

BLUE CHIP TOTAL QB DEVELOPMENT

Training from an exceptional quarterback coach, top performance training specialists, and a registered dietitian

Skill Training

(On the field)

Performance Training

(In weight room & on track)

Performance Nutrition

(In the classroom)

QB Combine Training

(On the track & on the field)

Defensive Recognition

(Pre-snap Reads)

When:

Feb. 18 - 19 - 20

Grades:

9th-12th (Broken into 5 groups of 4)

Where:

HammerBodies Custom Fitness Clinic
2121 Hammer Drive
Maryland Heights, MO 63146

*(all skills, performance training and nutrition
take place inside 21,000 sq. foot facility)*

Cost:

\$450 per athlete (50% deposit due upon registration)

Registration: Phone (800) 321-0711 or (314) 567-3797

First 20 Accepted

Limited to 20 quarterbacks

for maximum training, performance & skill development



The HammerBodies Custom Fitness Clinic

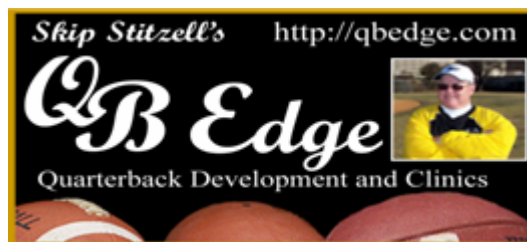
**Phone (800) 321-0711 or
(314) 567-3797 to register!**

(or turn over for additional detail)

Presented by:

HammerBodies Custom Fitness
“Professional Athletic Development”

www.hammerbodies.com



**HammerBodies
Custom Fitness**



More Throwing ...
More Speed/Strength Training ...
More Technical Training ...
More Nutrition ...
MORE PERFORMANCE!

Please complete and return the application below and enclose your personal check or money order, made payable to:

**HammerBodies Custom Fitness
2121 Hammer Drive
Maryland Heights, MO 63146**

Or phone us directly at:

(314) 567-3797 or (800) 321-0711

**All workshop fees are non-refundable.*

Comprehensive Training Schedule:

Friday, Feb. 18 (5:00pm – 9:30pm)

5:00pm - Registration
Weekend Game Planning;
Divide into training groups of 4
7:00pm – 9:00pm QB Combine Training

Saturday, Feb. 19

7:00am – Warm up
7:30pm – **5 Station Rotation (45 min./Station)**
**1) QB Mechanics 2) Speed Training
3) Nutrition 4) Strength Conditioning
5) Defensive Recognition**

11:45pm - Lunch (*provided*)
12:45pm - **5 Station Rotation** (*see above*)
4:45pm - Flexibility Training & Recovery
5:00pm - DINNER (on your own)
7:00pm - Throw to Receivers

Sunday, Feb. 20

7:30am - **5 Station Rotation** (*see above*)
11:45pm - Lunch (*provided*)
12:45pm - Quarterback Skills Competition
3:00pm - Closing Remarks -- Awards



Name: _____ Grade _____
Address: _____
City/State/Zip: _____
Age: ____ Clinic Date Attending: _____
Parent Name(s): _____
Parent Home Phone: _____ Cell: _____
Parent E-mail: _____
Attendee E-mail: _____

I hereby request that my son, daughter or ward be permitted to attend the Blue Chip Quarterback Clinic. I authorize the staff to act for me according to their best judgment in an emergency. I will hold harmless and release the staff, the camp, HammerBodies Custom Fitness and QB Edge from any and all liabilities or responsibilities related to injuries or the death of my son, daughter or ward. I understand that my insurance coverage is primary and any coverage provided by the camp will be specifically on an excess basis only. Additionally, I understand that images/photos of my son/daughter may be taken at the Speed Clinic and release/allow such photos to be used for future Blue Chip, HammerBodies, or QB Edge materials.

Primary Insurance Carrier: _____
Insurance Policy Number: _____
Parent/Guardian Name: _____
Parent/Guardian Signature: _____
Applicant Signature (if 18 or over): _____
Date: _____