

## About the Instructor

Kyle Butters ATC/LAT, PES

Kyle Butters is a Licensed Athletic Trainer and is a Performance Enhancement Specialist. Kyle has over 16 years of experience in rehabilitation and sports specific training for youth and high school athletes.

### Contact information

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# 2010 Youth Football Performance Enhancement Camp



## About the Camp

The performance enhancement camp is sports specific and designed to help an athlete reach his maximum potential by training the body as a whole to improve quickness, speed, reaction time, agility, balance and core.

### Average Gains

- 2“-4” in vertical jump
- .2-.4 sec. in 40 yd. speed
- 50% increase in core strength
- 15% increase in agility
- Improved reaction time

### Evaluation and Testing

Each athlete’s jumping and running form will be assessed and corrected as needed to reduce the risk of injury and to maximize performance.

Testing will be performed on the first and last sessions, which will include:

- 40 yd dash
- Vertical Jump
- Agility Drill
- Medicine Ball Throw

### Age Group:

This camp is available for all athletes entering 5<sup>th</sup>-8<sup>th</sup> grades. The two sessions will be a combination of both East and West athletes.

### Location:

The camp will be held at the West Bend East Football practice field and high school track.

### When:

12 training sessions held  
Tuesdays and Thursdays  
June 15<sup>th</sup>-July 22<sup>nd</sup>

8:00-9:00 AM or 9:30-10:30 AM  
(Please indicate preference on registration)

### Cost:

**\$85.00**

**Late Registration (after  
June 1<sup>st</sup>) \$95.00**

**Please make check payable and  
mail to:**

**Kyle Butters  
226 Pheasant Lane  
West Bend, WI 53090**

**Please fill out, detach and  
return with payment**

**Name**\_\_\_\_\_

**Address**\_\_\_\_\_

**Email**\_\_\_\_\_

**Phone**\_\_\_\_\_

**Emergency**\_\_\_\_\_

**8:00-9:00      9:30-10:30**  
**(Please circle preference)**

**T-shirt Size (Adult)**\_\_\_\_\_

**Please list any health concerns:**

\_\_\_\_\_

### Medical Release

I verify that my child has been checked by a licensed physician and is physically able to participate in the camp. I will assume responsibility for any injury that may occur during the camp and assume all costs related to such treatment.

\_\_\_\_\_  
**Parent/Guardian Signature**