

Joel Burke
Arlington Catholic

Jim Edgehill
Tomorrow's Stars



OFFENSIVE SKILLS CLINIC

@ FIDELITY HOUSE & ARLINGTON CATHOLIC HS

DECEMBER 28, 29 & 30, 2009 Monday, Tuesday and 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, all aspects of shooting, and individual moves. Games of three on three, one on one, five on five, and hot shot will be played

AGES: BOYS & GIRLS 7-14 Afternoon Session 1:00 pm – 4:00 pm

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.

CONTACT & MAILING: Jim Edgehill, - Tomorrow's Stars, 2 Pearly Lane, Franklin, MA 02038
Email: starsbbpride@yahoo.com web: www.starsbb.com

TUITION: \$100 for the session. Please make check payable to Tomorrow's Stars

Joel Burke is currently a Physical Education Teacher in Cambridge & is currently the head boys coach at Arlington Catholic. He was the Head Coach at Matignon for 12 years where he won a state championship in 2003. He was also voted coach of the year by the Boston Globe and IABBO in 2003 & 1996/1997 MA State Coach of the Year.

Jim Edgehill is currently a Physical Education Teacher in Cambridge and the Director of the Tomorrow's Stars Basketball Clinics. He brings years of experience not only as a player (played for Mike Jarvis, St. Johns & Jim Todd, Atlanta Hawks) on the court but also from coaching on the sideline with some of the game's greatest coaches like Jim Todd of the Atlanta Hawks.

Name (print) _____ Age _____ M/F Long Sleeve 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 _____ Arlington

