



St. Raphael FOOTBALL

2011 "HITTER'S CAMP"

SPONSORED BY:



ACCELERATION NAPERVILLE

J.R. NIKLOS TRAINING DIRECTOR, EX-NFL RB

www.accelerationpro.com

JULY 17TH – 21ST, 2011

WELCOME TO THE 9TH ANNUAL ST. RAPHAEL'S 2011 HITTER'S CAMP SPONSORED BY ACCELERATION NAPERVILLE. THIS CAMP IS DESIGNED TO PROVIDE NEW OR CURRENT ST. RAPHAEL FAMILY FOOTBALL PLAYERS WITH AN "EDGE" ON THE FOOTBALL FIELD WHEN THE REAL SEASON BEGINS.

OUR PROGRESSIVE CAMP PLAN WILL CHALLENGE EACH PLAYER WITH EVERYTHING FROM UNDERSTANDING TEAMWORK TO IMPROVING ON SPECIFIC POSITION SKILLS. IN COORDINATION WITH **J.R. NIKLOS, TRAINING DIRECTOR OF ACCELERATION SPORTS PERFORMANCE OF NAPERVILLE**, TEACHING THE PHYSICAL TRAINING NEEDED TO BE A HIGH PERFORMING ATHLETE, THIS CAMP IS SURE TO HAVE A POSITIVE IMPACT ON EACH PLAYER. THIS WILL BE AN "OPEN" CAMP ENVIRONMENT WHERE PARENTS ARE ENCOURAGED TO OBSERVE THE INTERACTION OF THE COACHES AND PLAYERS DURING THE ENTIRE CAMP.



CORE CAMP OBJECTIVES

"PROGRESSIVE CAMP" COMBINING:

- TEAMBUILDING
- SKILLS & TECHNIQUES
- PHYSICAL TRAINING

PARTICIPANTS: NEW OR CURRENT SRF FAMILY PLAYERS ENTERING GRADES 4 – 8, FALL 2011.

COACHING STAFF: PAST SRF PLAYERS, J.R. NIKLOS, ACCELERATION NAPERVILLE STAFF

LOCATION: COMMISSIONER PARK – NAPERVILLE

DATES: JULY 17TH: 3:00-5:00PM (CAMPER CHECK IN)
JULY 18TH – 21ST: 6:00-8:30PM (SEE CAMP INFORMATION PAGE)

CAMP FEES: \$100 PER PLAYER

NOTE: THIS CAMP DOES NOT REPLACE THE SRF IN-HOUSE CONDITIONING WEEK



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ST. RAPHAEL'S FOOTBALL HITTER'S CAMP 2011 REGISTRATION FORM

CAMP DATES: JULY 17TH – 21ST, 2011 LOCATION: COMMISSIONER PARK, NAPERVILLE

Name of Participant

4 5 6 7 8 (Circle One)

Grade Entering Fall 2010

() _____

Emergency Phone Number

Address

Years of Experience in SRF Program

E-Mail Address

Team(s) Played On

Camp Requests: My desire is to learn more about and to become better at the following positions:

(Check Below: (Must pick (1) Offense and (1) Defense)

Offense:	Quarterback	_____	Defense:	Defensive Lineman	_____
Check One	Running Back	_____	Check One	Linebacker	_____
	Offensive Lineman	_____		Defensive Back	_____
	Receiver	_____			_____

PARENTS (GUARDIAN) LIABILITY STATEMENT: I, PARENT OF _____, DO HEREBY GRANT PERMISSION FOR MY CHILD, A MINOR, TO PARTICIPATE IN THE 2011 ACCELERATION NAPERVILLE FOOTBALL CAMP. I HEREBY RELEASE ACCELERATION NAPERVILLE, THE SCHOOLS, THE PARISHES AND ALL OTHER PARTICIPATING SCHOOLS AND THEIR AGENTS, COACHES, MANAGERS, ALL LEAGUE OFFICIALS AND BOARD MEMBERS FROM ANY LIABILITIES WHICH MAY ARISE OUT OF OR CAUSED BY ANY INJURY TO MY CHILD WHILE PARTICIPATING IN THIS CAMP. I DO ALSO AGREE TO INDEMNIFY ACCELERATION NAPERVILLE, ST. RAPHAEL, STS. PETER & PAUL, ALL SAINTS ACADEMY AND ST. JOAN OF ARC CHURCHES, SCHOOLS AND PARISHES, THE NAPERVILLE PARK DISTRICT, NAPERVILLE SCHOOL DISTRICT 203 AND 204 AND ALL OTHER SCHOOLS AND ALL COACHES, MANAGERS, OFFICIALS AND BOARD MEMBERS FOR ANY AND ALL SUMS PAID AS A RESULT OF PROSECUTION OF MY CHILD. I AGREE THAT IT IS MY RESPONSIBILITY TO PROVIDE MY CHILD WITH PRIMARY HOSPITAL AND MEDICAL INSURANCE AND ACCELERATION NAPERVILLE, THE SCHOOLS, PARISHES OR SRF FOOTBALL ARE NOT RESPONSIBLE FOR DOING SO. I AGREE TO PROVIDE MY CHILD WITH AN APPROVED NOSCSAE HELMET AND FACEMASK.

PARENT SIGNATURE: _____ DATE: _____

CAMP FEES: \$100 PER PLAYER

MAKE CHECKS PAYABLE TO: 2011 HITTERS CAMP
MAIL PAYMENT AND THIS FORM TO:
2011 HITTERS CAMP
931 W. 75TH STREET, STE. 137-264
NAPERVILLE, IL 60565

OFFICE USE ONLY: _____
DATE RECEIVED: _____
CONFIRMATION SENT: _____