

2008 MBA Football Clinic Participant Contract
www.mbasportscamp.com

Section I – Participant Information

No Candidate will participate in any activity until this form has been completed in full *(Please Print Firmly)*

Candidate Full name _____ Birthdate: _____
Home Phone: _____ Cell Phone: _____ Email: _____
Address: _____ City: _____ Zip: _____
Mother's Name: _____ Cel Phone: _____ Bus. Phone: _____
Email : _____
Father's Name: _____ Cel Phone : _____ Bus. Phone: _____
Email : _____
In Case of an Emergency Notify: _____ Cell or Home Phone #: _____
Insurance Policy number: _____ Dr. Name: _____

Section II - School Information

School Name: _____ School Phone: _____
GPA: _____ Counselors Name _____ Counselor Phone: _____
School Academic Honors: _____
ACT Score: _____ SAT Total Score: _____ Math: _____ Verbal: _____ Writing: _____
Intended Major in College: _____

Section III – Football Information

Height: _____ Weight: _____
Primary Position: _____ Secondary Position: _____
Bench max: _____ Squat max: _____ Clean max: _____
40 yds Dash: _____
Athletic Honors: _____
Coaches Name: _____ Coaches Phone: _____
Coaches Email: _____
Jersey # _____

-----Make sure to include 2009 Liability Form, 2009 Medical Insurance Form and \$150.00 payment -----

www.mbasportscamps.com or www.mbasportsrecruiting.com

Please mail this information to MBA Sports 8030 La Mesa Blvd #215 La Mesa, CA 91941