



## Midwest High School Senior Showcase

Presented by Midwest Sports Management, L.L.C.

### Please select the Showcase you are registering for:

- #1 Midwest High School Senior Showcase I, Saturday November 28<sup>th</sup>, Husky Stadium, St. Cloud State University
- #2 Midwest High School Senior Showcase II, Sunday November 29<sup>th</sup>, Husky Stadium, St. Cloud State University

If the session you select is unavailable would you consider testing at another Showcase?  Yes  No

## REGISTRATION FORM

To be eligible for the 2009 Midwest High School Combine **ALL** requested information must be completed and returned **two weeks prior to the event date**. Please **print** all information in ink.

Your Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Street Address \_\_\_\_\_ Apt # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
 High School Attending \_\_\_\_\_ **Email address:** \_\_\_\_\_  
 Current Grade In School: \_\_\_\_\_ Please Circle Your Shirt Size **L XL XXL XXXL**  
 The one position you would like to test at: \_\_\_\_\_ Other Position Played \_\_\_\_\_

### AWARDS:

Have you ever been an **All Conference** selection (Please Circle):

Yes/No 1<sup>st</sup> Team 2<sup>nd</sup> Team Honorable Mention Position(s): \_\_\_\_\_ Year(s): \_\_\_\_\_

Have you ever been an **All Area** selection (Please Circle):

Yes/No 1<sup>st</sup> Team 2<sup>nd</sup> Team Honorable Mention Position(s): \_\_\_\_\_ Year(s): \_\_\_\_\_

Have you ever been an **All State** selection (Please Circle):

Yes/No 1<sup>st</sup> Team 2<sup>nd</sup> Team Honorable Mention Position(s): \_\_\_\_\_ Year(s): \_\_\_\_\_

**Other Awards:** \_\_\_\_\_

### Make Checks or Money Orders payable to: **Midwest Sports Management**

Credit card number: \_\_\_\_\_ Exp. \_\_\_\_\_ Name on card: \_\_\_\_\_

How did you hear about the 2009 Midwest High School Combine (please check one)?

Invitation  Facebook  High School Coach  Temmate  Internet  Newspaper: \_\_\_\_\_

### YOUR CHECK LIST (please circle as completed)

Have **YOUR PARENTS/GUARDIANS** signed the waiver form? Yes No

Have **YOU** completed this registration form? Yes No

Have **YOU** enclosed the medical history form? Yes No

Have **YOU** enclosed the completed coach's form? Yes No

Have **YOU** included an email address? That is how we will contact you. Yes No

Have **YOU** enclosed your non-refundable registration fee? Yes No

Have **YOU** included your High School Transcripts? Yes No

**(You MUST obtain your transcripts from your high school office and return with all other forms)**

**DEADLINE DATE IS one week prior to the event.**

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## Coaches Information Form

Please give to your high school football coach and have them complete this form. It must be completed and returned **one week before the event**. Please print all information in ink. Thank you! This Information may be displayed to the public via print media or on the Internet.

High School Coach's Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
High School \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_  
Offensive Set \_\_\_\_\_ Defensive Set \_\_\_\_\_

### Athlete's Information/Stats

Athlete's Name \_\_\_\_\_  
Athlete's Height \_\_\_\_\_ Athlete's Weight \_\_\_\_\_  
Years Lettered \_\_\_\_\_ Games Played \_\_\_\_\_ High School Jersey No. \_\_\_\_\_  
Position(s) \_\_\_\_\_  
(If Available) .

#### General

Timed 40 yd dash \_\_\_\_\_ sec  
Bench Max. \_\_\_\_\_ lbs.

Vertical Jump \_\_\_\_\_ in.  
Squat Max. \_\_\_\_\_ lbs.

#### RB/WR/TE

Rushing Yards \_\_\_\_\_ yds.  
Rushing TDs \_\_\_\_\_  
Receiving Yards \_\_\_\_\_ yds.  
# of Fumbles/Lost \_\_\_\_\_/\_\_\_\_\_

Carries \_\_\_\_\_  
Receiving TDs \_\_\_\_\_  
Receptions \_\_\_\_\_

#### Quarterbacks

Passing Yards \_\_\_\_\_ yds.  
Passing TDs \_\_\_\_\_  
Rushing Yards \_\_\_\_\_ yds.  
Rushing TDs \_\_\_\_\_

% Completion \_\_\_\_\_  
Interceptions Thrown \_\_\_\_\_  
Number of Carries \_\_\_\_\_  
Fumbles/Lost \_\_\_\_\_/\_\_\_\_\_

#### Defense

Solo Tackles \_\_\_\_\_  
Tackles for a Loss \_\_\_\_\_  
Fumble Recoveries \_\_\_\_\_

Assisted Tackles \_\_\_\_\_  
Forced Fumbles \_\_\_\_\_  
Interceptions \_\_\_\_\_

