



**Jr. High & High School Football Training**

**Please Check Which Camp You Are Attending**

**Running Back & Wide Receiver Program**

Training will include position specific drills and techniques for Running Back & Wide Receiver positions, incorporating live Quarterback.

**Sundays, January 17-March 7**

\_\_\_\_\_ Jr. High @ 12:00pm—1:00pm  
 \_\_\_\_\_ High School @ 11:00am—12:00pm

**Quarterback Training Program**

Throwing mechanics from the pocket and on the run. Pocket mechanics, how to effectively move within the pocket. Analyzing coverage.

**Sundays, January 17—March 7**

\_\_\_\_\_ Jr. High @ 12:00pm—1:00pm  
 \_\_\_\_\_ High School @ 11:00am—12:00pm

**Program Cost \$200.00**

**Space Is Limited To First 10 Per Class Who Register, Full Payment Due At Registration**

**Missed Sessions Are Non-Refundable, No Refunded Cancellation After 1/1/10**

**Quarterback Training** Will be instructed by former NIU Huskie and 2 time team captain, Dan Nicholson. In just 17 career starts and 27 games, ranks seventh on the NIU Huskies' career list for passing yards (3,559), is fourth in pass completions (312) and eighth in pass attempts (527). His .592 career completion percentage is third-best in NIU history and he is ninth in touchdown passes (23). Also ranks on the career charts for per game averages for passing yards, pass attempts and completions. Owns two of the longest pass completions in school history - of 92 and 79 yards. **Runningback/ Wide Receivers** Will be headed up by Tommy Koutsos, former All-American and Southern Illinois University's All Time Leading Rusher and Scorer. Koutsos was assistant coach at Scottsdale Community College, 2008 and assistant coach at Division 1 Nicholls State, 2007.

Players Name \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

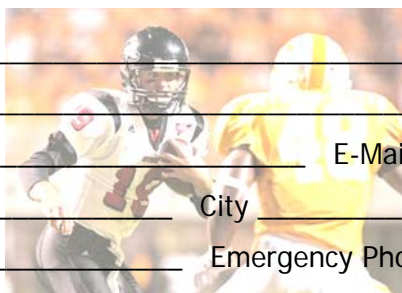
Parent's Name \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Alternate Contact \_\_\_\_\_ Alternate Contact Phone \_\_\_\_\_

Medical Information (Please list any medications, allergies, prescriptions)



**Make Checks Payable To Velocity Sports Performance OR Provide Credit Card Information Below.**

Credit Card Type: MC VISA DISC AMER EXP Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ CW Code (three #'s on back) \_\_\_\_\_

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

By signing this registration form you acknowledge that you will hold Velocity Sports Performance harmless from any and all claims, cause of action, damages, judgments, cost of expenses, including attorney fees, which may arise from participants use of our presence upon the Facilities, including without limitation the negligence if any of Velocity Sports Performance (including its successors, assigns subsidiaries franchisees, affiliates, officers, directors, employees and agents)