Telephone _____

Healthcare Provider_____ Member Policy # _____

I hereby give permission for my child to participate in all activities of the Tomorrow's Stars Winter Clinic I, the undersigned, submit my son/daughter is physically fit to participate in strenuous athletic activity, and waive Tomorrow's Stars of any and all responsibility for injury or illness. I hereby authorize the directors of Tomorrow's stars to act for me accordingly to their best judgement in any emergency requiring medical attention. I also understand that I am solely responsible for the payment of any such medical expenses and must provide the clinic with proof of medical and accident insurance.

Signature of Parent or Guardian _____ Date _____

Printed name of Parent or Guardian _____ Franklin