#### Special Teams

PATs Attempted \_\_\_\_\_  
Field Goals Attempted \_\_\_\_\_  
Long Snap Time \_\_\_\_\_ sec.  
Longest Field Goal Made \_\_\_\_\_ yds.  
Longest Punt \_\_\_\_\_ yds.  
Ave. Punt Hang Time \_\_\_\_\_ yds.  
Ave. Kickoff \_\_\_\_\_ yds. Avg.  
Punt Return Yard/Attempts \_\_\_\_\_/\_\_\_\_\_

PATs Made \_\_\_\_\_  
Field Goals Made \_\_\_\_\_  
Ave. Punt \_\_\_\_\_ yds.  
Punts inside the 20 \_\_\_\_\_  
Kickoff Hang Time \_\_\_\_\_ sec.  
Kickoff Return/Attempts \_\_\_\_\_/\_\_\_\_\_

General Comment (optional) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### Registration Fees

#### Showcase Package (\$75) includes:

1. Your personal contact information will be made available to college coaches in attendance at the event. Additionally, that same contact information with the results of the combine, are made available to every college football coach in attendance. All results will also be distributed to college programs throughout the country.
2. The high school coaches information sheet will be made available to college coaches that are in attendance or those that request complete combine results.
3. Copies of the senior video that you provide to Midwest Sports Management for the event will be made available to college coaches in attendance at the event.
4. The gpa indicated on your high school transcripts will be made available to college coaches prior to the event.
5. Each athlete will take part in a NFL style combine. Athlete will be tested in the 40 yard dash, broad jump, 5-10-5 shuttle, 3-Cone drill, power ball toss and the vertical jump. Athletes will be measured for accurate height, weight, reach and arm span.
6. Each athlete will take part in position specific drills. Each athlete will take part in competitive drills. Each athlete will take part in the 7 on 7 competition.

### Prior to and day of the event:

#### Hotel Reservations and Directions?

For your convenience you can make discounted hotel reservations, and find directions, through the official combine website at: [www.MidwestSports.org](http://www.MidwestSports.org). It is the responsibility of the athlete or parent/guardian to make needed hotel reservations. We STRONGLY suggest you make any hotel reservations as soon as possible.

#### What type of shoes should I bring?

All of our testing locations use "FieldTurf" which is very similar to grass. We suggest bringing 2 pair of shoes, 1. rubber soled non-cleated athletic shoe (like a basketball or tennis shoe) and 2. any cleated athletic shoe with plastic cleats. The only type of footwear not allowed are cleated shoes with metal spikes.

#### Do I need to bring a helmet/pads?

No, all the skills testing and drills are non-contact. Most state high school athletic associations do not allow for athletes to participate in events in helmets and pads.

#### What is provided at the event?

Each athlete will be provided a Showcase t-shirt. That t-shirt will be numbered so that college coaches and Showcase staff can identify the athlete. A player and group log will be provided to college coaches in attendance.

#### Can parents come and watch? Are there stands?

Parents are encouraged to attend although spectator space is very limited. All we ask is that you remain far enough away from the athletes that you do not interfere with the testing.



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### Release and Liability Waiver

In recognition of and with knowledge of the fact that engaging in any form of physical activity involves a substantial risk of personal injury, I, the undersigned, warrant that \_\_\_\_\_ is presently in good physical condition and hereby agree to assume the risk of any injury that may result from the participation of activities in the 2009 Midwest High School Football Combine to held on \_\_\_\_\_ 2009 at the location of \_\_\_\_\_ in \_\_\_\_\_.

Therefore, in consideration for being permitted to participate in such an event, I hereby release, waive and forever discharge Midwest Sports Management, their agents, employees and officers, from any and every claim, demand or act of whatever kind, arising from any bodily harm, personal injury or death resulting from any accident which may occur as a result of participation in such an event. Further, and to the same extent and scope, I release said parties from any claim whatsoever which may be attributable to the receipt of first aid or other emergency treatment rendered me in connection with my participation in such an event.

I, the undersigned, affirmatively swear that I am the parent or legal guardian of the participant and am fully competent to and do hereby execute this release and waiver on behalf of that individual, heirs or assigns. I further represent and warrant that I have read and fully understand the terms of this document and their legal significance.

In witness whereof I have voluntarily and without inducement from any party executed this Release and Wavier.

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

### LEGAL GUARDIAN SIGNATURE REQUIRED FOR ALL PARTICIPANTS UNDER THE AGE OF 18

#### RELEASE OF INFORMATION WAIVER

I, parent or legal guardian of \_\_\_\_\_, give authorization to the 2009 Midwest High School Football Combine to release completed data and testing results gathered from the event to all scouting organizations, college coaches, athletic trainers, team physicians and administrative personnel. I hereby understand that the information gathered may be placed on the Internet but, will not be available to the general public.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

#### RELEASE FOR VIDEO

I, parent or legal guardian of \_\_\_\_\_, give authorization to the 2009 High School Combine to use video tape to record events at the 2009 Midwest High School Combine on \_\_\_\_\_, 2009. I understand this material will be property of the 2009 High School Football Combine and Midwest Sports Management and may be released to all scouting organizations, college coaches, athletic trainers, team physicians and administrative personnel. I hereby understand that the information gathered may be placed on the Internet but, will not be available to the general public.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

