

ADDISON TRAIL FOOTBALL SKILL AND AGILITY SPRING CAMP

Camp Information & Dates

The camp introduces the camper to the advanced techniques used in today's football game. Campers will be taught by experienced coaches and varsity football players. Through various technique and agility drills campers will enhance their athletic ability to perform more efficient on the football field. **All camp activities will be in the field house and/or gymnasiums.**

Campers will be taught:

- Quarterback Play – Footwork & Throwing Techniques
- Receiving – Catching & Route running
- Pass Defense – Covering Receivers & Rushing the Passer
- Fundamental of Blocking – Run and Pass
- Speed & Agility Development.

Camp Dates: Tues. & Thurs. starting April 8th through May 1st 2014, from 7:30pm to 9:00 pm.

Registration Information:

Early bird discounted registration –Will include all the camp dates and a T-shirt for a discounted camp fee.

Registration –Will include all the camp dates and a T-Shirt for regular camp fee.

One day camp– Is only good for a one day participation of the skill & agility camp, T-shirt can be purchased separately.

Equipment needed -Gym Shoes, Shorts, T-shirt, Water Bottles, & any other football accessories

Any question contact Curtis Tate – Phone 630-628-3313 or via Email ctate@dupage88.net

SKILL & AGILITY CAMP REGISTRATION (circle one below)

Blazer Skill & Agility Spring Football Camp 6 th – 8 th grade			T-Shirt Size
Early bird Registration: Includes a camp T-Shirt	Due March 28th	\$45.00	S---M---L---XL---XXL
Registration: Includes a Camp T-Shirt	<u>Due By April 10th</u>	\$65.00	S---M---L---XL---XXL
One Day Camp	<i>After April 10th</i>	\$15.00	
Camp T-Shirt		\$15.00	

MAKE CHECKS PAYABLE TO: *Addison Trail High School*

MAIL PAYMENT TO: * Addison Trail High School Athletic Office*
213 North Lombard Road, Illinois 60101
Attention: Curtis Tate

You can register on April 8th at the door (cash or check)

ADDISON TRAIL FOOTBALL SKILL & AGILITY CAMP PERMIT CARD

Name: _____
(LAST) (FIRST) (INITIAL)

Address: _____
(STREET) (CITY) (ZIP)

BIRTHDATE (MMDDYY): _____ GENDER M/F : _____ SCHOOL ATTEND . _____

EMERGENCY INFORMATION

PARENT NAME : _____
(LAST) (FIRST)

CELL #: _____ HOME PHONE : _____

INSURANCE RELEASE

As the parent/guardian of _____ I authorize the coach/school representative to use their best judgment in seeking medical treatment from my son/daughter. I agree not to hold the school or anyone acting in their behalf responsible for any injury that may occur.

I (print): _____ have read the statement above and believe that my present accident insurance provides adequate coverage.

All participants in athletics must have insurance. Please list your insurance carrier and policy number.

INSURANCE COMPANY: _____

POLICY #: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____