

Featuring Top High School Football Players From Around The Nation!

Prep Star Magazine



Pacific Northwest Combine & Mini-Camp

A SPECTACULAR DAY OF FOOTBALL!

Camp Agenda

- Player Check-In Starts at 10am
- Player Measurements
- Player Media & Magazine Photo Session
- Dynamic Warm-Up
- PrepStar College Scouting Combine
- College Recruiting Q&A Session for Parents (Bill Harrison, National Scouting Director)
- Individual Position/Developmental Drills
- One-on-One's
- 7-on-7 for Backs & Receivers
- Red Zone Offense & Defense
- Pass Rush Competition for Lineman
- "Two-Step Thud" Team Drill (All Players)
- Camp Wrap-up at 4:00pm

ALL PLAYERS EVALUATED BY CSA COLLEGE SCOUTS TO DETERMINE STATUS AS A PREPSTAR MAGAZINE ALL-AMERICAN OR ALL-REGION SELECTION.

Saturday, July 19th, 2008

Mountain View High School • 2755 NE 27th Street • Bend, OR 97701

Combine Hotline: (800) 763-6025 • www.csarecruiting.com • www.csaprepstar.com

Presented by



QUESTIONS & INFORMATION

CALL OUR CAMP HOTLINE
(800) 763-6025

HOW TO REGISTER

Please fill out the enclosed registration/waiver form and return in the pre-addressed envelope provided.

REGISTER EARLY! CAMP ENROLLMENT IS LIMITED!

REGISTRATION FEES & DEADLINE

Registration Fee of \$95.00 Per Player

REGISTRATION DEADLINE IS JUNE 1ST, 2008

CAMP CONFIRMATION

Once we receive your player registration, and payment, you will receive an e-mail alert within 72 hours.

2008 PrepStar Magazine
Pacific Northwest Football Combine & Mini-Camp
BASIC INFORMATION & INSTRUCTIONS

Date

Saturday, July 19th 2008

Location

Mountain View High School Football Complex
2755 NE 27th Street
Bend, OR 97701

Registration Information

IMPORTANT: PLEASE CALL OUR CAMP HOTLINE TO RESERVE YOUR SPOT! (800) 763-6025

When calling the camp hotline please provide your full name, school and home/cell number. Calling the camp hotline will “hold” your spot as long as we receive your registration forms/payment by June 1st, 2008.

Player registration fee is \$95.00. Checks, credit/debit cards and money orders are acceptable. Please make checks payable to Collegiate Sports of America (or CSA). Mail registration to:

Collegiate Sports of America
Football Office
6531 FM 78, Suite 110-300
San Antonio, TX 78244

For your convenience you can fax your player registration to: (866) 664-6230 (will need credit/debit card information)

Registration Deadline

The deadline to register is June 1st, 2008. Event’s like this have sold out every year so you will want to expedite your registration information as quickly as possible.

Player Confirmation

Once the CSA football office receives your player registration packet you will be sent an e-mail confirmation within 72 hours. Please be sure to provide a valid email address so we have a way of sending you your camp confirmation.

On about June 5th, 2008 we will mail you a player packet that will include your confirmation along with a schedule of events for the camp, a list of hotels/restaurants, a list of FAQ’s, and information on the check-in process.

Some Notes:

- Players will be provided with a camp shirt to wear. Offensive and defensive players will have different colors.
- You should plan on wearing comfortable workout shorts, socks and football cleats.
- Please bring a mouthpiece to help protect your teeth during all football drills.
- The combine and all football drills will be conducted on grass fields.
- Check-in for the camp will start at 10:00am. The camp will conclude around 4:00pm.
- Select players who register by June 1st, 2008 will be featured on www.prepstar.com.

CAMP QUESTIONS: PLEASE CALL OUR HOTLINE AT (800) 763-6025



Player Registration Form

PrepStar Magazine
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July 19th, 2008 • Bend, OR

5 Easy Steps

1. **Call our Camp Hotline** at (800) 763-6025 to reserve your spot!
2. Please make sure both sides of this registration/waiver form are filled out completely, and signed.
3. Please fill in appropriate payment information. Checks made payable to **Collegiate Sports of America**.
4. Please mail forms to CSA (envelope provided) so that we receive **by June 1st, 2008**.
5. **Or you can FAX TO: (866) 664-6230**

Player Information

First Name: _____ Last Name: _____ Nick Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

