

**2010 “Best of the Bluegrass”
EAST-WEST ALL STAR FOOTBALL CLASSIC
Jimmie Reed, All Star Game Director
101 Bethany Court
Bardstown, KY 40004
(H) 1-502-348-4624 (F) 1-502-331-0052
Assistant Game Director, Rick Wood, Glasgow HS**

February 2010

Dear Coach

Congratulations on one of your players being selected to play in the annual **“Best of the Bluegrass” East/West All Star Football Classic**. The game will be played on Friday June 18, 2010 at the Western Kentucky University’s football stadium. The players will report to Western Kentucky University Tuesday June 15, 2010 by 1:30 (cst) for preparation of the all star game!

I need your cooperation in seeing that your player’s form (2 pages only) are filled out completely, accurately and signed properly. Here is a list of the papers that need to be signed and returned to me by Wednesday **February 24, 2010**.

1. Players information data sheet
2. Parents permission signed, head football signature, principal signature.

Please have this information returned to me by **February 24, 2010**. Thank you for your cooperation.

Yours in sport

Jimmie Reed, Game Director

PS--If your player cannot play in the all star game then please call me ASAP.

PS--Each player will be required to pay \$150.00 + \$50.00 room deposit. He has a letter in this package that tells what all he gets for his \$150.00--pretty nice! Help him raise the money to offset the expense of the game!!!

**3rd Annual “Best of the Bluegrass”
ALL STAR FOOTBALL CLASSIC**

Jimmie Reed, Game Director

101 Bethany Court

Bardstown, KY 40004

(H) 1-502-348-4624 (Cell) 1-502-507-5234 (F) 1-502-331-0052

Assistant Game Director Rick Wood, Glasgow HS

Dear 2010 Kentucky All-Star Football Player

Congratulations on being selected to play in the annual “*Best of the Bluegrass*” EAST-WEST ALL STAR FOOTBALL CLASSIC. This game will feature Kentucky’s best football players from all over the state. The Kentucky High School Coaches Association, sponsors of the game, is looking forward to working with you when you report to camp on **June 15, 2010** in Bowling Green at Western Kentucky University. Plans are being made for a great several days for you and the coaches. The game will be played on **Friday June 18th** at Western Kentucky’s Houchens Stadium.

We will practice at the Western Kentucky University in Bowling Green and use the WKY football fields, use their locker rooms, and we will live and eat in WKU dorms. While you stay in the dorms, you will be responsible for any lost keys (\$50.00 deposit required) or damage to your room. If you drive to Bowling Green you must give your car keys to me during the camp. Please use common sense, have a good time, respect your teammates, your family, and the KHSCA who have worked hard to give football, its players and coaches the chance to perform in an All-Star game. I hope you and your family, teammates, coaches and hometown will be proud of you after this week.

Be sure to have all of the forms that are enclosed returned to me immediately with the signatures from **yourself, principal, coach and parents**. Have these papers returned to me by **February 25**. Once all of your papers have been returned to me, I will be mailing more information to you as plans develop and become final.

We are requesting a players fee of **\$150.00** from each player along with a **\$50.00** room/key deposit (total of **\$200.00**) for your participation in the game. In return you will get food, room, game jersey, t-shirts, shorts, pictures, bags, etc.. Make checks out to the KFCA All Star Football.

If for any reason you cannot play in the game, please call me at once. We will need to get another fine young man to take your place. I am looking forward to working with you during the All-Star camp. You are one of the best football players in the state and I'm sure you will represent Kentucky well.

Yours in sports

Jimmie Reed, Game Director

PS. All papers and game fee + deposit must be returned by **FEBRUARY 25TH!!!!**

Jimmie Reed, Game Director
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Bardstown, KY 40004
(H) 1-502-348-4624 (F)1-502-331-0052
Assistant Game Director, Rick Wood, Glasgow HS
3rd Annual "Best of the Bluegrass" EAST-WEST ALL-STAR PLAYER

Please fill in all the information and return to the Game Director by **February 25**

TO BE FILLED OUT AND SIGNED BY PLAYER (Please print)

Name _____
Last First Middle

Home Address _____

City _____ State _____ Zip _____

Email address: _____ Cell Phone _____ - _____ - _____

Home Phone Number _____ - _____ - _____ Parents Work Phone
_____ - _____ - _____

Height _____ Weight _____ T-Shirt Size
_____ M-L-XL-2XL-3XL

Shorts Size: _____ (M - L- XL- 2XL -3XL) College I will be attending _____

Your Head Coaches Name : _____ His cell # (____)-____-_____

Will you be attending summer school at college this summer?

