

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: Feb. 26 - 27 - 28

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, Feb. 26 (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. 27

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, Feb. 28

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: _____