

# 2010 Beulah Bulldog: 4-Day Football Clinic

## Conditioning Techniques Taught Include:

- Proper Offensive and Defensive Line Stance
- Running Back and Receiver Drills and Techniques
- Proper Warm Up Technique, Exercises to Build Strength and Endurance
- Speed and Agility Drills
- Ladder and Obstacle Course Drills

## Clinic Dates and Times:

- **10 – 12 Yrs Old:** July 12<sup>th</sup>, 13<sup>th</sup>, 15<sup>th</sup>, 16<sup>th</sup>
- **5 – 9 Yrs Old:** July 19<sup>th</sup>, 20<sup>th</sup>, 22<sup>nd</sup>, 23<sup>rd</sup>
- 6:30PM – 8:00PM

## Location and Fees:

- Deer Lick Park Football Field
- \$10/Player/Day or \$35/Player/4 Days

***The First 75 to Register & Pay for All 4-Days Receive a Beulah Bulldog Drawstring Backpack***

\*\*There will be no rain day make ups

**Punt/Pass/Kick Family Fun Day: July 24<sup>th</sup> 10:00am – 1:00pm**

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Participants Name: \_\_\_\_\_ Age: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Parent Name (Guardian): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number : \_\_\_\_\_

I, the undersigned parent or guardian, do hereby grant permission for my son/daughter, hereinafter shall be referred to as "participant," to participate in the conditioning clinic. In order that the participant may receive the necessary medical treatment in the event of an injury or illness, I hereby hold Beulah Bulldog Youth Football & Cheerleading, Inc. (BBYF&C), it's Board of Directors, and it's representatives harmless in the exercise of this authority. I further acknowledge and understand and agree that, in taking part in this sport, there is a possibility of physical illness or injury (minimal, serious, or catastrophic) and that the participant is assuming the risk of such injury by participating. I further agree to hold BBYF&C harmless, including its Board members, officers, coaches, directors staff, and any other representative(s), for any injury or illness incurred by the participant prior to, during the course of the sport, and after.

\_\_\_\_\_  
Parent/Guardian Signature

**Please fill out this form and fax or mail to:**

**770-489-6278**

**BBYF&C, P.O. Box 1860, Douglasville, GA 30133**