

Fighting Falcons 2009 SUMMER CAMP FOOTBALL

July 20 - July 24

6:00 pm - 8:00 pm @ PHS Practice Football Field

\$70 before May 30 / \$85 May 31 - July 20

Ages: 3rd through 8th Grade

Welcome to our first summer PAA Football Camp. We are offering this to help athletes succeed in the sport of Football. The objective of PAA Football Camp is to instruct each athlete in the fundamentals of Football. We want your child to have fun while learning skills, drills and techniques to help them excel in the game of Football. The camp will emphasize instruction in the following areas:

* Starts/Stance * Alignment * Footwork * Blocking Techniques * Running * Pass Routes * Ball Handling * Catching
* Reading Keys * Snapping * Handoffs * Pass Rush * Pass Defense and Individual Techniques by Position.

Drills will be utilized daily to emphasize proper fundamentals. Players will be participating in all of the same drills as those used during the High School Football season. The goal of the PAA Football Camp is to provide a solid fundamental and knowledgeable foundation for all players to be successful in the future at many different positions and levels.

Steve Orsini, Camp Director/PHS Varsity Football Coach – 1x Md. State Champion Coach

SPECIAL GUEST COACHES FOR THE WEEK

Stan Gelbaugh, U of Md - Buffalo Bills-NFL / London Monarch World Champs / Seattle Seahawks-NFL

Tony Edwards, U of Md - Baltimore Stars / USFL – 4x Md. State Champion Coach

Mike Nessel, Wake Forest / Pittsburg Steelers-NFL

Vince Naylor, Univ of Delaware

Gary Vukmanic, Slippery Rock Univ – 4x Md. State Champion Coach

Checks payable to: Steve Orsini. Mail to: Steve Orsini att: Football Camp 5715 Nottingham Pl. Adamstown, Md. 21710 Payment due as you register.

Players Name: Position: Offense Position: Defense T Shirt Size: Adult Small Medium Large XX Large XXX Large	Home Number: Mother – Cell Number: _____ Mother – Work Number: _____ Father – Cell Number: _____ Father – Work Number: _____
Home Address:	Age of Player:
Email Address:	Grade Entering:
Emergency Contact Name - Home & Cell Number:	Parent(s): Name(s)
	Who's responsible for child after camp ends?

As parent or legal guardian of _____ I hereby grant permission for him/her to participate in **FOOTBALL** sponsored by the Poolesville Athletic Association. I understand this program is not responsible for any accidents. I understand by signing the form I accept all financial and medical responsibilities for my child.

In addition, as parent or legal guardian I give my consent for emergency medical treatment approved by the team manager or other adult escort in case of serious illness or injury while participating in the Poolesville Athletic Association and related activities. I understand that this is to ensure prompt treatment. I have listed all allergies, special medication needs or physical or medical problems/concerns.

PARENT SIGNATURE

DATE