



## ST. JOE HIGH SCHOOL

453 N. Notre Dame Ave, South Bend, In. 46617

***Premier QB Training – 4 Workouts this Spring***

**CURRENT GRADES 8 – 11**

**Sat. April 27 (4 pm), Mon. May 6 (7 pm location TBD),  
Sun. May 12, 19 (12:00 – 1:00PM)**

**Registration limited - 8 Quarterbacks**

**Fee – \$240**

**Reserve a spot: [reagan.8@nd.edu](mailto:reagan.8@nd.edu) or call/text 574-876-6349**

**Make checks out to Bill Reagan – or contact me for Venmo info**

**Website: <http://reagantopgunqbtraining.com/>**

**Mail waiver form/fee to: Bill Reagan @ 51287 Carrigan Way,  
Granger, In. 46530**

**Bill Reagan is a former Notre Dame Football Staff Member, NCAA Division II Head Coach & Elite 11 Regional QB coaching staff member. Bill has conducted small group and private quarterback training for the past 20 years.**

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**TOP GUN QB TRAINING REGISTRATION/WAIVER FORM**

NAME \_\_\_\_\_ Cell PHONE \_\_\_\_\_

Parent Email \_\_\_\_\_ Training Site \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SCHOOL \_\_\_\_\_ Grade \_\_\_\_\_ SESSION - Youth \_\_\_\_\_ High School \_\_\_\_\_

My son has permission to attend TOP GUN QB TRAINING. I certify that within the past 2 years, he has had a physical examination and that he is physically able to participate in football academy activities. I will be responsible for any medical or other charges in connection with my son's attendance at TOP GUN QB TRAINING.

Parent (legal guardian)

Signature \_\_\_\_\_

Insurance Company name \_\_\_\_\_ Policy Number \_\_\_\_\_  
Are there any restrictions to participation? No \_\_\_\_\_ Yes \_\_\_\_\_ (if so please describe)