



Westfield High School Football Team Camp

(also in attendance Centreville, Battlefield, Fairfax & Flint Hill)



A skills and drills camp for all players ages 14-18

Session Dates
July 13 - 16, 2015

Sponsor

Held in cooperation with the Westfield High School Athletic Boosters

Camp Directors

Kyle Simmons	Head Football Coach, Westfield High School
Tom Verbanic	Head Football Coach, Flint Hill School
Brian Day	Head Football Coach, Riverside High School

Westfield High School Staff

Riverside High School Staff

Flint Hill School Staff

Cost

Camp Fee--\$90.00

Includes –Camp T-shirt and Camp Insurance

Make checks payable to: Westfield High School Athletic Boosters

Note: For staffing purposes, once camp begins there will be no refunds.
There will be no conformation of checks received.

Date & Time

July 13-16

5:00pm-8:00pm

Westfield High School

Who May Attend

Any Player Age 14-18

What to Bring

Football Cleats, Shorts, T-shirts, mouthpieces

Football Helmets—Issued by High School Head coach or Youth League Sponsor

Objectives

The aim of the camp is to provide all age levels of players with skills and drills that will help them be successful in the upcoming season. We will work individual position skills along with position groupings and encourage any youth league coaches to attend.

Skills

Linemen

Stance, starts, footwork, blocking techniques, tackling techniques, hand placement

Linebackers

Stance, reads, hand work, set recognition, tackling techniques

Defensive backs

Stance, man and zone coverages, ball drills, tackling techniques

Receivers

Stance, routes, ball drills, stalk blocks

Running backs

Stance, starts, ball security, running techniques, receiving

Quarterbacks

Snap, footwork, handoffs, pitches, throwing techniques

Football Camp Application

Mail to: Westfield High School Activities Off
Attention: Westfield FOOTBALL CAMP
4700 Stonecroft Blvd.
Chantilly, VA 20151

Cost: \$90
Make out to:
Westfield HS Athletic Boosters

Name _____ School _____

Parent(s) Name _____

Contact Phone #1 _____ Contact Phone #2 _____

Family Physician _____ Phone _____

Grade _____ Age _____ T-Shirt Size (adult) S M L XL XXL XXXL

The school has my permission in an emergency when I (or my physician) cannot be contacted, to take my child to the emergency room of the nearest hospital, and the hospital and its medical staff has my authorization to provide treatment which a physician deems necessary for the well-being of my child.

Signature of Parent _____ Date _____