



# 8 Week Course Registration

## Passing Game Training – Quarterbacks / Receivers

To Register, complete the below registration and separate QB Farm Waiver form. Send in both completed forms with camp fee made payable to "QB Farm", and mailed to Blue Chip QB Farm, PO Box 9483; Naperville, IL 60567. For more information, please visit [www.QuarterbackFarm.com](http://www.QuarterbackFarm.com)

**Passing Game 8 Week Course** Saturday Classes, Starts April 4th  
**SCHAUMBURG INDOOR SPORT CTR.** 1141 W. Irving Park Rd, Schaumburg, IL 60193

I, \_\_\_\_\_, legal guardian and/or parent of the student athlete named \_\_\_\_\_, do further hereby release, absolve, indemnify, and hold harmless Quarterback Farm and its coaches, trainers, owners, any or all who are involved in this event of any accident, injury, or death sustained by the above named participant(s), while being transported to or from any activity, or while participating in any activity, from any liability of any kind whatsoever. I also give permission for any photographs taken during these activities to be utilized for promotional use by the Quarterback Farm now and in the future.

Any offensive conduct, discrimination, harassment, sexual harassment, or other conduct offensive to a person, regardless of gender, race, color, religion, or national origin, committed by myself toward another participant or Quarterback Farm coach, staff member or representative shall be prohibited and shall result in my immediate removal from the said program, (Quarterback Farm-2009).

### CAMPER'S INFORMATION

Camper's Name \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_, State/Zip: \_\_\_\_\_  
Student Athlete's School: \_\_\_\_\_ Email Address \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell # \_\_\_\_\_  
T-Shirt Size: (check one) Children's Large \_\_\_\_\_ Adult-S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ 2XL \_\_\_\_\_

### EMERGENCY CONTACT:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_

Student's Football Position(s)? \_\_\_\_\_

Interested in QB Farm Personal Training Lessons? \_\_\_\_\_

[www.QuarterbackFarm.com](http://www.QuarterbackFarm.com)

**ABILITY FEEDS CONFIDENCE**

(630) 236-3597