



Midwest High School Combine

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

Please select the Showcase you are registering for:

- #1 Midwest High School Combine I, Saturday April 24th, Rosemount, MN
- #2 Midwest High School Combine II, Saturday May 1st, Brookfield, WI
- #3 Midwest High School Combine III, Saturday May 15th, Schaumburg, IL
- #4 Midwest High School Combine IV, Saturday June 5th, Kansas City, MO
- #5 Midwest High School Combine V, Saturday June 12th, Des Moines, IA

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

REGISTRATION FORM

To be eligible for the 2010 Midwest High School Combine **ALL** requested information must be completed and returned **one week 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 1st Team 2nd Team Honorable Mention Position(s): _____ Year(s): _____

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

Yes/No 1st Team 2nd Team Honorable Mention Position(s): _____ Year(s): _____

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

Yes/No 1st Team 2nd 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 2010 Midwest High School Combine (please check one)?

Invitation [] Facebook [] High School Coach [] Teammate [] 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) _____

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 Fee

Base Package (\$99) includes:

1. Each athlete will take part in a NFL style Combine. Athlete will be tested in the 40 yard dash, 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.
2. 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 America. All results will also be distributed to college programs throughout the country.
3. The high school coaches information sheet will be made available to college coaches that are in attendance or those that request complete Combine results.
4. Copies of the junior video that you provide to Midwest Sports Management for the event will be made available to college coaches in attendance at the event and will be mailed to Rivals.com for processing.
5. The GPA indicated on your high school transcripts will be made available to college coaches prior to the event.

Recruit Package (\$135) includes:

1. Everything in the "Base Package" above, plus...
2. a DVD copy of your combine testing **professionally filmed** in full 1080p high resolution by sports video company "HD Athletes". This will be perfect footage to add to your junior and/or senior highlight DVD that you mail to college coaches.

Prior to and day of the event:

Hotel Reservations and Directions?

For your convenience you can make discounted hotel reservations, and driving directions, through the official Combine website at: 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 behind the orange cones and in the designated areas so 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 2010 Midwest High School Football Combine to held on _____ 2010 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 2010 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 2010 Midwest High School Combine to use video tape to record events at the 2010 Midwest High School Combine on _____, 2010. I understand this material will be property of the 2010 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 2010 Midwest High School 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 2010 High School Football Combine. I understand that the medical staff has the authority to remove him from further participation in the events at the 2010 Midwest High School Combine because of injury and/or because of undue liability risk to the 2010 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)

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

**Midwest High School Combine
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.