

## CAMP STAFF

### LIU POST FOOTBALL STAFF



Bryan Collins, Head Football Coach



Brian Hughes, Offensive Coordinator  
Offensive Line



Jim Gibbons, Defensive Line



Ernie Blount, Defensive Backs



Jonathan Gill, Quarterbacks

## CAMP FEATURES

- EVALUATION THROUGH SPEED AND AGILITY TESTING
- ONE (1) HOUR OF INSTRUCTION IN INDIVIDUAL POSITIONS
- CHALLENGES & COMPETITION

## CAMP SCHEDULE

- 8:00<sup>AM</sup> REGISTRATION
  - 8:45<sup>AM</sup> WELCOME by BRYAN COLLINS
  - 9:00<sup>AM</sup> PRIMARY POSITION MEETING
  - 9:15<sup>AM</sup> TESTING
    - 1. BENCH 185/225 MAX REPS
    - 2. 40 YARD DASH
    - 3. PRO AGILITY
    - 4. L DRILL
    - 5. STANDING BROAD JUMP
  - 10:30<sup>AM</sup> BREAK
  - 10:40<sup>AM</sup> OFFENSIVE SKILLS BY POSITION
  - 11:10<sup>AM</sup> BREAK
  - 11:20<sup>AM</sup> DEFENSIVE SKILLS BY POSITION
  - 11:50<sup>AM</sup> COMPETITIONS
  - 12:20<sup>PM</sup> CAMP ENDS
- TOURS OF CAMPUS AVAILABLE UPON REQUEST

## ENROLLMENT INFO

### ELIGIBILITY

Football Players Entering 11th & 12th grade in September 2013

### EQUIPMENT

- Shorts/Cleats/Shirt
- Mouthpiece

### WHEN

Sunday, May 19th, 2013

### WHERE

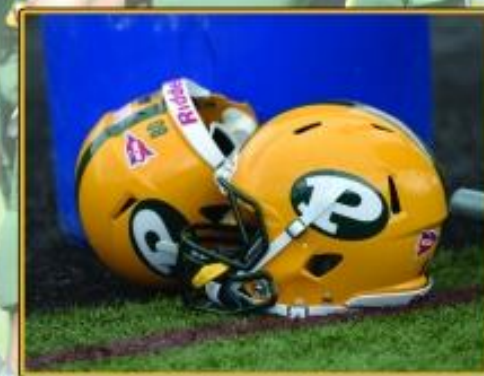
LIU Post Football Field

### STAFF

LIU Post Football Staff

### FEES

\$40 Pre-Registration By May 17th  
\$50 At The Event



MAKE CHECKS PAYABLE TO  
LONG ISLAND UNIVERSITY



Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Age: \_\_\_\_\_ School: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_  
 Emergency Contact Phone #: \_\_\_\_\_

**CAMP FEES**  
 Pre-Registration  
 \$40 per Athlete  
 (Must Be Received By May 17th)  
 \$50 per Athlete  
 (Day of Event)

Make Checks Payable To:  
**LONG ISLAND UNIVERSITY**

Send all payments to:  
 LIU Post Football  
 720 Northern Blvd., Brookville, NY 11548

**PARENTAL CONSENT FORM**

My son is in good health and has my permission to participate in the LIU Post Football Prospect Camp. He has no prior sickness (including illness or disease) or bodily injury that is contraindicate to participate in this clinic.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

The law requires that parental permission be obtained so that medical attention may be administered to minors. The following consent form must be signed by the parent, in order that such procedures as judged necessary may be conducted without undue delay. However, no major operation will be performed, except in extreme emergency, without the parent being contacted & fully informed.

I give my permission for such first-aid procedures to be performed as may be deemed necessary for my son and also agree to present information concerning his medical condition to all responsible camp officials.

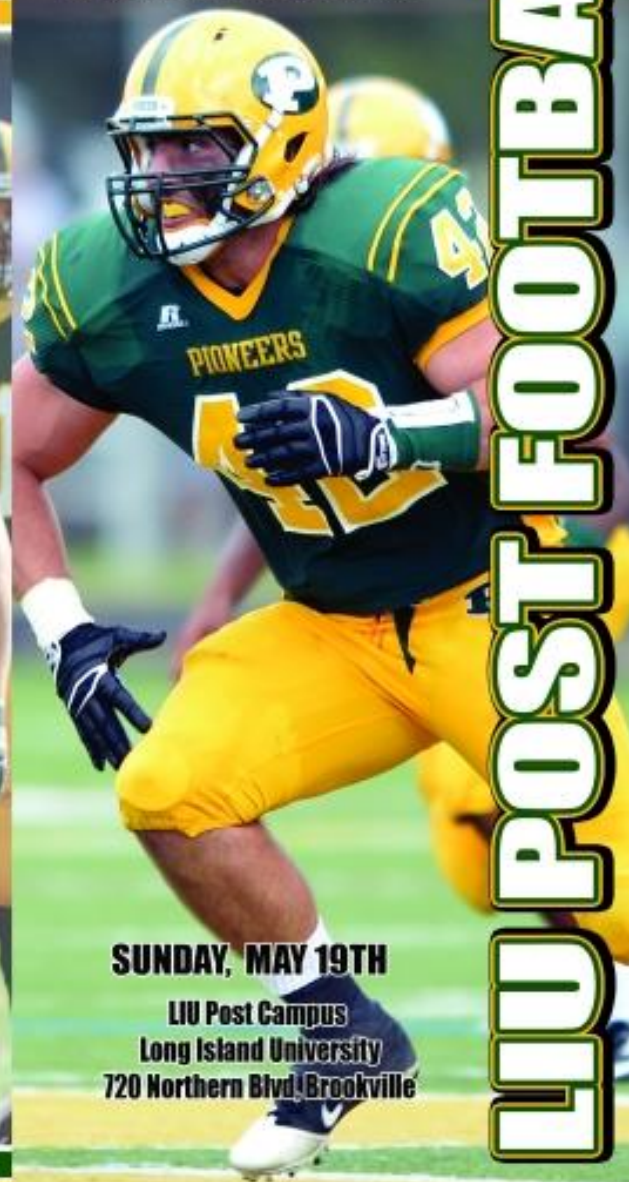
Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**OPEN TO ALL  
 FOOTBALL PLAYERS  
 ENTERING 11TH & 12TH  
 GRADE IN 2013**

**For More Information Contact:**  
 Brian Hughes @ 516-299-3852 or  
 brian.hughes@liu.edu

**2013  
 FOOTBALL  
 PROSPECT CAMP**



**SUNDAY, MAY 19TH**  
 LIU Post Campus  
 Long Island University  
 720 Northern Blvd. Brookville

**LIU POST FOOTBALL**