

GOALS AND OBJECTIVES

It is the objective of the directors and staff members of the EXCEL Wing-T Football Clinic to get the players who attend aware and cognizant of the renowned and famous Delaware Wing - T offensive rushing and passing scheme. The players will be well-trained in the intricacies of each of their positions and the strategies for utilizing the offensive series incorporated in the University of Delaware offensive patterns. The participants will be drilled in the detailed skilled techniques of their specific positions.

The game of football warrants players and teams to be proficient in the remaining two areas of football, namely: defense and special teams. To that end we, at EXCEL Wing-T Football Clinic, will allow ample time for the staff members to emphasize the importance of tackling and defensive technique through drills involving individual as well as group sessions. Time will be set aside for those players interested in improving their skills, of long snapping, punting, kicking off, field goal kicking and punt returning.

It is the feeling of the camp's directors that every player will be given the opportunity to improve his skills and techniques to be a quality member of his high school football squad for the upcoming season.

DIRECTIONS

Abington High School-201 Gliniewicz St
Follow rt 18 to Abington. Once in Abington take a right at the 2nd set of lights onto Gliniewicz St

GENERAL INFORMATION



Players should meet 20 minutes before the start of each camp day.

Equipment: Helmet, shoulder pads, shorts and cleats.

Camp will be held rain or shine

Time: 5:00 -8:00 p.m. Sunday, Aug.6 - Wednesday, Aug. 9.

A certified athletic trainer will be available at all times.

An emergency phone will be available on-site at all times.

CAMP DIRECTORS

Lou Silva
Marshfield High School
781-837-1696

Jim Kelliher
Abington High School
781-871-2417

ENROLLMENT FORM

ADDRESS: _____

CITY: _____

HOME TELEPHONE: () _____

EMERGENCY (WORK): () _____

ENTERING GRADE AS OF SEPT. 01: _____

OFFENSIVE POSITION: _____

DEFENSIVE POSITION: _____

T-Shirt SIZE: S M L XL XXL

I hereby authorize my child

To attend EXCEL Wing-T Football Clinic I accept full responsibility for my child's use of all apparatus, appliances, or services whatsoever, owned and operated by this clinic. I shall hold this clinic, its directors, representative and agents harmless from any and all loss, claim, injury, damage or liability sustained or incurred by me resulting therefrom. I understand the applicant to be in good health and have no knowledge of any physical impairment that would be affected by the above camper's participation in the camp program as outlined in the brochure.

SIGNATURE OF PARENT OR GUARDIAN

DATE

*Send completed form
with proper payment to:*

XLWT Football • c/o Lou Silva
32 Country Way •
Marshfield, MA 02050