

# 2021 MONTFORD FOOTBALL

## TRYOUTS:

Monday, March 1, 4:00-6:30pm (QB, TE, WR, RB, DB, LB,)

Tuesday, March 2, 4:00-6:30pm (QB, OL, DL, TE)

Wednesday, March 3, 4:00-6:30pm (QB, TE, WR, RB, DB, LB,)

Thursday, March 4, 4:00-6:30pm (QB, OL, DL, TE)

If you are unsure what position to try-out for, it's okay, just come out March 1<sup>st</sup>.

\*QB-Quarterback\* TE-Tight End\* WR-Wide Receiver \*RB-Running Back \*DB-Defensive Back\*LB-Linebacker\*OF-Offensive Lineman\*DL-Defensive Lineman

### Conditions of Participation

#### **To be eligible for participation all students must:**

- 1) Have a completed Activity Participation Form on file
- 2) Have documentation of a current physical on file (physicals are good for 1 year after the date of the exam)
- 3) Have a completed HIPPA Form on file
- 4) LCS Covid-19 Consent Form
- 5) Maintain a 2.0 grade point average
- 6) Copy of Current Grades
- 7) Maintain satisfactory citizenship in all classes
- 8) At the time specified by the coach, have transportation to/from all activities
- 9) Attend all scheduled games and practices on time (except when excused by the coach)
- 10) Act responsible and represent the school in a positive manner

**\*\*\*\*\*Any violation of the conditions of participation may result in dismissal from the team**

## Keep This Page

***I have read and understand the conditions of participation*** Yes \_\_\_\_\_ No \_\_\_\_\_

Student Name (first & last) \_\_\_\_\_ Date of Birth mo/day/year) \_\_\_/\_\_\_/\_\_\_

Grade Level: \_\_\_\_\_

Do you have a current physical on file with the school, if so what is the date of the physical? Yes \_\_\_\_\_  
No \_\_\_\_\_ (mm/dd/yy) \_\_\_/\_\_\_/\_\_\_

1. Do you have a "2020-21 "Activity Participation Form" on file? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Do you have a **2020-2021 Health Insurance Portability and Accountability Act ("HIPPA)/Student-Athlete Authorization for Disclosure of Protected Health Information** on file? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Did you submit a copy of your current grades with your permission slip? Yes \_\_\_\_\_ No \_\_\_\_\_

***\*\*\*\*\*All documentation must be completed before participating in the activity***

**PARENT CONSENT:**

I give permission for my child (named above) to participate. I agree with the above conditions, and understand that any violation of the above conditions may result in the student's dismissal from the team.

\_\_\_\_\_

Parent/Guardian-Name

\_\_\_\_\_

Date

\_\_\_\_\_

Phone # (best way to contact)

\_\_\_\_\_

Parent/Guardian-Signature

**\*\*\*\*\*THIS FORM MUST BE SIGNED SUBMITTED TO COACH GREEN BEFORE ATTENDING TRYOUTS.**

**Complete, scan it and email it to [greend@leonschools.net](mailto:greend@leonschools.net)**

Any questions please e-mail Coach Green at: [greend@leonschools.net](mailto:greend@leonschools.net)