



3rd Annual Pro Football Combine Camp



Event Date **Friday, July 16, 2010 (7:30 am – 4:30 pm)**



Location **Nicholls State University – Guidry Stadium**



Eligibility **High School Athletes Grades 9-12**



Registration **If received by May 31st - \$50.00 (non refundable)**
Beginning June 1st - \$75.00 (non refundable)



About the Pro Football Combine Camp

The Pro Football Combine Camp features SPARQ Training, Protocols and Ratings in conjunction with Velocity Sports Performance to help raise your level of athleticism and raise your game. Participants go through combine skills coaching, drills and testing to obtain actual combine scores, letting them know how they stack up against other athletes. Professional athletes from the New Orleans Saints, Chicago Bears, Arizona Cardinals, New England Patriots and others will team up with trainers, coaches and medical professionals to deliver an exciting and memorable experience.



Areas of Instruction

The centerpiece of Velocity's efforts is SPARQ which stands for **S**peed, **P**ower, **A**gility, **R**eaction and **Q**uickness. It offers dynamic performance training designed to make young athletes excel. In addition, there will be position specific drills taught by NFL athletes and area coaches.



Registration

Early registration **by May 31, 2010 is only \$50.00.** Registration **beginning June 1, 2010 is \$75.00.** Registration fees are ***non-refundable*** and are payable to the ***Pro Football Combine Camp***. Copy of registrant's valid insurance ID card must accompany completed registration and authorized consent. Registration forms can be mailed to:

**Pro Football Combine Camp
c/o Orthopaedic Sports Specialists of Louisiana
P.O. Box 28
Thibodaux, LA 70302-0028**



Medical Insurance Information

CAMPERS MUST HAVE THEIR OWN MEDICAL INSURANCE TO ATTEND THIS CAMP!

Campers who fail to provide proof of coverage will not be allowed to participate. Simply fill out the requested information regarding insurance carrier, policy or group number, and I.D. Send a copy of your insurance ID card with your registration and parental consent.

A physical examination is not required prior to attending camp. If you have a known medical condition, we do advise you to check with your physician first. We reserve the right to deny participation of anyone that we deem to be at increased risk of injury or illness. You **MUST** have your parents or legal guardian sign and submit the waiver/release from liability statement (included with application). Certified athletic trainers and medical professionals are in attendance to ensure the health and safety of our campers. Thibodaux Regional Medical Center is located adjacent to the NSU campus and can treat emergencies if need arises.



Directions to Camp

Driving directions can be found through [MapQuest](#). Use the Nicholls State address as your destination.

Nicholls State University
906 East First Street
Thibodaux, LA 70310-0001

Download a copy of the NSU campus map at www.nicholls.edu/about/campus_map.html. Bring the map with you to camp. It will help to find your way around campus.



What to Bring

Wear clothing that will keep you cool. Bring your football helmet, athletic shoes (astro-turf friendly), sandals/crocs for restricted shoe areas, sunscreen, sport top water bottle, camera for the awards ceremony. A light lunch will be provided.



Check-In

Check-in is between **6:30 am and 7:15 am on Friday, July 16, 2010** at **Guidry Stadium Audubon Street** entrance.



Presenting Sponsors

The 3rd Annual Pro Football Combine Camp is proudly presented by Orthopaedic Sports Specialists of Louisiana – Dr. Jason A. Higgins and Dr. David W. Elias; Velocity Sports Performance and Elias Sports Management.

For More Information Call (985) 625.2200



ELIAS SPORTS MANAGEMENT LLC



OSSSL

Orthopaedic Sports Specialists of Louisiana



2010 PRO FOOTBALL COMBINE CAMP**REGISTRATION FORM**

JULY 16, 2010 @ N.S.U. GUIDRY STADIUM

Early Registration Fee if received by May 31, 2010: \$50.00Late Registration Beginning June 01, 2010: \$75.00Position (check one): QB RB WR TE OL DL LB DB

Last Name: _____ First Name: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: ____ - ____ - ____ Work Phone: ____ - ____ - ____ Cell Phone: ____ - ____ - ____

Age: _____ Date of Birth: _____ Entering Grade as of 08/2010: _____

Height: _____ Weight: _____ Email: _____

High School: _____ Coach: _____

School Address: _____

City: _____ State: _____ ZIP: _____

Primary Insurance: _____ Name of Insured: _____

Relationship to Insured: _____ Insured D.O.B. _____

Insured Social Security /ID #: _____ Group# _____

PARENTS OR LEGAL GUARDIAN (AND PARTICIPANT) MUST READ AND SIGN THE FOLLOWING RELEASE IN ORDER TO REGISTER AND ATTEND THE PRO FOOTBALL COMBINE CAMP**Liability Release and Assumption of Risk Disclaimer***(Please read thoroughly and sign)*

In consideration of Pro Football Combine Camp Foundation (PFCC) allowing my child or ward to participate in its football camp, I understand that my son must have current and active medical insurance before he can attend camp. I hereby register my son for the PFCC and authorize the staff to direct him in participation in camp activities. My son has no medical or emotional problems which may affect his ability to safely participate in your program. In the event of injury, I authorize the PFCC and its athletic training staff to obtain and/or administer any medical care or treatment deemed necessary. I understand that there are inherent risks associated with sports activity and that neither I nor my son will hold the PFCC Foundation liable for any injuries sustained at the camp. Additionally, I give my permission to utilize any video or photos that may include my child or myself for any commercial use that the PFCC chooses to utilize to promote the football camp. By signing this, I verify that I have read and accepted all administrative policies and refund conditions as set forth by the Pro Football Combine Camp that are stipulated on the website and/or in the brochure.

Signature of Participant's Legal Guardian: _____ Date: _____

Relationship to Participant: _____ Phone: _____

Signature of Participant: _____ Date: _____

Make check payable to: **Pro Football Combine Camp (\$35 NSF Fee)(Non-Refundable)**. Return application, registration fee, and copy of insurance card to:

PRO FOOTBALL COMBINE CAMP
 c/o OSSL
 PO BOX 28
 THIBODAUX, LA 70302-0028

Early Registration \$50.00 If received by May 31 st . Late Registration \$75.00 Beginning June 1 st .
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FOR INQUIRIES, PLEASE CALL 985.625.2200