

FOOTBALL

If parent / guardian cannot be reached call:

_____ Phone () _____

_____ Phone () _____

My Family physician is _____

Phone () _____

Indicate any serious medical conditions: (allergies, recurring illnesses, disabilities, chronic illnesses, etc.): _____

List the names of any medications applicant is presently taking and for what medical condition: _____

Date of most recent tetanus immunization: _____

If more than ten years ago, a booster shot is recommended.

Camper is allergic to: Penicillin Aspirin Other (Please List)

List if other: _____

Medical insurance company: _____

Policy Number: _____

Are you insured by any other health benefit plan such as HMO, etc.: _____

Name: _____

Part 3: OVERNIGHT MEDICAL INFORMATION

****Please ask your physician to sign the below statement or send a copy of current school physical

I have examined _____ within the last 12 months and find no medical reason that he/she cannot participate in camp. His/Her medical records show that all immunizations are up to date.

Date of last tetanus and diphtheria immunizations: _____

Doctor's signature: _____

The Sports Camps have adopted the following procedures in caring for your child when he/she becomes sick or injured while attending camp:

(1) The camp will call home, if there is no answer. (2) The Camp will call the father's, mother's, or guardian's place of employment, if there is no answer. (3) The camp will call an ambulance, if necessary, to transport the child to a local medical facility. (4) Based upon the medical judgement of the attending physician, the child may be admitted to a local medical facility. (5) The camp will continue to call the parents, guardians, or physician until one is reached. If I cannot be reached and the camp authorities have followed the procedures described, I agree to assume all expenses for moving and medically treating the camper. I also hereby consent to any treatment, surgery diagnostic procedures r the administration of anesthesia which may be carried out based on the medical judgement of the attending physician.

Parent / Guardian Signature _____ Date _____

ALL REQUESTED INFORMATION INCLUDING SIGNATURES MUST BE PROVIDED

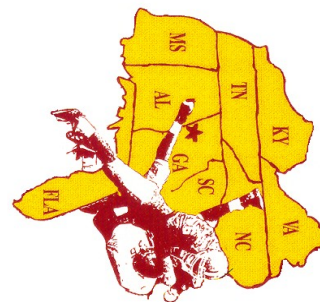
FOR FURTHER INFORMATION CONTACT THE FOLLOWING:



Jim Dorsey
McEachern High School
2400 New Macland Road
Powder Springs, Georgia 30127
Office: (770) 222 - 3731
Cell: (678) 873 - 9935
Fax: (678) 567 - 1376
E-mail: jimmy.dorsey@cobbk12.org



Jeff Herron
Camden County High School
P.O. Box 1549
Kingsland, Georgia 31548
Office: (912) 729 - 7042
Cell: (912) 258 - 5300
Fax: (912) 729-9622
E-mail: jherron@camden.k12.ga.us

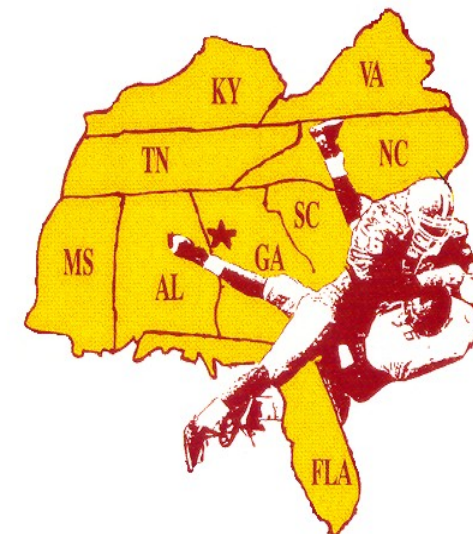


Southeastern Defensive Fundamentals Football Camp

JIM DORSEY
CAMP DIRECTOR
C/O McEachern High School
2400 New Macland Road
Powder Springs, Ga. 30127

2011 SOUTHEASTERN DEFENSIVE FUNDAMENTALS FOOTBALL CAMP

SESSION # 1 JULY 11-14 2011
SESSION # 2 JULY 15-18 2011
AT
UNIVERSITY OF WEST GEORGIA



FEATURING CAMP DIRECTORS:

