

TWELFTH ANNUAL ATHENS AREA KICKING CLINIC
SUNDAY, MAY 16, 2010
NORTH OCONEE COUNTY HIGH SCHOOL
1081 ROCKY BRANCH ROAD, BOGART, GA 30622-1081
8:30 A.M. - 4:00 P.M.

Instruction in placekicking, punting, and snapping will be provided by Carol A. White (former coach at Georgia Tech and current director of the Auburn Kicking Academy) and a group of Georgia players active at colleges throughout the Southeast. This one-day clinic is designed as a supplement to spring football practice and as a means to encourage the development of shared practicing throughout the summer months. **Graduating seniors should plan to attend.**

Carol A. White **706-549-2695**

www.kick-aid.com

What can you **gain** from a one-day clinic?

1. Identification of 1 to 3 muscle or joint needs which, if addressed aggressively during the spring and summer, would improve your potential in kicking, punting, snapping, and other activities.
2. Review of drills which will enhance your kicking/punting/snapping/holding form and techniques, if you practice the drills.
3. Refinement of your mental approach to the kicking game.

If nothing else, you will spend a day with positive, success-minded local athletes who want to share with you their experiences as kickers, punters, or snappers. They will discuss academics, college recruiting, and effective training practices. Moreover, they will encourage you to **establish attainable goals for 2010-11. Remember to bring a football and any needed tees. Clinic will be held regardless of weather.**

PRE-REGISTERED: \$50 for placekickers and punters
 \$40 for snappers
 (Pizza and sodas will be delivered at no additional cost to you.)

TO ENROLL: Complete the enclosed form and return by **FRIDAY, MAY 7, 2010**, to:

CAROL A. WHITE
ATHENS AREA KICKING CLINIC
P. O. BOX 48561
ATHENS, GA 30604

Make checks payable to: **MICHAEL DOWIS**
(Walk-up registrations on May 16 should pay cash. No refunds will be issued.)

CONTACT PERSON: Michael Dowis **678-863-2808 (Cell)**

GENERAL SCHEDULE FOR ONE-DAY CLINIC:

8:30 - 8:45 Check in
8:45 - 9:15 Theory
9:15 - 10:00 Body movement and stretching instruction
10:00 - NOON Drill work in small groups
BREAK Lunch
12:45 - 1:30 Discussion session and demonstrations
1:30 - 2:30 Review and additional drills
2:30 - 3:30 Practical game situations
3:30 - 3:50 Kick-off practice
3:50 - 4:00 Final meeting

RETURN COMPLETED REGISTRATION FORM(S) BY **FRIDAY, MAY 7, 2010**, TO:
(Please complete a separate form for each person registering. Feel free to duplicate this form. One check may accompany any number of registrations.)

**CAROL A. WHITE
ATHENS AREA KICKING CLINIC
P. O. BOX 48561
ATHENS, GA 30604**

MAKE CHECKS FOR \$50 (OR \$40 FOR SNAPPERS) PAYABLE TO: **MICHAEL DOWIS**

NAME _____ NICKNAME _____
Last First Middle

ADDRESS _____
Street City State Zip Code

SCHOOL _____ SCHOOL LOCATION _____

FOOTBALL COACH _____ COUNTY _____

GRADE IN 2010-2011 _____ AGE _____ HEIGHT _____ WEIGHT _____

BIRTHDATE _____ SOCIAL SECURITY NUMBER _____

PARENTS' NAMES _____ E-MAIL ADDRESS _____

HOME PHONE (_____) _____ BUSINESS PHONE (_____) _____
CELL PHONE (_____) _____ CAMPER'S CELL PHONE (_____) _____

PLEASE INDICATE **ONE (1) PREFERENCE** FOR STUDY ON **SUNDAY, MAY 16, 2010:**

- _____ SOCCER-STYLE PLACEKICKING
- _____ CONVENTIONAL (STRAIGHT-ON) PLACEKICKING
- _____ PUNTING
- _____ SNAPPING

RIGHT-FOOTED or LEFT-FOOTED? _____ YEARS OF FOOTBALL EXPERIENCE _____

I, the undersigned, do hereby assume responsibility for any accident or injury that may result from participation of the above named athlete in the Athens Area Kicking Clinic. I hereby remise, release, and forever discharge the Athens Area Kicking Clinic, their agents, sponsors, personnel, and North Oconee High School and the Oconee County School System from suits of law, of whatever kind or nature, regarding the above named participant.

INSURANCE COMPANY _____ POLICY NUMBER _____

PARENT'S SIGNATURE _____ DATE _____