



**NEBRASKA YOUTH ATHLETIC
ASSOCIATION
FULL CONTACT FOOTBALL**

Watch for information on our Full Contact Regulation, High School Rules Tackle Football coming again this fall!

Ages 7 to 14, Instructional teams through advanced select.

Games played as part of Nebraska Midget Football League, including games against teams from Omaha, Bellevue, Millard, Papillion and others in Eastern Nebraska.

***PLAY AGAINST THE BEST TO BE
THE BEST!***

Call 438-4686

www.nyaasharks.com

TEAMWORK

**Spring
Schedule**

TRAINING CAMP

Woods Park

from 6:30-8:00

beginning Tuesday, May 25th

Final session will be Thursday, June 24th.

COMPETITION

Competition will be based on the skills worked on during the week.

SHARKS MISSION

The mission of the Nebraska Youth Athletic Association is to provide the opportunity for youth to learn and refine their athletic skills in a competitive environment while promoting the ideals of teamwork, sportsmanship, leadership, self-esteem and citizenship, thus preparing them for a successful future.

SHARKS PHILOSOPHY

We believe football allows children of various sizes, athletic ability, and backgrounds to work together for a common goal. Football, unlike any other youth sport, builds character, discipline, work ethic and a sense of team unity.

Our goal is to instill these fundamental personal characteristics into our players while also teaching correct fundamentals of football during practices and in games. Every child has potential and we believe that part of our job is to realize that potential and to teach your child how to utilize it for the benefit of the team and themselves.

**DEDICATED TO MAKING A
DIFFERENCE IN TODAY'S YOUTH!**

SPORTSMANSHIP

***Specialized Performance
&
Ultimate Training Camp
&
Flag Football***



Join the Sharks this summer for a **unique** FIVE week **football training camp**. During the week we will be focusing on **specific positions**, working on drills to help take you to the **next level in your game**. Then join us on Sunday afternoon when we will get together to **compete** using the skills we worked on that week through flag football games.

LEADERSHIP

PLAYER INFORMATION**2010 NYAA SHARKS SPECIALIZED PERFORMANCE TRAINING CAMPS**

LAST NAME FIRST NAME AGE AS OF 8/1/10 BIRTHDATE NAME OF SCHOOL GRADE 2009/2010 APROX. WEIGHT

ADDRESS CITY STATE ZIP CODE

PARENT/GUARDIAN INFORMATION

NAME RELATIONSHIP TO CHILD HOME PHONE CELL PHONE WORK PHONE EMAIL ADDRESS

VOLUNTEER

I want to volunteer in the following area:

NAME HOME PHONE CELL PHONE WORK PHONE EMAIL ADDRESS

	Tues & Thurs	POSITIONS	DRILLS	Game Day	COST
Week 1	5/25 & 5/27	Running backs & Linebackers	blocking/hole recognition/stance/reading/drop steps/ball handling/alignments/keys/reaction	5/30-Sunday	\$20
Week 2	6/1 & 6/3	Special teams	kicking/punting/punt receiving/kick off return/long snap	6/6-Sunday	\$20
Week 3	6/8 & 6/10	Lineman/Defensive backs/Defensive ends	Reaction drills/pulling/explosion/strength/coverages/stance/alignment/reads	6/13-Sunday	\$20
Week 4	6/15 & 6/17	Quarterbacks & Receivers	Stance/throwing/drop backs/Option pass/option football/Release/routes/receiving/Ball handling	6/20-Saturday	\$20
Week 5	6/22 & 6/24	Training Overview	All skills	6/27-Sunday	\$20
				PAY FOR ALL 5 WEEKS	\$80
		ORDER A SHARK T-SHIRT (NAVY ONLY)	(All shirts must be ordered by 5/25, will be available for pick up after 6/11)	YS YM AS AL AXL Circle size	\$12

-NO REFUNDS ON REGISTRATION
-PAYMENTS MUST BE RECEIVED PRIOR TO PARTICIPATION

-MAKE CHECKS PAYABLE TO NYAA
-SEND PAYMENT TO: NYAA
PO BOX 21991
LINCOLN, NE 68542

PARENT/GUARDIAN PERMISSION

I release Nebraska Youth Athletic Association, Inc. (NYAA) and all of its Coaches and officials from claims arising out of an injury or illness, which may be sustained by my child while participating in and NYAA sponsored activities. If medical attention is required for any injury or illness that occurs while participating in NYAA activities, I grant permission to the NYAA, its Coaches and Officials to authorize and obtain medical care from any licensed physician hospital or medical care clinic.

I authorize NYAA to photograph or video tape my child or use my child's name in advertizing and promotional activities.

Parent/guardian signature

Date

OFFICIAL USE ONLY:
AMOUNT PAID _____
WEEK _____
Date paid _____
Check # _____
T-Shirt ordered _____
Check # _____
Rec'd by _____

