

**ELEVENTH ANNUAL MOBILE AREA KICKING CLINIC**  
**SATURDAY, JANUARY 21, 2012**  
**ARTHUR LIPSCOMB ATHLETIC FACILITY (McGILL-TOOLEN STADIUM)**  
**3610 MICHAEL BOULEVARD, MOBILE, AL 36693**  
**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 Alabama and Florida 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 spring and 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 2012-13**. **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, JANUARY 13, 2012**, to:

**LYN GIVENS, CLINIC DIRECTOR**  
**4321 DOWNTOWNER LOOP, NORTH, SUITE 100**  
**MOBILE, AL 36609**

Make checks payable to: **LYN GIVENS**  
Walk-up registrations on January 21 should pay cash.

**CONTACT PERSON:** **LYN GIVENS** **251-604-1661 (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, JANUARY 13, 2012**, TO:  
 (Please complete a separate form for each person registering. Feel free to duplicate this form. One check may accompany any number of registrations.)

**LYN GIVENS, CLINIC DIRECTOR**  
**4321 DOWNTOWNER LOOP, NORTH, SUITE 100**  
**MOBILE, AL 36609**

MAKE CHECKS FOR \$50 (OR \$40 FOR SNAPPERS) PAYABLE TO: **LYN GIVENS**

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NAME \_\_\_\_\_ NICKNAME \_\_\_\_\_  
           Last                      First                      Middle

ADDRESS \_\_\_\_\_  
           Street    City                      State                      Zip Code

SCHOOL \_\_\_\_\_ SCHOOL LOCATION \_\_\_\_\_

FOOTBALL COACH \_\_\_\_\_ COUNTY \_\_\_\_\_

GRADE IN 2012-2013 \_\_\_\_\_ AGE \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

PARENTS' NAMES \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ BUSINESS PHONE (\_\_\_\_\_) \_\_\_\_\_

CELL PHONE (\_\_\_\_\_) \_\_\_\_\_ CAMPER'S CELL PHONE (\_\_\_\_\_) \_\_\_\_\_

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PLEASE INDICATE **ONE (1) PREFERENCE** FOR STUDY ON **SATURDAY, JANUARY 21, 2012**:

- \_\_\_\_\_ SOCCER-STYLE PLACEKICKING
- \_\_\_\_\_ CONVENTIONAL (STRAIGHT-ON) PLACEKICKING
- \_\_\_\_\_ PUNTING
- \_\_\_\_\_ SNAPPING

RIGHT-FOOTED or LEFT-FOOTED? \_\_\_\_\_ YEARS OF FOOTBALL EXPERIENCE \_\_\_\_\_

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I, the undersigned, do hereby assume responsibility for any accident or injury that may result from participation of the above named athlete in the Mobile Area Kicking Clinic. I hereby remise, release, and forever discharge the Mobile Area Kicking Clinic, the Arthur Lipscomb Athletic Facility, their agents, sponsors, personnel, and McGill-Toolen Catholic High School and the Mobile and Baldwin County School Systems from suits of law, of whatever kind or nature, regarding the above named participant.

INSURANCE COMPANY \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_