



JV & VARSITY SKILLS CAMP

JUNE 19, 2017 • 6:30 PM TO 10:00 PM

OFFENSIVE PERIMETER DEVELOPMENT

DEFENSIVE PERIMETER DEVELOPMENT

QUARTERBACKS

Session 1: Drop-back passing technique and timing

Session 2: Executing the option game out of the gun and under center

WIDE RECEIVERS

Session 1: Route running, zone concepts, and hands development

Session 2: Man-to-man coverage, re-releases, jump balls, and body control

RUNNING BACKS

Session 1: Footwork, pad level, run blocking, and work from a zone/power scheme under center

Session 2: Pass catching, shotgun zone and option looks, and pass protection

CORNERS

Session 1: Breaks, footwork, zone concepts (2 & 3), hip turns, and agility drills

Session 2: Man-to-man coverage—press, off-man, and ball skills

SAFETIES

Session 1: Breaks, footwork, hip turns, and agility drills

Session 2: Zone concepts (2 & 3)—Rolling into the box, blitzing, and ball skills

LINEBACKERS

Session 1: Stance, footwork, scraping, defeating blocks, and agility drills

Session 2: Combination of pass drops and blitzing techniques

DATE: Monday, June 19, 2017

TIMES: Registration 5:30 – 6:15 PM
 Session 1 6:30 – 8:15 PM
 Break 8:15 – 8:30 PM
 Session 2 8:30 – 10:00 PM

LOCATION: Raabe Stadium
 1401 Swan Boulevard
 Wauwatosa
(see wlc.edu/directions)

COST: \$25 per participant covers both sessions

AGES: Junior Varsity & Varsity Players

ONLY CLEATS ARE NEEDED.

FOR MORE INFORMATION:

Steve Donovan – Summer Camp Coordinator • steven.donovan@wlc.edu • 414.443.8708

REGISTER ONLINE AT WLCSPORTS.COM

2017 JV & VARSITY SKILLS CAMP

Name _____ Position _____

Home Address _____ City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____

School _____ Grade entering Fall 2017 _____ GPA _____ ACT Score _____

Health Insurance Carrier _____ Policy Number _____

LEGAL DISCLAIMER: Must be signed by participant's parent or legal guardian before application can be accepted. I hereby release Wisconsin Lutheran College and its employees from all responsibilities for damages or injuries while participating at any WLC athletic camps, except injuries resulting from gross negligence or willful misconduct. I certify that the applicant is in good health and able to participate in this camp. I agree to allow the applicant to be treated by a licensed physician if necessary. I grant camp officials, Wisconsin Lutheran College and sponsors the exclusive right to use my name and photo in future promotional items for this event. For more information call 414.443.8808.

Signature of parent or guardian _____

Date _____

Register online at wlcsports.com, or mail this form, along with a check payable to Wisconsin Lutheran College to:
 Wisconsin Lutheran College, Attn: Steve Donovan, 8800 W. Bluemound Road, Milwaukee, Wisconsin 53226