

# **Ground Attack**

## ***Running Back Football Clinic***

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**Monday June 8, 2009**

**9:00a.m. – 3:30 p.m.**

**Ages 9-17**

**at**

**Caravel Academy**

**Cost \$35.00 (pre-registration)**

**Fee includes: Lunch & T-shirt**

**Clinic Director:**

**Angelo Gattinella, NCCFL Viking Head Coach 8 years. Championship appearances in 2003, 2004, 2005, 2006. 2007 Varsity runningbacks coach Div. 1 State Champions Middletown High School. Head Coach Caravel Academy Middle School.**

**Camp Directives:**

**This clinic is designed to give all ages from to youth to high school the fundamentals needed to compete regardless of level. The focus is geared to developing good strong habits to increase backfield performance. Running back speed is harnessed and used with the skills taught to gain an advantage over a defender.**

- **Stance (2pt. & 3 pt.) & footwork.**
- **Body position**
- **Ball handling & security**
- **Run blocking**
- **Pass blocking**
- **Inside run**
- **Toss, sweeps & option**

**For more information contact:**

**Angelo Gattinella @302-838-6753 or [a.gattinella@comcast.net](mailto:a.gattinella@comcast.net)**

Participant name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade (2009 school year) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Emergency contact information: (Must list 2)

\*Emergency contact: \_\_\_\_\_ Relationship \_\_\_\_\_

\*Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

\*Emergency contact: \_\_\_\_\_ Relationship \_\_\_\_\_

\*Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

T Shirt Size: YS YM YL AS AM AL AXL AXXL

Medical Insurance Plan: \_\_\_\_\_

Group or Plan No. \_\_\_\_\_

Policy #. \_\_\_\_\_

List medical conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree that in case of an accident involving my child while attending this camp and with full awareness that football is an activity that may involve risk or injury, I release the camp, camp director and it's coaches from any and all liability. In case of emergency, attempts will be made to contact the emergency contact and I give permission to the appropriate personnel if necessary to have my child properly transported to a medical facility for care. I understand that the football camp does not provide medical insurance and that I will be responsible for all medical expenses incurred. I also understand that every athlete is expected to conduct themselves appropriately while attending the camp. Any misconduct while attending the camp while result in immediate removal from camp with no return and no refund. There are no refunds after the camper has attended the camp and no prorated refunds based on days attended or weather induced make up days. If bad weather prohibits camp on that scheduled day a make up day will be announced.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

Make checks payable to: Angelo Gattinella  
26 Eaton Place  
Bear, Delaware 19701