

COACH RALPH MUNGER, THE ROCKFORD FOOTBALL STAFF & MEMBERS OF THE 2011 VARSITY FOOTBALL TEAM

ROCKFORD FUNDAMENTAL YOUTH CLINIC 2011

Parents are welcome to bring along their cameras, video cameras and lawn chairs daily.

INVITE ALL UPCOMING 3RD AND 4TH GRADERS AND UPCOMING 5TH AND 6TH GRADERS TO FOUR DAYS OF **NON CONTACT FUNDAMENTAL DRILL WORK** ASSOCIATED WITH PLAYING FOOTBALL IN A SAFE AND SUCCESSFUL MANNER.

FOR: Upcoming 3rd and 4th graders and Upcoming 5th and 6th graders

DATES /TIMES: July 25th through July 28th from 9:00 AM to 12:30 PM daily

REGISTRATION: The PLAZA area of the TED

EQUIPMENT: NO equipment as this is a NON CONTACT Clinic
(football shoes are acceptable but not required)

COST: \$60.00 prior to July 3rd / **NO REFUNDS issued** / Registrations received after July 3rd is \$70.00 with NO guarantee of camp issued items

PLEASE DO NOT have your check reflect payment for additional Rockford Sport Camps

CURRICULUM=SKILL DEVELOPMENT AND INSTRUCTION IN PROPER AND SAFE TECHNIQUES USED IN:

- STANCE AND STARTS
- PULLING TECHNIQUES
- BLOCKING AND TACKLING
- PASSING MECHANICS
- RECEIVING TIPS
- HAND OFF MECHANICS
- LONG SNAPPING MECHANICS
- PLACE KICKING MECHANICS
- PUNTING FUNDAMENTALS



DRILL WORK EMPHASIZING:

- BALL SECURITY
- BALL RECOVERY
- SCOOP AND SCORE
- BLOCKING PUNTS
- INTERCEPTING TECHNIQUE
- BALL REACTION
- RUNNING PROPER PASS ROUTES
- EMPHASIS ON FOOTWORK DRILLS

PARTICIPANTS WILL ENJOY 7 ON 7 ACTIVITIES ALONG WITH VARIOUS SKILL CONTESTS



MAIL THE BACKSIDE OF THIS FORM TO:

COACH RALPH MUNGER • ROCKFORD HIGH SCHOOL • 4100 KROES • ROCKFORD, MI 49341

??QUESTIONS??

CALL COACH MUNGER

AT (H) 866-7797 OR (C) 204-1857

Email Address: rmunger44@aol.com or
rmunger@rockfordschools.org

Parents: don't miss "GAME DAY Thursday." It is a day that is action packed and full of excitement!

FUNDamental Youth Clinic 2011

Registration Form

Future Ram Gridder (please print first and last name)

____/____/____
Date of Birth

GRADE
ENTERING

MAIL THIS FORM TO:
COACH RALPH MUNGER
Rockford High School
4100 Kroes, Rockford, MI 49341

Elementary or Middle School Attending in Fall 2011

Street Address (please print)

City

Zip Code

____/____
Primary Phone #

____/____
Cell Phone #

Email Address (critical - please print)

T-Shirt Size (Circle Please) YOUTH: LG XL **or MENS:** SM MED LG XL

*be exact as possible with size selection

I understand the applicant will be engaging in physical activity during camp which contains an inherent risk of physical injury. The undersigned assumes full responsibility for any and all injuries which the applicant may incur while participating in the Rockford Football FUNDamental Youth Clinic.

Parent Signature

Parent First & Last Name Printed

____/____/____
Date