

SHOOT STRAIGHT
Lance Dottin

CAMBRIDGE RECREATION
Paul Ryder



2 Pearly Lane, Franklin, MA 02038, starsbbpride@yahoo.com, www.starsbb.com
Phone: 508-387-7979

WINTER HOOP CLINIC @ TOBIN SCHOOL, Cambridge, MA
DECEMBER 28, 29 & 30, 2009 MONDAY, TUESDAY & WEDNESDAY

Clinic will be divided into skills and games. Clinic will be made up of kids having fun and still learning all the skills of dribbling, shooting, defense and rebounding. Games of three on three, one on one, five on five, knockout and hot shot will be played.

TOMORROW'S STARS, SHOOT STRAIGHT & CAMBRIDGE DEPARTMENT OF HUMAN SERVICES – RECREATION IS DELIGHTED TO OFFER ITS 6th annual WINTER BASKETBALL CLINIC

AGES: BOYS & GIRLS **Ages 7-14** Session **9:00 am – 12:00pm**

ENROLLMENT: Registration is done on a first come first serve basis. Walk in registration will be allowed if clinic is not filled. Limited to 20-30 participants. **Last year's clinic filled**

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

TUITION: \$90 for the session. Please make checks payable to Tomorrow's Stars.

Directed by Phil Fousek & John Burgess Cambridge PE Teachers

Tomorrow's Staff instructors have been specifically trained and educated to understand our philosophy and best method of teaching. WE ARE COMMITTED TO OFFERING THE BEST program possible, so that each participant will be able to enhance his or her overall skills. There will be personal attention to improve your overall fundamentals. You will develop your skills and teamwork, several times a day during full court, three on three and other competitive games. *A confirmation letter will be sent out upon receipt, on information what to bring.*

Name _____ M/F Age _____ Email Address _____

Address _____ City _____ State _____ Zip _____

Telephone (home) _____ Work _____ Shirt Size _____

Emergency Contact _____ Telephone _____

Healthcare Provider _____ Member Policy # _____

I hereby give permission for my child to participate in all activities of the Tomorrow's Stars Summer 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 _____ Cambridge

