

9th GRADE FOOTBALL TEAM

- WHO:** Any student who is entering grade 9 next school year, (2021-2022) and is interested in playing football.
- WHEN:** Conditioning practices will begin Tuesday June 2 from 10:00 am to 11:45 am. We will meet throughout the summer Monday through Friday at these times. We ask that if you are in town, that you attend these workouts.
- Football Practices will start on Monday, June 7 and will continue with activities throughout the summer and fall. See schedule below.
- WHERE:** All practice sessions will be held at Snider High School.
- DRESS:** Helmet, shoulder pads (Distributed during Summer Conditioning), and football shoes. Players will receive football shirt, Shorts, practice jersey and mouthpiece.
- COST:** The total cost will be **\$40.00**. This cost will go towards a Full equipment for each player, practice jersey and mouthpiece to be used during the football season. This is the total cost to play football in the fall.
- PHYSICAL:** Each player is required to have a physical. Physicals are provided at many locations locally. This must be done prior to practice beginning in June.
- REGISTRATION:** Please mail or return registration forms and payment to:
Snider High School
c/o Kurt Tippmann
4600 Fairlawn Pass
Fort Wayne, IN 46815
Kurt.tippmann@fwcs.k12.in.us
- No player will be denied attendance if there is a financial hardship. Contact Coach Tippmann for arrangements.
 - We highly encourage all young men interested in playing football to be in attendance, whether you've played before or not.
- QUESTIONS:** Please direct all questions to Kurt Tippmann, Head Football Coach, Snider High School. Phone 467-4670 (School) or 494-2310 (Cell).

*** NOTE: PLEASE KEEP THIS PART OF THE BROCHURE FOR YOUR USE.**



9th GRADE FOOTBALL TEAM APPLICATION

(PLEASE PRINT)

NAME _____ GRADE NEXT YEAR _____

ADDRESS _____ ZIP _____

Parent Email _____

StudentEmail _____

Parent Cell # _____

Student Cell # _____

PRACTICE JERSEY SIZE (CHECK ONE): MED _____ X-LARGE _____ XXX-LARGE _____

MEDICAL INFORMATION

FAMILY DOCTOR _____ PHONE _____

HOSPITAL PREFERENCE _____

LIST ALL HEALTH AND OR PHYSICAL PROBLEMS _____

SIGNATURE: (PARENT OR GUARDIAN) _____

DATE _____

PLEASE MAKE CHECKS PAYABLE TO AND MAIL OR RETURN TO:

SNIDER HIGH SCHOOL c/o Kurt
Tippmann
4600 FAIRLAWN PASS FORT WAYNE,
IN. 46815