

# 2010 DEB BERUBE MEMORIAL FOOTBALL 101 FOR WOMEN

## FOR WOMEN AGE 13 AND OVER

**T**his camp will create a fun and relaxed atmosphere which will allow participants to learn some of the basics about the great game of football in a low impact environment. Comfortable attire and tennis shoes are suggested.

**When:** Saturday, August 7, 2010  
6:15-8:30 p.m.

**Where:** Hillsdale College  
Sports Complex  
201 Oak Street  
Hillsdale, Michigan  
(517) 437-7364

**Cost:** Donations accepted  
(All proceeds will go to  
The American Cancer Society)

[hillsdale.edu/athletics/football](http://hillsdale.edu/athletics/football)

### Schedule of Events:

- 6:15 p.m. Registration  
Sports Complex South Garage Door
- 6:30 p.m. Welcome and Camp Itinerary  
Keith Otterbein, Head Football Coach
  - Learn Offensive and Defensive Structure/Alignments/Positions/Responsibilities
- 6:50 p.m. Flex and Form Run
- 7:00 p.m. Position Skill Instruction (water provided)  
10 minutes per position:
  - Quarterback / Wide Receiver Drills
  - Running Back Drills
  - Offensive Line Drills
  - Defensive Line Drills
  - Defensive Back Drills
  - Linebacker Drills
- 8:00 p.m. Explanation of Full Unit Offense and Defense
  - Penalties
  - Play Selection/Calls
  - Questions
- 8:30 p.m. Camp Ends



## REGISTRATION FORM

[hillsdale.edu/athletics/football](http://hillsdale.edu/athletics/football)



**Make check/money order payable to: Hillsdale College Football Camp**

**PLEASE PRINT OR TYPE:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Off Pos: \_\_\_\_\_ Def Pos: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ T-Shirt Size: Adult M L XL

### CONSENT AND WAIVER FORM

I hereby appoint the staff of the Hillsdale College Football Camp to authorize medical treatment for me or my child for any injury or illness which may develop during camp. I hereby waive and release Hillsdale College and the camp's staff from any and all liabilities due to injuries incurred while at the camp. I accept full financial responsibility for any medical treatment that may occur.

\_\_\_\_\_  
Participant/Parent or Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Insurance Company—Policy Number

*Hillsdale College Staff Trainers will be on hand to administer emergency treatment, if necessary.*

**Send to:** Hillsdale College Sports Complex, Attn: Keith Otterbein  
201 Oak Street, Hillsdale, MI 49242