

# EAGLE YOUTH FOOTBALL COMBINE/CAMP

July 31<sup>st</sup> 8:00 AM – 12:30 PM

Take advantage of this opportunity to sharpen your skills and fundamentals before your upcoming season. This will be a comprehensive one day combine style camp. Players will be drilled in position specific techniques (QB, WR, RB, OL, DL, DB, and LB) which will enhance their game performance. Also, each player will be timed and measured in several agility and speed drills just like the NFL players. This combine is open to 1<sup>st</sup> through 8<sup>th</sup> graders (6/7 yrs thru 13/14 yrs).

Offensive Position Skills/Fundamentals

Throwing Mechanics (QB)  
Route Running (WR, RB)  
Ball Handling (QB, WR, RB)  
Pass Catching (RB, WR)  
Footwork (QB, WR, RB, OL)

Defensive Position Skills/Fundamentals

Tackling Fundamentals (DL, LB, DB)  
Ball Drills(DL, LB, DB)  
Footwork (DL, LB, DB)  
Pass Drops (LB, DB)  
Pass Rush (DL, LB)

Combine Testing

**ONLY \$25!!**

40 Yard Dash  
Pro Agility  
L Drill  
Vertical Jump

**ONLY \$25!!**

All campers should bring the following items: Running Shoes, Rubber Cleats, Shorts, T-Shirt, Sunscreen, Water Bottle, Towel, nutritious snack, and a POSITIVE ATTITUDE!

**Location: Santa Margarita Catholic High School Football Field**

Send to : SMCHS FOOTBALL 22062 Antonio Parkway, Rancho Santa Margarita, CA 92688

**Please make checks payable to: SMCHS Youth Football Combine**

Athletes Name: \_\_\_\_\_ Age \_\_\_\_\_ Grade: \_\_\_\_\_  
 Parents Name: \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
 Medical Conditions \_\_\_\_\_ Allergies/Medications \_\_\_\_\_  
 Medical Insurance Carrier \_\_\_\_\_ Phone \_\_\_\_\_  
 Policy Number: \_\_\_\_\_ Group Number \_\_\_\_\_

**Emergency Authorization:** I give permission to the medical personnel selected by the camp director to order X-rays & routine tests for my child in the event I cannot be reached in an emergency. I give permission to the physician selected by the camp director to hospitalize, secure treatment for, and to order injection and/or surgery for my child as named on the registration form. **I hereby waive and release all Santa Margarita Catholic High School employees** from any and all liability for any injuries or illness incurred while my child is participating in Eagle Youth Football Camp. I will be responsible for any medical or other charges in connection with my child's attendance. I know of no medical or physical problem which may affect my child's ability to safely participate in the Eagle Youth Football Camp.

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