

NE Georgia Offensive Camp

July 22, 23, and 24

Dear player, parents,
and coaches,

The NE Georgia
Offensive Camp is
instructed by some of
the best offensive

coaches in the area. Among them are Brian Johnson (Stephens County), Dale Farr (Norcross), Michael Brown (Commerce), Brad Whitfield (Stephens County), John Bobo, Paul Standard (St. Pius), Bob and JT Glibert (St. Pius), Ted Wilson (Dacula), Mark Hill (Lincoln County), Ben Osborn (Hart County), and many more.

The camp is divided into a lineman camp and a skills camp. It is designed to give you an inexpensive camp alternative that will teach the skills needed in an option style offense. We will teach the fundamentals needed to play positions of quarterback, fullback, halfback, wide receiver, and offensive lineman. We will place campers in small groups coached by quality high school offensive coaches. We feel that this format will have great carryover for the coming season.

The dates for the camp are July 22, 23, and 24. There will be three workouts each day. The times for each workout are 9:00 a.m. – 10:30, 11:00 – 12:30, and 1:00 – 2:30. Campers are to be dressed and ready by 8:30 each day. No camper is allowed to leave campus until the end of the day.

You will need to bring a sack lunch. Each camper will need workout cloths, football shoes, helmet and mouthpiece. Quarterbacks will need to bring your own ball.

All campers must be rising 9th through 12th grades. The fee is \$75.00. Make checks payable to NE Georgia Offensive Camp. Mail check with application form to:

Steve Savage
PO
Box 611
Commerce, Georgia 30529

You can reach me by phone – 706.335.5675 email ssavage@commerce-city.k12.ga.us

NE Georgia Offensive Camp

Name _____ Age _____ Grade _____

Position you play _____ School _____

Parent's Name _____

Phone _____

Emergency Contact Person _____ Phone _____

The following is a medical release form on your son. This form gives the coaching staff the authority to admit your son for medical treatment if he is injured during camp and you cannot be reached. This insures your son fast medical treatment in the event he is injured and you are unavailable to give the doctor or hospital permission to treat your child. Note: a qualified and certified athletic trainer will be at all practices.

Please complete and sign this form and return.

I authorize the camp coaching staff to admit my child _____
For medical treatment in the event I cannot be reached. By signing I also certify that my dependent has had an adequate medical examination and is physically able to participate in camp activities.

Parent or guardian signature