



A TRADITION OF CHAMPIONS

1918 - 1935 - 1941 - 1942 - 1949 - 1960 - 1977 - 2001 - 2005 - 2008 - 2009 - 2013 - 2014 - 2018

MADE

into a Liner

Free

PHILLIPSBURG YOUTH FOOTBALL CLINIC

Historic Maloney Stadium

200 Hillcrest Boulevard, Phillipsburg, NJ

June 24th, 6:00-8:00 pm

July 8th, 6:00-8:00 pm

CLINIC REGISTRATION INFORMATION

The football staff at Phillipsburg High School has developed this clinic with young football players in mind. Aspiring football players entering grades 4th – 9th will get an opportunity to learn from some of the area's best and improve their skills. An experienced staff with over 30 years of coaching experience will train and develop these young players in the following areas:

- Speed and agility training
- Hand eye coordination
- Stance & starts
- Coverage skills
- Route running
- Route adjustments
- Blocking angles
- Ball skills

To register, complete the form below and return it to the address listed. Check-in will begin at 5:30 pm. at the welcome center in the stadium entrance. You can also register online at www.madestrength.com.

- FREE of cost
- Ages: 4th grade-9th grade
- Date: June 24th & July 8th
- Location: Maloney Stadium
- Time: 6:00-8:00 p.m.



FRANK DUFFY
Head Coach Phillipsburg
Shippensburg LB



RYAN DITZE
2013 Coach of the Year
All American WR



CRAIG MERRICK
Owner, MADE
CSCS & CPPS

FOOTBALL CLINIC REGISTRATION & MEDICAL RELEASE FORM

PLEASE MAIL COMPLETED FORM WITH PAYMENT TO: MADE, Strength & Conditioning 303 Bliss Boulevard, Phillipsburg, NJ 08865

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Emergency Phone: _____

Birth date: _____ Grade (Fall 2019): _____

Email: _____

Insurance Company: _____

Policy Number: _____

T-Shirt Size: M L XL XXL

I/We hereby give consent for my son to participate in the Phillipsburg Youth Football Clinic.

I/We understand that this clinic does not provide medical insurance for participants. In the event of illness or injury requiring treatment or hospitalization, family medical insurance must be used.

I/We know of and acknowledge that my son knows the risks involved in participation in such a clinic and understand that serious injury, and even death is possible in such participation and choose to accept any and all responsibility for his safety and welfare while participating with full understanding of the risks involved. I/We release and hold harmless my school, the schools involved, any coach or professional player, MADE, as well as anyone involved in the administration of this clinic of any and all responsibility and liability for any injury or claim resulting from participation, and agree to take no legal action against any of the above because of any accidents or mishaps involving the participation of my son.

I/We have read this carefully and know it contains a release.

Parent Signature & Date: _____

Print Name Here: _____