

Name _____ Height _____ Weight _____

Grade (Fall 2008) _____ Address _____

City _____ State _____ Zip _____

Session I – June 11, 12, 13
 FOOTBALL POSITION (Circle One of Each)

Offense Center Guard Tackle
 Defense Nose Guard Tackle Defensive End

Coach's Name _____ High School _____

Roommate Preference _____

My son has permission to attend Bishop Dullaghan Football Clinic. Enclosed is a \$100.00 reservation fee for the session he will be attending. This will apply to the tuition, the balance of which will be paid upon arriving to the camp. I have no knowledge of any physical impairment that would affect or be affected by my son's participation in the B/D Football Clinic. I hereby grant my permission for the camp staff to act for me to obtain for him whatever 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 charges in connection with his attendance at the B/D Football Clinic. I acknowledge that at the B/D Football Clinic that my son will participate in a sport that will involve, among other things, physical contact of the body with other persons or objects, including the ground, and at the B/D Football Clinic he may incur a risk of injury. I specifically waive and release the B/D Football Clinic, it's owners and staff members from liability for any claim for damages which I or my son may have from injuries or illness that he may sustain at the B/D Football Clinic. I authorize the B/D Football Clinic to use my son's name, photographs of my son/ or article about my son for publicity purposes.

He is covered by (Insurance Company): _____

Policy Number: _____ Home Phone () _____ Other Phone () _____

Signature of Parent or Legal Guardian _____

FOR OFFICE USE ONLY Check No. _____ Amount _____ Date _____

Check No. _____ Amount _____ Date _____

All Linemen will rotate through the offensive and defensive positions.
All athletes should drink 64oz of water before coming to camp

Camp Objectives Offense	Camp Objectives Defense	Camp Goal	Registration Fees and Deadlines
Stance-Starts Drive Cut-Off Reach Scoop-Smash Trapping Gap Double Team Pass Blocking Pulling Trapping	Stance-Starts Neutralization Separation Pursuit Angle Gap Control Key Education Pass Rush Tackling	The goal of this camp is to help linemen develop their technique as well as their physical and psychological character. This is an important and special process for a demanding position that will ultimately determine the success or failure of a team.	Cost of the Camp is \$210.00, \$190.00 when 5-10 campers register from the same school or \$180 when 10+ register. A \$100.00 deposit is required with the application, and the balance must be paid upon arrival to the camp.

Mail Application and Deposit to:
Coach Dane Damron, 100 Academic Parkway Box 725, Grayson, KY 41143 (606) 474-3114

This is a work camp. Campers should start conditioning before coming to camp. We coach fundamentals and techniques. Most of the time will be spent on drills designed to help each player to achieve the camp goals. Whenever possible players will be grouped together by size, grade, and skill level.

Typical Day at Camp Wake Up 7:15am Breakfast 7:45am Workout #1 9-11:00am Lunch 11:30am Film/Meeting 12:30 pm Workout #2 2-4:00pm Dinner 5:00pm Workout #3 6:30-8:15pm Meeting 9:15-10:15pm In Rooms 10:30pm Lights Out 10:45pm	Equipment Required Helmets and Shoulder Pads Football Shoes Socks and Shorts Soap and Towels Pillows, Sheets, Blanket and Clock **NO EQUIPMENT RENTAL	Check-In June 11th Noon –2:00pm Check-Out June 13th 3:00pm
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