**The WPI Football Skills Clinic Features**

- WPI Football Staff
- Emphasis on Fundamentals and Techniques
- Opportunity to train with and compete against other athletes who are seriously considering college football
- Exposure to the demands, intensity, and tempo of a college-run practice
- Focus on position-specific development and drill work
- Specific conditioning skills include: speed, proper running mechanics, plyometrics, agilities
- Specific football skills include: throwing mechanics, ball security, tackling, pursuit, blocking, pass catching

**Contact Us:**

**Chris Robertson**  
Phone: 508—831— 5100  
Fax: 508 — 831—5775

**Email Address**  
gridironcoaches@wpi.edu

WPI Football Skills Camp  
Worcester Polytechnic Institute  
100 Institute Road  
Worcester, MA 01609

---

**WPI Football**

Sunday, July 27, 2014  
12:00 pm — 5:00 pm

Worcester Polytechnic Institute Alumni Athletic Complex

**For Students in 8th Grade and Up**

Quarterbacks, Wide Receivers, Running Backs, Tight Ends, Offensive Line, Defensive Line, Linebackers, Defensive Backs
Clinic Philosophy

This clinic is designed to assist participants in improving basic skills for all positions in the sport of football with the exception of kickers and punters. The individual drills are reinforced with competition to give a realistic feel for the players.

When/Where:
Sunday, July 27, 2014 at the WPI Football Field.
Registration will begin at 12:00 pm at the entrance to the stadium adjacent to parking garage on Park Ave.

Director:

Chris Robertson is the head football coach at Worcester Polytechnic Institute. Chris has coached on the defensive side of the ball for eighteen years. Prior to WPI, Coach Robertson was the head coach at Salve Regina University for four years where he rebuilt the football program. Before Salve Regina, Coach Robertson was the defensive coordinator at WPI for seven years. He started his coaching career at Siena College in 1996. As a player, Chris graduated from the University at Albany in 1996. He was a captain of the 1995 squad, Defensive Back of the Year, and a two-time Academic All-American.

Camp Staff

Our camp is staffed by college coaches with a great deal of experience in coaching offensive/defensive skills and fundamentals.

Who May Attend:
For students in 8th grade and up.

Equipment Needed:
1. T-Shirt and Shorts
2. Cleats (*No Helmet Required)
3. Water Bottle

Schedule:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration</td>
<td>12:00 — 1:00</td>
</tr>
<tr>
<td>Introduction</td>
<td>1:05 — 1:25</td>
</tr>
<tr>
<td>Warm Up</td>
<td>1:30 — 1:45</td>
</tr>
<tr>
<td>Skills (Agilities)</td>
<td>1:45 — 2:30</td>
</tr>
<tr>
<td>Defensive Positions</td>
<td>2:30 — 3:30</td>
</tr>
<tr>
<td>Offensive Positions</td>
<td>3:30 — 4:30</td>
</tr>
<tr>
<td>7 on 7 Competition/Pash Rush</td>
<td>4:30 — 5:00</td>
</tr>
</tbody>
</table>

Cost:

Registration = $50.00
(Team discount: $40.00 each for 10 or more players from the same team for Pre-Registration)

Equipment Needed:
1. T-Shirt and Shorts
2. Cleats (*No Helmet Required)
3. Water Bottle

Registration
Please complete the form below, detach and mail with non-refundable $50 deposit prior to July 18 to:

WPI Football Skills Clinic
WPI
100 Institute Road
Worcester, MA 01609

(Make Checks payable to WPI Football)

Name ___________________________ Age ___________________________

Address ___________________________

City ___________________________ State __________ Zip ___________

E-Mail Address ___________________________

School Attending ___________________________ Position ___________________________

Year of Graduation ___________________________ Coach’s Name ___________________________

Parent or Guardian Name ___________________________

Home Phone ___________________________ Parent Cell Phone ___________________________

Please Circle T-Shirt Size: (XXL, XL, L, M)

Parent/Guardian Statement:
I hereby give my above mentioned child permission to attend the WPI Football Skills Clinic. I verify, to the best of my knowledge, that my child is physically able to participate in the activities of the camp. I agree to allow my child to be treated, if necessary, by a physician and/or trainer while attending.

Signature of Parent/Guardian ___________________________