PARKLAND STAFF PHILOSOPHY

Our mission is to provide quality, age appropriate, individual instruction by the Parkland Football Staff and current Varsity Athletes

Coach Moncman and his staff believe that the foundation to any player's skill set is proper fundamentals, technique, and love for the game.

CLINIC HIGHLIGHTS

- Introduction to technique that each position requires
- Demonstration of safe football techniques
- Instruction from Parkland Football Staff and Current Players.
- All Youth Coaches welcome to observe

Cost:

\$10 per Session/\$40 Total

*Can attend as many sessions as you like.

Make Cash or Check to:

Mr. Tim Moncman 5001 Lanark Road Center Valley, PA 18034

TROJAN FOOTBALL CLINICS 2019

Youth Football Clinics Grades 3rd-9th

Parkland High School Turf Field

Sundays June 30, July 7, July 14, July 21

6:00 PM-8:00 PM

YOUTH COACHES WELCOME TO OBSERVE & TALK WITH PARKLAND STAFF FOR FREE









WHAT TO BRING

- Proper Workout Clothes
- Cleats
- *Sneakers IN EVENT OF RAIN
- Water Bottle

TENTATIVE WEEKLY SCHEDULE

6:00-6:10 Dynamic Warm-Up

6:15-6:30 Agility Drills and/or Instruction

6:35-7:05 Offensive Position Specific Drills

7:10-7:40 Defensive Position Specific Drills

7:45-8:00 Clinic-Wide Game



PARENTAL CONSENT

I hereby grant permission for my child to attend the Trojan Football Clinics and verify that my child has received a physical examination in the past year and is physically capable to participate in the activities related to the clinics. In case of emergency, I hereby authorize the staff of the Trojan Football Clinics to act for me according to their best judgement in any emergency requiring medical attention. I hereby waive and release the camp and/or its agents or employees from all liability or illness to my child as well as any injury or damage caused by my child while my child is at the clinics. I verify that my child is covered under a current plan. I also medical insurance understand, for liability reason, these clinics are not Parkland School District sponsored activities.

Signature

Must be signed by parent or guardian

Name Address

City State ZIP

Emergency Phone #

PLEASE CHECK DATE(S)ATTENDING

June 30	July 7
July 14	July 21