

LEARN FROM THE BEST LINE COACH IN LONG ISLAND!!!!



Prime Time Sports Camps Inc.

presents

OFFENSIVE LINEMEN CLINICS

(FOR PLAYERS IN GRADES 4-12)

Featuring

25+ Year Veteran College Line Coach Brian Hughes



Clinic Philosophy

Prime Time Football Linemen Clinics are designed to teach the basic fundamentals of offensive line play in an up tempo and fun environment. Participants will learn, practice and perform proper footwork, balance, hand techniques & blocking techniques for all line positions and styles. All players will also gain insight into the mental side of Line play, learning how to read defenses and make the proper adjustments. **Coach Hughes personally works with every player in the clinic and will teach the skills and drills he has coached and developed for over 3 decades.** Coach Hughes has a track record of coaching 2 AFCA All-Americans, 5 Conference Linemen of the Year, and 17 All-Conference Offensive Linemen. In addition he is a former Division II Asst. Coach of the Year. Learn from the best and improve your game!!

Tuesday Nights from 7-9pm

March 14, 21, 28

April 4, 11, 18, 25

May 2, 9, 16, 23

**Field of Dreams Sports Complex
(west field next to basketball court)
5619 Old Sunrise Hwy, Massapequa, NY**

<i>Enrollment Options</i>	<i>Prices</i>
One session paid in advance	\$60
One session paid at the door (cash only)	\$70
4 sessions	\$225*
8 sessions	\$430*
All 11 sessions	\$550*

*in order to receive the discounted rate for attending multiple clinics, the balance must be paid prior to first attended session

We encourage teammates to attend together to work on chemistry and timing in the blocking game

Ask us for more details on teammate discounts

Space is very limited to maximize learning--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, Inc. T/A Prime Time Youth Football Camps Registration Form

Name of Athlete: _____

Birth date: _____ Grade: _____

School or Youth Organization: _____

Coach's Name: _____

Height: _____ Weight: _____

Twitter: _____ Instagram: _____

Name of Parents: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Check all sessions you plan to attend:

- | | | |
|-----------------------------------|----------------------------------|---------------------------------|
| <input type="checkbox"/> March 14 | <input type="checkbox"/> April 4 | <input type="checkbox"/> May 2 |
| <input type="checkbox"/> March 21 | April 11 | <input type="checkbox"/> May 9 |
| <input type="checkbox"/> March 28 | April 18 | <input type="checkbox"/> May 16 |
| | April 25 | <input type="checkbox"/> May 23 |

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 and 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