

**FOURTH ANNUAL JACKSON AREA KICKING CLINIC
SATURDAY, APRIL 16, 2011
RALEIGH HIGH SCHOOL
STATE ROUTES 18 & 35, SOUTH, RALEIGH, MS 39153
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 director of the Auburn Kicking Academy) and several Mississippi 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

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

www.kick-aid.com

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 2011-12. 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, APRIL 8, 2011**, to:

**JAMES POWELL, CLINIC DIRECTOR
504 SMITH COUNTY ROAD 534-A
LOUIN, MS 39338**

Make checks payable to: **RALEIGH FOOTBALL BOOSTER CLUB**
Walk-up registrations on April 16 should pay cash.

CONTACT PERSON: **Al Lott** **601-398-5383 (Cell)**
James Powell **601-259-1951 (Cell)**
Bradley Powell **601-616-9596 (Cell)**

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, APRIL 8, 2011**, TO:
(Please complete a separate form for each person registering. Feel free to duplicate this form. One check may accompany any number of registrations.)

JAMES POWELL, CLINIC DIRECTOR
504 SMITH COUNTY ROAD 534-A
LOUIN, MS 39338

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

NAME _____ NICKNAME _____
Last First Middle

ADDRESS _____
Street City State Zip Code

SCHOOL _____ SCHOOL LOCATION _____

FOOTBALL COACH _____ COUNTY _____

GRADE IN 2011-2012 _____ 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, APRIL 16, 2011:**

- _____ 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 Jackson Area Kicking Clinic. I hereby remise, release, and forever discharge the Jackson Area Kicking Clinic, their agents, sponsors, personnel, and Raleigh High School and the Smith 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 _____