Circle one answer please: YES NO DON'T KNOW YET

If YES, when does summer school start? _____

DO YOU PLAY BASEBALL FOR YOUR HIGH SCHOOL TEAM? YES NO

I understand that to be eligible for the All-Star game I must have graduated from high school. I will travel with my teammates to all All-Star practices and functions in the transportation provided by the Kentucky HS Coaches Association. I agree to follow all of the rules set by the KHSCA, All-Star Coaches, and the college practice site. Failure to comply with these rules could mean dismissal from the All-Star team. Any misbehavior at my high school or home (after I sign this form) that causes severe action by the authorities at school or by parents/guardians will be just cause to be dismissed from the team without recourse.

Players signature _____ Date _____

Player Print Name _____ High School _____

*****Please return this paper by FEBRUARY 25, 2010

**2010 “Best of the Bluegrass”
EAST-WEST ALL STAR FOOTBALL PLAYERS PARENT PERMISSION**

Parent Disclosure Statement

My son has permission to attend/participate in the “Best of the Bluegrass” All Star Camp. I have no knowledge of any physical impairment that would affect or be affected by my son’s participation in the Kentucky All Star Camp. In the event of any emergency in which my son requires medical care, I authorize the staff of the Kentucky All Star camp to act for me to obtain for him whatever medical treatment the staff, in its best judgment, deems necessary and appropriate. I specifically consent to such treatment including, but not limited to hospitalization and surgery and will be responsible for any medical or other charges in connection with his attendance at the camp.

I acknowledge that at the Kentucky All Star Camp my son will participate in a sport that may involve, among other things, physical contact of the body with others person or objects, including the ground, that at the Kentucky All Star camp he may incur a risk of injury. I specifically waive and give up and release the Kentucky High School Coaches Association and the Kentucky All Star Camp, the Kentucky Football Coaches Association, its board members and staff along with the Western Kentucky University from liability for any claim for damages which I or my son may have for injuries or illness that may sustain at the Kentucky All Star Camp.

I authorize the Kentucky All Star Camp to use photographs or articles about my son for publicity purposes. In order for my son to participate in the Kentucky All Star Camp he has to have health insurance. The KHSCA will provide insurance for those in need.

Please provide your sons health insurance company and policy number on the form provided. Also sign the form with the needed phone numbers in which you are stating that you agree to this pages statements.

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Jimmie Reed, Game Director

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(H/O) 1502-348-4624 (Cell) 1-502-507-5234 (Fax) 1-502-331-0052

HEAD FOOTBALL COACHES DATA: Players Name: _____

Will you provide him with practice/game equipment yes no

Head Coach Signature _____ date: _____

Head Coaches Cell Number 1- ()- _____ - _____

School: _____

PRINCIPAL'S DATA:

Do you expect your schools all star participate to graduate from your high school before the
start of the all star camp on June 15, 2010? yes no

Does he have your permission to use your high schools practice/game football equipment for
this all star event? yes no

Principals signature: _____ Date: _____

Principals printed name: _____ High School: _____

PARENTS DATA: *I have read the disclosure statement sent to me by the Game Director and I agree to abide
with the disclosure statement:*

Parent/guardian Signature _____ Date _____

Parent/guardian print name: _____

My sons insurance company is: _____

My sons insurance policy number is: _____

Players mothers work number is () - _____ - _____. Players fathers work number is () - _____ - _____

Players Data: *I have read and signed the information that is needed to participate in this all star game and I
agree to abide by the rules set forth by the game director:*

Players Signature _____ Date _____

Player Print Name: _____ High School _____

RETURN BY THURSDAY FEBRUARY 25, 2010.