

# 2021 MONTFORD FOOTBALL TRYOUTS:

Monday, August 9, 4:00-6:00pm (QB, TE, WR, RB, DB, LB,)

Tuesday, August 10, 4:00-6:00pm (QB, OL, DL, TE)

Wednesday, August 11, 4:00-6:00pm (QB, TE, WR, RB, DB, LB,)

Thursday, August 12, 4:00-6:00pm (QB, OL, DL, TE)

Friday, August 13, 4:00-6:00pm (All Team)

If you are unsure what position to try-out for, it's okay, just come out Monday, August 9.

\*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 current physical or one on file (Physicals are good for 1 year after the date of the exam)
- 2) Have a completed Activity Participation Form
- 3) Have a completed HIPPA Form
- 4) Submit a copy of their current grades
- 5) Maintain a 2.0 grade point average. 7<sup>th</sup> and 8<sup>th</sup> graders need to have 2.0 to be eligible
- 6) Maintain satisfactory citizenship in all classes
- 7) Be in attendance and on time for every practice and game
- 8) Act responsible and represent themselves and 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 mm/dd/yr) \_\_\_/\_\_\_/\_\_\_

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/yr) \_\_\_/\_\_\_/\_\_\_

1. Do you have a “2021-22 “Activity Participation Form” on file? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Do you have a **2021-2022 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 tryout form? 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 Contact)

\_\_\_\_\_  
Parent/Guardian-Signature

**\*\*\*\*\*THIS FORM MUST BE SIGNED SUBMITTED TO COACH JACKSON BEFORE ATTENDING TRYOUTS ON MONDAY.**

**Complete, scan it and email it to [coryjack20@gmail.com](mailto:coryjack20@gmail.com)**

Any questions please e-mail Coach Jackson: [coryjack20@gmail.com](mailto:coryjack20@gmail.com).