JIM DORSEY, Former HEAD FOOTBALL COACH
McEachern High School

JEFF HERRON, HEAD FOOTBALL COACH
Camden County High School

**OTHER NOTED
HIGH SCHOOL
FOOTBALL COACHES**



Non Profit
Organization
POSTAGE PAID
Permit No. 11
Powder Springs

SOUTHEASTERN DEFENSIVE SUMMER FOOTBALL CAMP

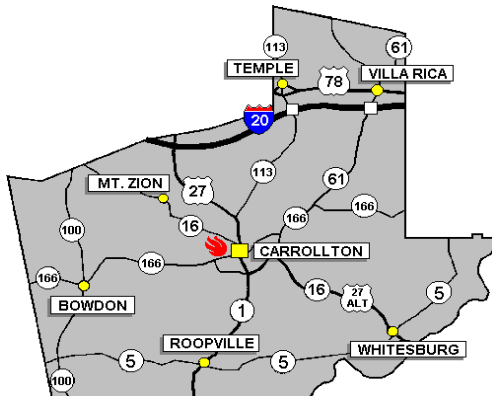
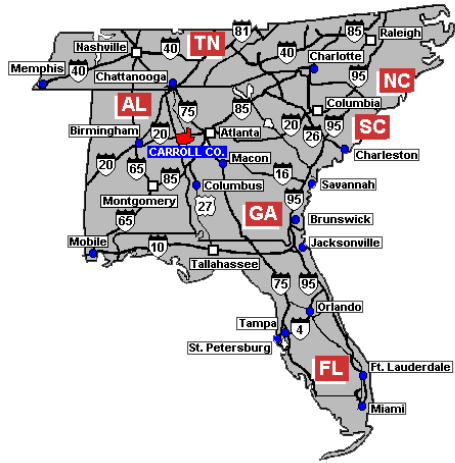
ABOUT THE CAMP:

This camp is designed to help participants improve basic skills and learn the techniques that are general to all sound defensive systems. Lectures, demonstrations, and drill sessions requiring limited physical contact are held daily under the guidance and instruction of the coaching staff. **This camp does require helmets and shoulder pads.**

WHERE:

This camp is located at the University of West Georgia in Carrollton, Georgia. The University is located about 60 minutes west of Atlanta via I - 20 (90 minutes from Birmingham, Alabama).

Registrations will be held on the first day of camp from 1:00 PM –3:00 PM.



COST:

\$280.00 Overnight camper

WHO MAY ATTEND:

All boys between 12 and 18 years of age who have a desire to learn more about the game of football may attend camp.

WHEN:

Session #1 July 11-14 2011

Session # 2 July 15-18 2011

FACTS TO CONSIDER:

1. Limited physical contact
2. Individual instruction.
3. Special attention to specifics.
4. Excellent football facilities.
5. Great carry over value.
6. Comfortable air - conditioned dorms.
7. All phases of defensive football covered.
8. Variety of activities.
9. Twenty - four hour supervision

FACILITIES:

- * Excellent practice fields
- * Spacious living quarters
- * Weight room facilities
- * All you can eat meals
- * Infirmary
- * Camp store with assorted refreshments *(including pizza)*

PAYMENT POLICY:

* Deposits Due March 15, 2011 with balance at registration.

REFUND POLICY:

No refunds will be issued after 30 days before the start of the of the camp.

FUNDAMENTALS - FUNDAMENTALS

WEARING HELMETS AND SHOULDER PADS ALLOWS THIS CAMP TO PROPERLY TEACH THE FOLLOWING SKILLS WITH CONTROLLED LIMITED CONTACT ABOVE THE WAIST!

TACKLING:

All positions will participate in a tackling circuit every practice which will teach and rep various techniques of sound tackling fundamentals.

PURSUIT:

All positions will participate in a pursuit drill each practice. These drills will teach proper angles of pursuit and how particular positions fit to the direction of the play.

DEFENSIVE LINE:

- * STANCE
- * OFF THE BALL EXPLOSION
- * DEFEATING VARIOUS BLOCKS & TRAPS
- * BALL REACTION
- * VARIOUS PASS RUSH TECHNIQUES
- * AGILITY & REACTION DRILLS
- * SLANT & STUNT TECHNIQUES

LINEBACKERS:

- * STANCE
- * SCRAPING TECHNIQUES
- * DEFEATING VARIOUS BLOCKS
- * READ & REACTION TECHNIQUES
- * PASS DROPS
- * MAN TO MAN TECHNIQUES
- * BLITZ TECHNIQUES

DEFENSIVE BACKS:

- * STANCE
- * DEFEATING BLOCKS
- * READING RECEIVER ROUTES
- * ZONE COVERAGE CONCEPTS
- * MAN COVERAGE CONCEPTS
- * AGILITY & REACTION DRILLS
- * BALL DRILLS

REGISTRATION FORM

FILL IN ALL SECTIONS
THIS FORM MAY BE COPIED FOR ADDITIONAL

PART 1: 2011 SOUTHEASTERN DEFENSIVE FOOTBALL CAMP

TYPE OR PRINT IN INK ONLY
TO BE COMPLETED BY PARENT OR GUARDIAN

STUDENT NAME: _____

AGE: _____ HEIGHT: _____ WEIGHT: _____

GRADE TO BE ENTERED IN THIS FALL: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: () _____

EMERGENCY PHONE: () _____

HIGH SCHOOL: _____

POSITION: *(Circle one)*

Defense: DL LB DB

HEAD COACH: _____

PLEASE CHECK THE APPROPRIATE CAMP SESSION:

Session #1 July 11-14 2011

Session #2 July 15-18 2011



MAKE CHECKS PAYABLE TO SOUTHEASTERN DEFENSIVE CAMP

MAIL TO: McEACHERN HIGH SCHOOL
JIM DORSEY
2400 NEW MACLAND ROAD
POWDER SPRINGS, GA. 30127

PART 2: EMERGENCY HEALTH INFORMATION

APPLICANT'S INSURANCE #: _____

MOTHER'S NAME: _____

HOME PHONE: () _____

MOTHER'S CELL #: _____

FATHER'S NAME: _____

HOME PHONE: () _____

FATHER'S CELL #: _____