

PASSING ZONE

HOLIDAY CLINIC

For Who:

This clinic is designed to reinforce or introduce basic fundamentals. We will emphasize proper techniques needed to play QB and WR and for our younger campers RB's. We will provide developmental drill work needed during the offseason, to get a kick start ahead of the competition.

Grades: 2nd -8th grade (Qb's, Wr's, ,Rb's and Lb's)

Date: Sunday January 12th, **Time 10-12**

Cost: \$40 Limited to the first 50 participants

***PLEASE BRING FLYER FILLED OUT TO CLINIC/CASH OR CHECK ONLY**

Email jbwar10@hotmail.com to reserve a spot for your son or daughter. A confirmation and further information will follow via email once you have signed up.

Where: Beloit College- Flood Arena
845 Pleasant St.
Beloit, WI 53511

General Information:

- **New this Year, RPO specific training. (Run, Pass, Option)**
- Small group setting with experienced coaches from the Northern Illinois area
- Fee will include; coaching fundamentals, and drill work students can do on their own
- Students will be grouped by age and ability to enhance learning for all campers.
- Detailed instruction of individual position mechanics
- *1 on 1 and small group attention*

***Campers must provide their own footballs**

Staff : Todd VanSchelven , Jeremy Warren, Brian Knipp and Mark LaMay

Player Name: _____

Grade&Age_____/_____

Position: _____

Address

City _____

Zip Code _____

Parent's
Name _____

Emergency Contact & Phone # _____

I hereby certify that the previously named child is in normal health and capable to participate safely in the Passing Zone Quarterback/ Receiver Clinic. I have read and understand the goals and objectives of the program and hereby grant permission for the previously named child to participate.

Parent/Guardian Signature: _____

Medical Information: Please list any medical problem or prohibition the participant may have:

Doctor & Phone number to notify in an emergency:

Hospital Preferences, if
any: _____

I hereby give my consent for medical care or medicine prescribed by a duly licensed doctor for the previously named participant as his/her parent/guardian and that this may be given whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Parent Signature: _____
