

# BLUE CHIP TOTAL QB DEVELOPMENT

**Comprehensive Quarterback Training for the 'BLUE CHIP' Quarterback**  
*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)

**Includes QB Combine Training**

**GET IT ALL AT ONE COMPREHENSIVE CLINIC!**

**When:** April 16, 17 & 18

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

**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; **Divided into training groups of 5****



The HammerBodies Custom Fitness Clinic

**Phone (800) 321-0711 or  
(314) 567-3797 to register!**  
*(or turn over for additional detail)*

Presented by:





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, April 16 (5:00pm – 9:30pm)**

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

**Saturday, April 17**

7:30am – Warm up  
 8:00pm – **4 Station Rotation (1hr/Station)**  
 1) QB Mechanics 2) Speed Training  
 3) Strength Conditioning 4) Nutrition

12:00pm - Lunch (*provided*)

1:00pm - **4 Station Rotation** (*see above*)  
 5:00pm - Flexibility Training & Recovery  
 5:30pm - DINNER (on your own)  
 7:00pm - Throw to Receivers

**Sunday, April 18**

7:30am - **4 Station Rotation** (*see above*)  
 12:00pm - Lunch (*provided*)  
 12:30pm - 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 & HSP, 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: \_\_\_\_\_