E-mail Address: _____ Grad Year from HS: _____

School Name: _____ Core Class GPA: (4.0 scale) _____

Athletic Profile Information

Height: _____ Weight: _____ Bench MAX: _____ 40 Yard Dash: _____

Position (Circle only one!) QB RB FB WR TE OL CB S ILB OLB DL DE Shirt Size L XL XXL XXXL

Payment Information (REGISTRATION FEE IS \$95.00 PER PLAYER)

Credit Card (select one) Visa _____ MasterCard _____ American Express _____ Discover _____

Card # _____ Exp.Date _____ 3 or 4 digit V code _____

Authorized Signature: _____ Printed Name: _____

REFUND POLICY:

- A). Full refund (less a \$25.00 admin. fee) if player cancels prior to June 15th, 2008. Please allow 30 days for refund.
- B). Full refund (less a \$50.00 admin. fee) if player cancels between June 16th and July 1st, 2008. Please allow 30 days for refund.
- C). No refund after July 1st, 2008.

Release of Statistics, Information, Photographs, Audio and Video

I, the parent/legal guardian of _____, grant permission and authorization for statistics, data, testing results, personal information, photographs, audio and video materials related to this combine to be released (and possibly posted electronically) to coaches, scouting organizations, media outlets, team physicians, athletic trainers, partner entities, administrative personnel and possibly the general public. I also understand that the data, information, photographs, audio and video materials are and will remain property of Collegiate Sports of America & PrepStar Magazine.

Approvals

IMPORTANT: Please return by June 1st, 2008

Parent/Guardian Printed Name: _____ Phone #: _____

Parent/Guardian Signature: _____ Today's Date: _____

MAIL TO: COLLEGIATE SPORTS OF AMERICA, 6531 FM 78, Suite 110-300, San Antonio, TX 78244



Player Waiver Form

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Release and Waiver re: Liability, Injury and Property Damage with Authorization for Medical Treatment

I, the undersigned, am fully cognizant that engaging in any sport or physical activity includes the inherent and substantial risk of personal injury. I attest that my student-athlete, _____, is presently in excellent physical condition and may participate in all physical activities associated with this Camp and, in return for allowing him/her to participate in this Camp, I agree to assume the complete risk of and responsibility for any injury that may result from his/her participation in it.

If the student-athlete registering herein has any pre-existing health-related medical conditions, allergies, diseases, etc. that could potentially prohibit, prevent or limit him/her from participating in events such as this, please advise us of them:

In addition, I hereby release, waive, indemnify, save, forever discharge and agree not to sue any of the other participants or staff at this combine, as well as CSA-PrepStar, Mountain View High School, Bend La Pine School District and any or all of their employees, officers, contractors, subcontractors, partners, sponsors, agents, affiliates or assigns from all present or future claims that may be made by either the participating student-athlete or me, my family, estate, heirs or assigns for property damage, theft, personal injury, bodily harm, wrongful death or any other potential liability arising as a result of participation in this Camp (and possibly caused by the ordinary negligence of the parties listed above, wherever, whenever, or however same may occur).

I grant permission and authorization for my student-athlete to receive first aid or medical treatment as needed and, to the same extent and scope as previously mentioned, I also agree to release (indemnify and hold harmless) said parties from any and all claims whatsoever which may be attributable to the receipt of said treatment rendered in connection with (and/or arising out of participation in) such event.

I affirmatively swear that I am the parent or legal guardian of the previously named participating student-athlete and do hereby execute this liability release and waiver on behalf of that individual. I agree that the terms of this release are binding on my student-athlete and me. I am of legal age and am freely and voluntarily signing this document without inducement from any party.

In addition, I understand that engaging in any sport or physical activity includes the inherent and substantial risk of personal injury or property damage. With respect to same, I voluntarily grant permission and authorization for my student-athlete to participate in this Camp and agree to assume the complete risk of and responsibility for any injury or damage that may result from (or be related to) his/her participation.

I also grant permission and authorization to the team physicians, athletic trainers and medical consultants of this Camp to evaluate and treat any injuries that may occur during my student-athlete's participation in it. In addition, I understand that they have the authority to prohibit or eliminate my student-athlete from participation (because of either an injury or any risk of liability to anyone associated with this Camp).

I further represent that I have read and fully understand this document and, by signing it, am giving up legal rights and remedies.

Parent/Guardian Signature: _____ Today's Date: _____

Printed Name: _____ Emergency #: _____