



# **3<sup>rd</sup> Annual O.A. Football YOUTH CLINIC**



**JULY 27-30, 2009**

The 3rd Annual O.A. Tiger Football Clinic will be held Monday, July 27 through Thursday, July 30 at Oliver Ames High School from 5:30 p.m. to 7:30 p.m. and is open to boys and girls ages 7 to 15. The purpose of this clinic is to introduce the youth of Easton to the game of football, the varsity coaching staff and the O.A. High School football players.

The clinic is non-contact and is for both offensive and defensive position players. After a 15 minute warm-up session, players will go through an offensive skill session of 45 minutes. The defensive skill session will follow then close with a 15 minute cool down.

This clinic costs \$50 with all proceeds going to the O.A. Football Boosters. Players who register before July 13, 2009 will also receive a free T-Shirt.

Interested players can mail their registration and payment to:

**OA Football Boosters  
Youth Clinic  
P.O. Box 625  
South Easton, MA 02375**

**(Checks should be made payable to the O.A. Football Boosters)**

**Walk-up registration is also encouraged. Please complete registration form below.**



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## Registration

Mail check and registration form to: OA Football Boosters Youth Clinic, P.O. Box 625, South Easton, MA 02375

**Player's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Age (as of 9/09):** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**T-Shirt Size:** \_\_\_\_\_ **Offensive Position:** \_\_\_\_\_ **Defensive Position:** \_\_\_\_\_

I verify that my child has medical insurance and that he/she is physically able to participate in the Oliver Ames Youth Football Clinic. I agree to allow my child to be treated by a licensed physician while attending (if necessary). I agree to release and hold harmless Oliver Ames Public Schools and its representatives from any and all liability, damage or claim which may arise related to his/her participation in the clinic, except for those things caused by negligence.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Medical Insurance Company**

\_\_\_\_\_  
**Policy Number**