

	Skyline Football 2013 Spring Camp	
WHO:	9 th -12 th Grade Football players	
WHERE:	Skyline High School 845 S Crimson Rd. Mesa AZ	
WHAT:	Wear cleats, shorts, t-shirts, bring water	
DATES:	March 26th-April 26th	
TIME:	3pm - 6 P.M.	
FEE:	\$10 online www.mesasports.org or \$20.00 mail in / bookstore	
CONTACT:	Angelo Paffumi: alpaffumi@mpsaz.org	

QB/Backs	Receivers	LB/DBs	O-Line & D-line
Master footwork and handwork for handoffs & pitches	Proper route running techniques	Learn proper tackle form; Learn to stop ball carriers in their tracks	Learn proper stance, how to use hips, and leverage
Master 3 and 5 step drops, throwing mechanics and hand-ball technique	Learn how to handle press coverage, make mid-route adjustments	Master press coverage and "shut down" a receiver every time	O-Line: Learn correct blocking techniques, hand placement, and explosion: perfect run blocking / pass blocking
Learn proper ball placement – throw a catchable ball every time	Optimal hand and body placement ; Learn how to "turn a DBs hips"	Master proper body and hand placement	D-Line: Learn how to defeat the opponent - learn proper hand placement: rip, swim, and other evasive moves
Improve your reads, route progression, and delivery	Learn how to get open, even against a faster DB	How to never get beat, even when covering a faster WR	Learn how to explode off the edge and gain leverage on your opponent

SAVE \$10, REGISTER ONLINE www.mesasports.org or submit registration to:

Skyline bookstore 845 S. Crismon Rd. 85208

Student Name:		Grade:	
Parent / Guardian:		Age:	
Phone: (H)	(C)	Student ID#:	
Email:			
Emergency Contact Name:		School:	
Phone: (H)		(C)	
I give permission for my child to participate in the sports program listed. I/we understand all risks and hazards incidental to such participation and do hereby waive, release, absolve, indemnify and hold harmless Mesa Public Schools and the school from any claim arising out of any injury to my child.			
Parent Signature:			
I give permission to photograph my child during camp participation for publicity use and/or news release. ____ Yes ____ No			
Does your child have health conditions/concerns of which staff should be aware? If so, please explain:			
Amount Paid:	*Check #:	Credit Card Type: __ Visa __ MC	
Credit Card Signature:		Date:	
Name Printed on Card:		3 Digit Code:	
Billing Address:		Zip Code:	
Card Number:		Expiration:	

