

SEVENTH ANNUAL HUNTSVILLE AREA KICKING CLINIC
SATURDAY, MARCH 27, 2010
McGUCKEN PARK
13020 BAILEY COVE ROAD, SOUTHEAST, HUNTSVILLE, AL 35802
8:45 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 Alabama and Tennessee players active at colleges in 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.**

COST: \$50 for placekickers and punters
 \$40 for snappers
 (Lunch will be delivered at no additional cost to you.)

TO ENROLL: Complete the enclosed form and return by **FRIDAY, MARCH 19, 2010**, to:

COACH BOBBY RHOADES, CLINIC DIRECTOR
VIRGIL I. GRISSOM HIGH SCHOOL
7901 BAILEY COVE ROAD, SOUTHEAST
HUNTSVILLE, AL 35802

Make checks payable to: **GRISSOM FOOTBALL BOOSTER CLUB**

Walk-up registrations on March 27 should pay cash.

CONTACT PERSON: **COACH BOBBY RHOADES** **501-358-1872 (Cell)** **256-428-8012 (Office)**

GENERAL SCHEDULE FOR ONE-DAY CLINIC:

| | |
|--------------|--|
| 8:45 - 9:00 | Check in |
| 9:00 - 10:00 | Body movement and stretching instruction |
| 10:00 - NOON | Drill work in small groups |
| NOON | 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, MARCH 19, 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.)

**COACH BOBBY RHOADES, CLINIC DIRECTOR
 VIRGIL I. GRISSOM HIGH SCHOOL
 7901 BAILEY COVE ROAD, SOUTHEAST
 HUNTSVILLE, AL 35802**

MAKE CHECKS FOR \$50 (OR \$40 FOR SNAPPERS) PAYABLE TO: **GRISSOM FOOTBALL BOOSTER CLUB**

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 **SATURDAY, MARCH 27, 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 Huntsville Area Kicking Clinic. I hereby remise, release, and forever discharge the Huntsville Area Kicking Clinic, their agents, sponsors, personnel, and Grissom High School and the Huntsville School System and Huntsville National League from suits of law, of whatever kind or nature, regarding the above named participant.

INSURANCE COMPANY _____ POLICY NUMBER _____
 PARENT'S SIGNATURE _____ DATE _____