

COME LEARN FROM THE BEST QB/WR TRAINER IN THE NORTHEAST!!!!



Prime Time Athletics®

Presents the 2020-2021

Jay Fiedler's Passing Game Winter Clinics (FOR PLAYERS IN GRADES 5-12)

Featuring

Former Miami Dolphins & NY Jet QB Jay Fiedler



Clinic Philosophy

Prime Time Sports Camps® Football QB/Receivers Clinics are designed to teach basic fundamentals of the football passing game in an up tempo and fun environment. Quarterbacks will learn, practice and perform proper footwork, balance, weight transfer, synchronization, core strength, and arm motion for all types of throws. Receivers and Backs will learn, practice and perform proper stances, starts, releases, route transitions, body control and ball catching techniques. All players will also gain insight into the mental side of the passing game, learning how to read defenses and make the proper adjustments. **Jay Fiedler personally works with every player in the clinic and will teach the skills he acquired and applied during his 10- year NFL career and his 20+ years of experience coaching all levels. Prime Time clinics have become the go-to place to improve your game. In addition to working with many pro and college players, Fiedler has trained multiple Thorp Award Winners, dozens of 1st Team All-Long Island QBs and WRs, several All-County and All-Conference players, and many more with a passion for learning and improving their skills.**

Wednesday Nights from 6:00-8:00pm

@ Academy Sports Complex

875 Conklin St.

Farmingdale, NY

DECEMBER 2020 DATES: Dec. 2nd, 9th, 16th, & 23rd

JANUARY 2021 DATES: Jan. 6th, 13th, 20th, & 27th

FEBRUARY 2021 DATES: Feb. 3rd, 10th, 17th & 24th

<i>Enrollment Options</i>	<i>QB Prices</i>	<i>WR Prices</i>
One session paid in advance	\$90	\$60
One session paid at the door (cash only)	\$100	\$70
4 sessions	\$340*	\$225*
8 sessions	\$650*	\$430*
All 12 sessions	\$900*	\$600*

*multiple clinic discounts apply only when paid in full prior to the start of the first clinic attended

We encourage QB/WR teammates to attend together to work on chemistry and timing in the passing game

*****Ask us for more details on teammate discounts as well*****

**Space is very limited to maximize learning and adhere to Covid regulations
Sign up early to ensure your spot**

For More Information:

Call us at 631-321-1703 or email us at info@primetimecamps.com

****Registration form on back****

Prime Time Sports Camps® T/A Prime Time Athletics® Registration Form

Name of Athlete: _____

Name of Parents: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Check the amount of sessions in which you would like to enroll:

- One session 4 sessions 8 sessions 12 sessions

Check ALL clinic sessions in which you would like to attend

- | | | |
|--|--|--|
| <input type="checkbox"/> Dec. 2 nd | <input type="checkbox"/> Jan. 6 th | <input type="checkbox"/> Feb. 3 rd |
| <input type="checkbox"/> Dec. 9 th | <input type="checkbox"/> Jan. 13 th | <input type="checkbox"/> Feb. 10 th |
| <input type="checkbox"/> Dec. 16 th | <input type="checkbox"/> Jan. 20 th | <input type="checkbox"/> Feb. 17 th |
| <input type="checkbox"/> Dec. 23 rd | <input type="checkbox"/> Jan. 27 th | <input type="checkbox"/> Feb. 24 th |

Athlete's Information

Birth date: _____ Grade: _____ Position (circle one): QB WR TE RB

School or Youth Organization: _____

Twitter: _____ Instagram: _____

Waivers, Releases and Insurance Information

I acknowledge that the above listed athlete is healthy and has been cleared by a physician to participate in physical activity. I hereby authorize the Prime Time Sports Camps Inc. to act for the above listed athlete according to their best judgment in an emergency requiring medical attention, and hereby waive and release the clinic and the facility from any and all liability for injuries incurred while at the clinic. I understand that accident insurance is provided but health insurance is not.

My health insurance company is: _____

Policy Number: _____

I also hereby grant permission to Prime Time Sports Camps, Inc., its employees and agents, to take and use visual/audio images of the above listed athlete. Visual/audio images are any type of recording, including but not limited to photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions. Prime Time will not materially alter the original images. I agree that Prime Time owns the images and all rights related to them. The images may be used in any manner or media without notifying me, such as web sites, publications, promotions, broadcasts, advertisements, and posters. I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them, or to be compensated for them.

Signature of Athlete (if over 18 years of age): _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

A non-refundable deposit check for \$50 made out to "Prime Time Sports Camps" must accompany this form to ensure a spot. Upon receipt of this form and a deposit, we will email confirmation and further instructions. The balance is due by check one week prior to the first session of the clinic you are attending or by cash or money order at the first session of the clinic you are attending. Please fill out clearly and send back via one of the following options:

mail to Prime Time Sports Camps, PO Box 475, Babylon, NY 11702

fax to 631-587-1070

or email to info@primetimecamps.com