

FIFTEENTH ANNUAL SHELBY AREA KICKING CLINIC
SATURDAY, APRIL 03, 2011
BURNS HIGH SCHOOL
307 EAST STAGECOACH TRAIL, LAWNSDALE, NC 28090-9535
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 a group of North Carolina and South Carolina 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, MARCH 25, 2011**, to:

COACH MATT BEAM, CLINIC DIRECTOR
BURNS HIGH SCHOOL
307 EAST STAGECOACH TRAIL
LAWNSDALE, NC 28090-9535

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

Walk-up registrations on April 03 should pay cash.

CONTACT PERSON: **Matt Beam** **704-538-0109** (Fieldhouse) **980-253-6282** (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, MARCH 25, 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.)

**COACH MATT BEAM, CLINIC DIRECTOR
 BURNS HIGH SCHOOL
 307 EAST STAGECOACH TRAIL
 LAWNSDALE, NC 28090-9535**

MAKE CHECKS FOR \$50 (OR \$40 FOR SNAPPERS) PAYABLE TO: **BURNS 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 03, 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 Shelby Area Kicking Clinic. I hereby remise, release, and forever discharge the Shelby Area Kicking Clinic, their agents, sponsors, personnel, and Burns High School and the Cleveland 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 _____