



# Showcase Clinic



**Date: Friday, July 17, 2009**

**Time: 5:00 pm - 9:00 pm**

**Location: Mayeski Park  
Sykesville, MD**

**Cost: \$75 per player**

**Skills tested will be recorded and distributed to collegiate coaches!!**

- Get more than a look from Collegiate Coaches
- Instruction & Evaluations provide Instant Feedback
- Recommended for all High School Athletes
- Give the coaches a reason to come back and watch your tournament play
- All skills will be tested at the clinic
- More details will be provided after registration is received

**College Coaches committed to working the clinic:**

**To Be Determined**

**Will Include Division I, II, and III Coaches**

**2008 Coach Attendees: Howard University, University of Kentucky, University of Maryland, University of Maryland Baltimore County, Salisbury University.**

**Each athlete will receive a T-Shirt to use at the clinic.**

[www.5starathletics.com](http://www.5starathletics.com)



For questions, contact:

Jillian Callaway - [info@5starathletics.com](mailto:info@5starathletics.com) or 301-440-3907

## Registration Form

PLAYER NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ GRAD YEAR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME TEL.: \_\_\_\_\_ E-MAIL ADDRESS.: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

POSITION 1: \_\_\_\_\_ POSITION 2: \_\_\_\_\_ JERSEY #: \_\_\_\_\_ TEAM: \_\_\_\_\_

COACH NAME: \_\_\_\_\_ COACH E-MAIL ADDRESS.: \_\_\_\_\_ COACH PHONE: \_\_\_\_\_

I certify that my child has no injury or illness that would limit participation in the camp and has had a physical examination in the past year. I authorize the camp staff to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release the camp and their staff from any and all liability for any injury or illness incurred while at the camp or on the way to and from camp. I have medical coverage and will be responsible for any expenses resulting from injury, illness, or accident incurred during the camp. I grant authority to the first aid and CPR certified trainer on site to provide necessary and reasonable medical attention to my child. I further authorize the use of photos of my daughter taken while participating in a 5 Star Event to be used on the 5 Star Athletics website, in publicity materials or in other program materials. ALL PAYMENTS ARE NON-REFUNDABLE.

PARENT SIGNATURE: \_\_\_\_\_

Mail complete payment of \$75 (checks payable to 5 Star Athletics) and completed clinic registration form to:  
5 Star Athletics, 29605 Thrasher Court, Mechanicsville, MD 20659.

For Office Use Only Confirmed  Payment \_\_\_\_\_ Signed In  Number Issued \_\_\_\_\_