

## Daily Program

- 8:45— Arrive
- 9:00—Clinic Begins
- 9:05—Warm-Up Exercises
- 9:20—Instruction begins
- 10:30—Guest Speaker
- 10:45—More Skills and Instruction
- 11:00—Games
- 12:00-Clinic Ends

## Instructional Emphasis

- Receiving Drills
- Passing Drills
- Blocking Technique
- Tackling Technique
- Defensive Skills
- Punting & Kicking Game
- Football Rules
- Sportsmanship
- Learn the Game & Have Fun!!!

## Clinic Staff

- Dan Bauer**—Head Football Coach Beverly High School
- Dave Wilbur**—Head Freshman Coach BHS
- Jeff Hutton** - Assistant Football Coach BHS
- Ben Goodhue**—Assistant Football Coach BHS
- Mark Thomas**—Assistant Football Coach BHS
- Jeff Munroe**—Beverly Youth Football Coach



Registration for this clinic begins  
Monday April 9th

Mail Application to:  
Beverly Recreation Department  
55 Ober Street  
Beverly MA 01915

For More information:  
**Dan Bauer**  
E-Mail [dgbauer@comcast.net](mailto:dgbauer@comcast.net)  
Cell (781) 820-1074

# BEVERLY PANTHERS FOOTBALL

## YOUTH SKILLS CLINIC



*Building future skills now*

Monday July 12th—Friday July 16th  
9:00am—12:00pm

Location: Beverly High School

Cost: \$95

Who can attend:

Any 2nd through 7th graders.

Prior football experience is not required.

**Our Clinic Goals:**



Our staff is committed to create an environment that is fun, safe and a learning experience for all. This is a **non-contact** football clinic with the emphasis on proper technique, skill development and knowledge of the rules as it pertains to the game of football. Every athlete will be exposed to all areas of football. Our goal is by the end of the clinic their understanding of the game will be greatly enhanced.

**Who Can Attend?**

Beverly Football Skills Clinic is open to anyone entering 2nd through 7th grade in the fall of 2010. This clinic is available to anyone from any community.

**Youth Registration 2010**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Father's Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

Emergency Name \_\_\_\_\_

Medical Ins Co Name \_\_\_\_\_

( ) M      ( ) F      Age: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Entering Grade (Sept '10) \_\_\_\_\_

Business Phone \_\_\_\_\_

Pager \_\_\_\_\_

E-Mail Address \_\_\_\_\_

T-Shirt size \_\_\_\_\_

**Full Payment Must Be Sent with Application**

WAIVER OF DAMAGES AND RELEASE OF CLAIM OF MINOR CHILD: The undersigned, being the parent or legal guardian of

\_\_\_\_\_, a minor child, in consideration of his/her use of property belonging to the City of Beverly, and/or his/her participation in programs, leagues or events sponsored by the City of Beverly, and being aware of the risks associated with such use or participation, hereby release and discharge the City of Beverly, its agents and employees from any and all claims for personal injury or other damages that I might have as such parent or legal guardian, now or in the future, and from any and all claims that my said child may have now, or may acquire in the future, as a result of personal injury or damages that he/she may sustain as a result of his/her participation in

\_\_\_\_\_  
(name of Program, League or Event)

I agree that pictures taken in connection with the program or event may be used for future promotional purposes. Registration by telephone signifies acceptance of the above listed Waiver of Damages. Signed in the presence of

\_\_\_\_\_  
(Signature of Parent or Guardian)

Please make checks payable to:  
**Beverly Recreation Department**

Credit Card Payment: ( ) Visa ( ) MC

Name as it appears on card: \_\_\_\_\_

Card Number: \_\_\_\_\_

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

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

Today's Date \_\_\_\_\_