

# ORIOLE INDIVIDUAL FB PROGRAM

**Summer Timeline:** May 30<sup>th</sup>-July 25<sup>th</sup> (except July 4<sup>th</sup>)

**Days:** *Every Thursday and only on Thursday!!*

**When:** 11:00-12:00pm @ Worthing; 1-5pm @ Lennox

**Time slot openings:** 11-12 / 1-2 / 2-3 / 3-4 / 4-5

**OPEN FOR BOYS 6<sup>TH</sup>-12<sup>TH</sup> GRADE --- SCHOOL YEAR 2019-2020**

**Where:** Lennox High School Facilities

**What:** This program is an opportunity for MS & HS FB players to improve their individual techniques. Kids can pair up or work with up to 6 other boys of same or similar positions.

## **Physical Goals:**

- Position-specific training
- Teach fundamental movement and football technique
- Improve game coordination and increase skills

## **Mental Goals:**

- Build self-confidence
- Better understand the game & specific position requirements
- Create stronger trust in self and teammates

**Who:** Matthew Luze - Head Varsity Football Coach

**Cost:** \$30 per athlete (*Checks payable to Matthew Luze*)

Please contact with any questions: Matt Luze (605) 864-5887 or E-mail @ [Matthew.Luze@k12.sd.us](mailto:Matthew.Luze@k12.sd.us)

Please fill out the following information to the best of your ability. Turn the following page in along with payment by **May 16<sup>th</sup>**.

**LATE ENTRIES ARE ACCEPTED!**

Student Name: \_\_\_\_\_ Age/Grade: \_\_\_\_\_ Positions: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: Home: \_\_\_\_\_

\_\_\_\_\_ Cell: \_\_\_\_\_

E-mail (if applicable): \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Address (s): \_\_\_\_\_

\_\_\_\_\_

Phone #'s: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail (if applicable): \_\_\_\_\_

SIGN UP FOR **1** SESSION. BELOW ARE THE TIME SLOTS & DAYS AVAILABLE. PLEASE PICK THE POSITION GROUP YOU WANT TO WORK ON.

11am-12pm: WORTHING (all positions will work together) \_\_\_\_\_

1pm-2pm: OL/DL \_\_\_\_\_

2pm-3pm: TE/LB \_\_\_\_\_

3pm-4pm: HB/DB \_\_\_\_\_

4pm-5pm: QB/WR/DB \_\_\_\_\_

Please read the following statement. If you are willing to accept **your** responsibilities in this program then sign at the bottom of the page and turn in this page to Mr. Luze no later than **May 16<sup>th</sup>**.

*I recognize my responsibility to this program and to my peers. I understand that this is a summer commitment. I recognize the fact that this program will push me to be the best football player I can be. I will attend every session or give adequate information to the coaches as to why I was unable to attend. I will support every one of my peers to do their best while I strive to do mine. I will have fun and be a positive influence to the people around me.*

**Parent signature needed if individual is under the age of 18.**

Student signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_