FORTH ANNUAL WESTERN VIRGINIA AREA KICKING CLINIC
SUNDAY, APRIL 10, 2011
FLOYD COUNTY HIGH SCHOOL
721 BAKER STREET, FLOYD, VA 24091-2343
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 Virginia and North Carolina college players. 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 obtainable 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 1, 2011,** to:
STANLEY HAWKINS, CLINIC DIRECTOR
1972 LAUREL BRANCH ROAD, N.W.
FLOYD, VA. 24091

Make checks payable to: **FLOYD COUNTY BOOSTERS**
Walk-in registrations on April 10 should pay cash.

CONTACT PERSON: STANLEY HAWKINS **540-745-2720** **(Home)**
540-392-2340 **(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 1, 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.)

STANLEY HAWKINS, CLINIC DIRECTOR
1972 LAUREL BRANCH ROAD, N.W.
FLOYD, VA. 24091

MAKE CHECKS FOR $50 (OR $40 FOR SNAPPERS) PAYABLE TO: **FLOYD COUNTY BOOSTERS**

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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** (_____)_____

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PLEASE INDICATE **ONE (1) PREFERENCE** FOR STUDY ON **SUNDAY, APRIL 10, 2011:**

_____ 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 Western Virginia Area Kicking Clinic. I hereby remise, release, and forever discharge the Western Virginia Area Kicking Clinic, their agents, sponsors, personnel, and Floyd County High School and the Floyd 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** _____