

Quarterback Camp

Summer Workouts



- **High School coaches this is not a one week football camp.
- **These workouts will take place throughout the summer and will prepare your quarterback for the upcoming season.
- **All quarterbacks will learn every aspect of great quarterbacking.
- **When your quarterback shows up in August he will be in game shape.
- **Each quarterback will throw on average between 150 and 250 passes per day that is a whole season of passes at the high school level.
- ** QUARTERBACKS BRING THEIR OWN TEAMMATES TO RUN PASS ROUTES, CATCH PASSES. THIS IS FREE OF CHARGE FOR RECEIVERS, TIGHT ENDS, RUNNING BACKS ETC!

Summer Training Workouts Include

Footwork-stance, handoffs, 3 step drop, 5 step drop, shot gun drop and play action pass,option.

Passing techniques-grip, release point, upper and lower body position, weight distribution, accuracy and timing.

Mental skills- leadership, defensive recognition, confidence, communication skills.

Where are the Workouts?

The workouts will take place at Doyle Field in Leominster, on the turf field, Tuesday and Thursdays from 10-11:30 AM.

When are the Workouts? 6/28, 6/30, 7/5, 7/7, 7/12, 7/14, 7/19, 7/21, 7/26, 7/28, Each QB is paying for 8 sessions, but I have scheduled 10 in case of inclement weather.

Registration Form Quarterback Camp

(Please fill out and mail before June 25th, 2016)

Please Check

____ I am a quarterback and would like to attend 8 (1.5 hour) sessions for \$300

Checks should be made payable to North Central Mass Football Camps (NCMFC).

Name _____ Age _____ Grade as of Fall 2016 _____

Address _____

City _____ St _____ Zip _____

Cell Phone# _____ School you attend _____

e-mail address _____

Mail registration form with check to:
North Central Mass Football Camps (NCMFC)
3 Evergreen Circle
Sterling, MA. 01564

Make all checks payable to **North Central Mass Football Camps (NCMFC)**

Any questions please call coach Palazzi at 508-277-0871

I hereby waive and release North Central Mass Football Camps and Dave Palazzi from all liability and expenses incurred due to sickness or accidental injury sustained while participating in workout activities. I know of no mental or physical problems that might adversely affect my child's ability to participate in the workouts. The law requires that parental permission be obtained for operative procedures on minors. The following consent form should be signed by the parent so that such procedures may be promptly carried out, and so that no unnecessary delays will occur with operative procedures. However, no operation will be performed, except emergency, without parents being contacted and fully informed.

If you would like to e-mail me the following information please send it to dpalazzi@comcast.net subject title OB Football Camp

Printed Name of Parent _____ Signature _____

Cell Phone or Emergency Phone#'s _____

Cell Phone #2 _____

Doctors Name _____

Name of Insurance Provider _____

Policy# _____ Policy Holder _____

*****PLEASE FOLLOW ME ON TWITTER FOR CANCELLATIONS @COACH PALAZZI**