



# BIG MAN CLINIC



Presented by **Jason Murphy Football**

And expertly taught by current & former NFL players & coaches



**Tuesday, July 19 – Wednesday, July 20, 2011**

**New Market Middle School**

## Individual Instruction

Stance \* *Hand and Head Placement* \* Feet Technique \*

Pre Snap Awareness \* Get Offs \* Leverage \* Tackling \*

Run and Pass Blocking

## Team Instruction

**Offensive Blocking and Defensive Concepts**

*“There is no greater feeling than to be able to move another man from Point A to Point B against his will”*

*~Russ Grimm, NFL Hall of Famer*

**5:30pm-8:30 pm Each Day**

**Advance Registration Fee: Players: \$75**

**Walk-up Registration Fee: Players: \$85**

**CONTACT: Coach Hawkins (301.524.5055) |**

**LingnoreFootballDirector@gmail.com**



# Jason Murphy's Football Resume

\*Offensive Lineman--Guard/Center

\*Tennessee Titans 2007-2010

\*Seattle Seahawks 2006-2007

\*NFL's Frankfurt Galaxy 2007 World Bowl Team

\*San Diego Chargers 2006

\*All ACC 2006 Virginia Tech

\*Maryland Defensive High School Player of the year 2001

\*Maryland Record Holder for Sacks in High School Football

\*Director of Professional Athletes Training,

TZSports of Maryland [www.tzsportsmd.com](http://www.tzsportsmd.com)

## Coach Murph's Wall Of Fame

OL-Nick Speller- Syracuse/UMass • DE-David Mackall- UM • OL-Johnny Culbreath- SC State NFL OL-Joshua Harrison- SC State/NFL • DE-Marco Jones- UVA • DT-Ego Ferguson-LSU • NT-Lonnie Harvey-Buffalo / Bills



# LOUYAA BIG MAN CLINIC



## presented by Jason Murphy Football Registration Form

Participation is not allowed without payment, signed release and waiver completed by a parent/guardian.

Participant's Name \_\_\_\_\_

Phone – Home/Work/Cell \_\_\_\_\_

Emergency Contact Name and Phone No. \_\_\_\_\_

2nd Emergency Contact/Phone No. \_\_\_\_\_

Participant attends: \_\_\_\_\_ School

And will be in \_\_\_\_\_ grade in fall 2011

Player plays for(circle one): Liganore    Oakdale    Urbana    Other \_\_\_\_\_

### PARENT RELEASE FORM:

My Child, \_\_\_\_\_ Has my permission to participate in the LOUYAA BIG Man Camp on July 19<sup>th</sup> and 20<sup>th</sup> at New Market Middle School. In the event that I cannot be reached, I authorize emergency medical technicians to administer the necessary first aid immediately to my child, should he/she become injured, sick or require medical treatment.

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

Insurance Co./Group No. \_\_\_\_\_

Child's Dr/Phone No. \_\_\_\_\_

Allergies \_\_\_\_\_

### Waiver To Be Completed By Parent/Guardian:

As the parent or guardian of the child(ren), I am registering for LOUYAA sports programs ("Program"), I expressly authorize my child(ren)'s participation in such programs and all activities that are part of or incidental to such programs. As part of the registration of my child(ren) in the Program, and in consideration of the services to be provided by LOUYAA to my child(ren), I hereby acknowledge and accept the following terms and conditions pertaining to injuries or death that may arise from my child(ren)'s participation, with full knowledge, understanding and appreciation for the risks involved: I hereby waive any claims that I may have for myself or my child(ren) against LOUYAA or its officers, directors, agents, employees, representatives, contractors, consultants, staff, volunteers, successors and assignees, that my arise out of my child(ren)'s participation in the Program and any injury, including death, resulting from such participation and release LOUYAA and its officers, directors, agents, employees, representatives, contractors, consultants, staff, volunteers, successors and assignees from any and all damages, losses, liabilities, costs and expenses resulting from any injury or death and claims arising therefrom. By completing this application, I am accepting these terms and conditions and agree to be bound by them and by any rules, regulations and bylaws of LOUYAA, as well as by the decisions of its commissioners and Board of Directors.

Date: \_\_\_\_\_ Name of Child \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**Make check payable to LOUYAA.**

**MC and Visa also accepted,**

Name on credit card \_\_\_\_\_ Credit card number \_\_\_\_\_ Exp. \_\_\_\_\_

### Mail form along with payment to:

LOUYAA Football  
PO Box 302  
New Market, MD 21771.