

SNIDER FOOTBALL

FUNDAMENTALS CAMP

- WHO:** Any student who is entering grades 3, 4, 5, 6, 7, or 8 next school year, (2021-2022).
- WHEN:** Camp will start on Monday, May 17, 2021 and end on Thursday, May 20, 2021.
- WHERE:** All camp sessions will be held at Snider High School practice fields
- TIME:** 5:00 p.m. - 7:00 p.m. (Daily)
- DRESS:** **NO FOOTBALL EQUIPMENT!** Each boy will provide his own clothing and some type of football or athletic shoe. Shorts are recommended on warm days.
Campers should wear camp Tee-shirt each day.
- TEE-SHIRT:** Each camper will receive a SNIDER FOOTBALL CAMP TEE-SHIRT.
- COST:** The fee is \$40.00 per camper. This will include instruction, football tee-shirt, refreshments, awards, and insurance. Please make checks payable to: SNIDER FOOTBALL CAMP.
- REGISTRATION:** Registration is limited and will be on a first come first serve basis. Please register as soon as possible to allow for thorough camp organization.
- Please mail or return camp application and check to:
Snider High School
c/o Kurt Tippmann
4600 Fairlawn Pass
Fort Wayne, IN 46815
- INSTRUCTION:** Campers will be instructed in the various phases of football fundamentals. Instruction will be conducted by the Snider coaching staff and Snider players.

COMPETITION: There will be touch football games daily. Teams will be grouped by grade.

QUESTIONS: Please direct all questions to Kurt Tippmann, Camp Director, Snider High School. Phone 467-4670 (School), 494-2310 (cell).

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

FUNDAMENTALS FOOTBALL CAMP APPLICATION

(PLEASE PRINT)

NAME

GRADE NEXT YEAR _____

LAST	FIRST		
ADDRESS	ZIP		
BIRTHDAY ____ / ____ / ____	AGE		
PHONE			
HOME	FATHER'S WORK	MOTHER'S WORK	
TEE-SHIRT SIZE: (CHECK ONE)	ADULT: SMALL ____	MEDIUM ____	LARGE ____
FAMILY DOCTOR			
PHONE			
EMAIL ADDRESS:			

LIST ALL HEALTH AND OR PHYSICAL PROBLEMS _____

WAIVER

I HEREBY AUTHORIZE THE DIRECTOR OF THE SNIDER FOOTBALL CAMP AND THE STAFF TO ACT FOR ME, ACCORDING TO THEIR BEST JUDGMENT, IN ANY EMERGENCY REQUIRING MEDICAL ATTENTION AND I HEREBY WAIVE AND RELEASE THE CAMP FROM ANY AND ALL LIABILITY FOR ANY INJURIES AND ILLNESSES INCURRED WHILE AT CAMP. I ALSO CERTIFY THAT I LIVE WITHIN THE BOUNDARIES OF THE SNIDER HIGH SCHOOL ATTENDANCE AREA.

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

PLEASE REGISTER AS SOON AS POSSIBLE