#### CATASTROPHIC INJURY WAIVER

The possibility of sustaining a catastrophic injury is inherent in any athletic activity. I, parent or legal guardian of \_\_\_\_\_, understand that by participating in the events at the 2009 Midwest High School Football Combine the potential of a catastrophic injury does exist, although it is very rare. With this fact in mind, I understand the importance of rules and procedures as well as the necessity of using proper techniques. Furthermore, I understand that the possibility of a catastrophic injury does exist even though the above are followed to the fullest.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

#### AUTHORIZATION TO TREAT AND CARE

I, parent or legal guardian of \_\_\_\_\_, give authorization to the athletic training staff and/or medical consultants to evaluate and treat any injuries that occur during my son's participation in the 2009 High School Football Combine. I understand that the medical staff has the authority to remove him from further participation in the events at the 2009 Midwest High School Combine because of injury and/or because of undue liability risk to the 2009 Midwest High School Combine and Midwest Sports Management.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_



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### Pre-Participation Medical Screening

Please Print (Ink only)

Student's Full Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
High School \_\_\_\_\_ Grade \_\_\_\_\_

**Medical History** (To be completed and signed to the best of their knowledge by the parent/legal guardian and student prior to the physical examination. Withholding or falsifying information could lead to serious medical complications.)

#### Student's Medical History Circle One

If "Yes" Please explain

Have you ever been knocked out? Yes No \_\_\_\_\_  
Have you ever had a concussion? Yes No \_\_\_\_\_  
Have you stayed overnight in a hospital? Yes No \_\_\_\_\_  
Have you ever had an operation? Yes No \_\_\_\_\_  
Have you ever had heat exhaustion or heat stroke? Yes No \_\_\_\_\_  
Have you ever had a head or neck injury? Yes No \_\_\_\_\_  
Do you have (or have you ever had) an irregular heart beat? Yes No \_\_\_\_\_  
Do you have (or have you ever had) high blood pressure? Yes No \_\_\_\_\_  
Do you have (or have you ever had) a heart problem? Yes No \_\_\_\_\_  
Have you ever fainted while exercising? Yes No \_\_\_\_\_  
Are you currently on medication? Yes No \_\_\_\_\_  
Do you wear glasses or contact lenses? Yes No \_\_\_\_\_  
Do you have dental appliances or hearing aids? Yes No \_\_\_\_\_  
Do you have any allergies that you are aware of? Yes No \_\_\_\_\_  
Do you have Diabetes? Yes No \_\_\_\_\_  
Do you have Epilepsy? Yes No \_\_\_\_\_  
Do you have Asthma? Yes No \_\_\_\_\_  
Do you have any missing organs or limbs? Yes No \_\_\_\_\_  
Have you ever broken a bone? Yes No \_\_\_\_\_  
Has a physician ever limited your athletic participation? Yes No \_\_\_\_\_  
Has anyone in your immediate family (Father, Mother, Sister or Brother) had a heart problem before the age of 50? Yes No \_\_\_\_\_  
Has a physician disqualified you from playing sports in the past year? Yes No \_\_\_\_\_  
This is to certify that I have read and understand the above information and hereby give my permission and consent to emergency and/or medical treatment for my son, \_\_\_\_\_, and the responses to the preceding questions are correct.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_  
Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

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### REQUEST FOR SECONDARY SCHOOL TRANSCRIPTS:

**THIS FORM IS TO BE TAKEN TO YOUR HIGH SCHOOL OFFICE FOR YOU TO OBTAIN YOUR TRANSCRIPTS. BOTH THIS FORM AND YOUR TRANSCRIPTS NEED TO BE RETURNED WITH THE REST OF YOUR REGISTRATION FORMS OR YOUR ENTRY WILL NOT BE CONSIDERED COMPLETE.**

#### PLEASE PRINT OR TYPE

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

HIGH SCHOOL: \_\_\_\_\_

NAME: \_\_\_\_\_

(Last) (First) (Middle)

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ APT # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

#### RELEASE OF INFORMATION STATEMENT

I, \_\_\_\_\_, give authorization to the Midwest High School Combine to release copies of my High School Transcripts. I understand my GPA will be released and/or posted on the official combine website and made available to college coaches and recruiters.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

(Required if not 18 years old)

**DEADLINE DATE IS one week prior to the event**

**STUDENT:** PLEASE OBTAIN TRANSCRIPTS FROM HIGH SCHOOL OFFICE AND SEND ALONG WITH ALL OTHER FORMS TO:

**Midwest High School Senior Showcase  
1408 Bay Highlands Drive  
Green Bay, WI 54311**

**NOTE:** Please remember to include your **email address** on sheet 1 as that is how we will contact you to confirm your registration and inform you of the event schedule.