



**Responsibility
Goal Setting
Sportsmanship.**

All basic fundamentals, such as tackling and blocking, are taught and reviewed at every practice. They are best taught progressively, with the idea of "crawling" first, then "walking, jogging and finally running." Fundamentals of form tackling and the six-point progression of blocking are first introduced six inches apart and then slowly separated by distance. This structured and controlled environment enables all players to learn at their comfort level.



**Self-Control
Smart Moves
Teamwork**



**Beverly High School
July 21-25 2008
9:00 am —3:00 pm**

- All practices are broken into instructional segments lasting no more than 15 minutes. The particular assigned position of the day is taught in an upbeat tempo that holds a player's interest throughout the entire practice.
- Every practice ends with a review of skills. To further emphasize skills learned that day, there is also a weight-based competition between two adjacent teams on the field that have learned complimentary positions through one-on-one individual competition.

Contact Dan Bauer—Site Director

**11 Old Town Rd.
Beverly, MA 01915**

Email—dgbauer@comcast.net

Phone (781) 820-1074

- **Ages 12-14**
- **No experience necessary**
- **Medical insurance required**
- **Parent Authorization required**
- **Participant must bring own lunch and water bottle**

Participants will learn:

- The basics of football by position, in a fun and entertaining manner
- "Strive For Excellence" Life Skills messages incorporated in each session

Complete Registration and Medical Form on back

Note: Parents are required to sign the waiver form. JDP parents can obtain the form via e-mail request or by contacting the Site Director.

All JPD coaches are required to pass background checks and complete JPD program training

JPD Registration Information

Participant Name

Age

Weight

Phone

Home Address

email

Current School



Participant Name / Birth date: _____ **Weight:** _____

Assumption of Risk and Consent for Treatment

I understand that there is an inherent risk of injury with my participation and contact football, and that this injury may lead to permanent disability or death. In the event of routine of emergency health examinations diagnostic procedures, treatment of illness, and/or injuries, permission is hereby granted to treat the athlete above by the Junior Player Development medical staff, physicians associated with other community facilities as needed.

Name of Parent / Guardian: _____ **Date:** _____

Signature of Parent / Guardian: _____ **Date:** _____

Signature of Student: _____ **Date:** _____

Emergency Contact #: (____) _____

Medical Insurance Information

Indicate the status of your personal health insurance coverage. If covered, the information indicated below must be provided for all applicable policies.

- _____ I am not covered by a health/accident insurance policy.
- _____ I am covered by my own health/accident insurance policy.
- _____ I am covered by my parent's health/accident insurance policy.

Health Insurance Company Name & Address: _____

Group #: _____ **Policy #:** _____

Physician Consent

Height: _____ **Weight:** _____ **Blood Pressure:** _____

Allergies: _____

Medication student-athlete is taking: _____

Previous Medical Conditions: _____

Previous Orthopedic Conditions: _____

_____ Student-athlete cleared for all full contact physical activities (full contact football)

_____ Student-athlete restricted from physical activities, reason and/or conditions for clearance (if any)

Conditions for clearance (if any): _____

Signature of Doctor: _____ **Date:** _____

*(Doctor's stamp of approval also required)