

# NORTH CENTRAL POP WARNER

## 2009 Registration Checklist

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Use this checklist to ensure you have all necessary forms and documentation when you register your player for the 2009 season. All requested forms and documentation REQUIRED for participation in the program. Registration dates and location listed below.

Players MUST be present at registration.

- 2009 Player Contract Form (included)
- 2009 Medical Release Form—must be on official Pop Warner Form (included)
- Player's Original Birth Certificate
- "4 Quarter" Report Card for your player
- Proof of Residency (Water, Electric or Gas Bill only)

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### 2009 Registration Dates:

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Saturday May 16th                      Saturday June 6th  
Saturday June 20th                      Saturday July 11th  
9AM—4PM

Orangewood Elementary School  
19th Ave & Orangewood

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### 2009 Registration Costs:

Flag—\$90                      •                      Cheer—\$150                      •                      Tackle—\$175

Cash or Checks Accepted

Pop Warner Little Scholars, Inc  
2009 PARTICIPANT CONTRACT AND PARENTAL CONSENT FORM



**Special Note:** This form must be dated after January 1, 2009 and is applicable only for the 2009 season. This form must be submitted to your LOCAL Pop Warner organization prior to the athlete participating in Pop Warner. No other forms are acceptable. Every Pop Warner Association must have a fully completed and signed original of this form prior to allowing the athlete to participate.

**Legal Name of Participant (must match birth certificate):**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Also known as \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Phone No: \_\_\_\_\_ Birth date \_\_\_\_\_

Gender: \_\_\_ Male \_\_\_ Female

Sport: \_\_\_ Football \_\_\_ Cheer \_\_\_ Dance

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

Grade Point Average: \_\_\_\_\_ Alternative Form Participant: \_\_\_\_\_

(must meet Scholastic Fitness Requirement of 2.0/70% or else fill out the Scholastic Eligibility Form or Home School Eligibility Form).

Mailing Address if different from above:

Name of Parent/Guardian \_\_\_\_\_

Relationship to Athlete: \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Telephone No: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Emergency Contact Information (if the parent/guardian can not be reached):**

Name \_\_\_\_\_ Relationship to Athlete \_\_\_\_\_

Home Telephone No: \_\_\_\_\_ Cell or work No.: \_\_\_\_\_

**Pop Warner Official Use Only:**

Registration Number: \_\_\_\_\_ Witnessed By: \_\_\_\_\_

Participant Fees

Amount Paid \$ \_\_\_\_\_

Type of Transaction: \_\_\_ Cash \_\_\_ Check \_\_\_ Credit Card \_\_\_ Other (please explain)

Proof of Age verified? Yes No

Birth Certificate Other (please explain)

Division of Play (circle one): Flag / Tiny Mite / Mitey Mite / Jr. Pee Wee / Pee Wee / Jr. Midget / Midget / U/L

Weight at Time of Registration (Football Only): \_\_\_\_\_

Proof of Scholastic Fitness verified? Yes No

**1. PERMISSION TO PARTICIPATE**

I, the parent/guardian of the above-named participant hereby acknowledge that my child is in good general health and I give my approval for my child to participate in any and all Pop Warner national, regional, league/conference, association and team/squad activities, including transportation to and from the activities by a licensed driver with proof of insurance.

**2. INTENT TO INFORM**

I acknowledge that I am fully aware of the potential dangers of participation in any sport and I fully understand that participation in football, cheerleading and/or dance may result in **SERIOUS INJURIES, PARALYSIS, PERMANENT DISABILITY AND/OR DEATH**. Furthermore, I fully acknowledge and understand that protective equipment does not prevent all participant injuries, and therefore I do hereby waive, release, absolve, indemnify, and agree to hold harmless the local, league and regional Pop Warner organization(s), Pop Warner Little Scholars, Inc., and any and all organizers, sponsors, supervisors, participants, and persons transporting the above named participant to and from activities, from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.

**3. EMERGENCY MEDICAL AUTHORIZATION**

I hereby grant my permission for any and all emergency medical/dental treatment and/or first aid to be administered to my child/participant, including authorizing any medical treatment facility/hospital to administer emergency treatment, for any illness/injury/accident resulting from participation in any and all Pop Warner activities. Initial: \_\_\_\_\_

**4. EQUIPMENT RESPONSIBILITY**

I agree to assume full responsibility for any and all equipment/uniforms loaned to the above named participant and I agree to promptly return, upon request, the uniform and other equipment issued to the above named participant in as good condition as when received except for normal wear and tear. If I fail to adhere to this policy, I will be responsible for the replacement cost of such equipment. I agree to furnish an authentic certified copy of a birth certificate of the above-named participant to local Pop Warner officials.

**5. INSURANCE DISCLOSURE**

I am aware that my local Pop Warner organization carries group accident insurance which is considered secondary or excess for medical purposes to any and all valid insurance I possess is considered primary insurance. Furthermore, I agree to notify in writing my head coach and local Pop Warner organization of any medical claim as a result of participation in Pop Warner as soon as reasonably possible. I understand that any registration fee paid does not constitute a direct premium for insurance and that a deductible(s) may apply.

**6. SCHOLASTIC VERIFICATION**

I hereby stipulate that (check one) \_\_\_\_ my child is scholastically fit, or \_\_\_\_ that I have completed the scholastic eligibility form or the Home School Eligibility Form and will adhere to all rules and regulations therein. Furthermore, I hereby authorize my child's school to release school grades, report card results, and any and all other pertinent scholastic information to the local Pop Warner organization in order to comply with Pop Warner's scholastic fitness requirements.

**7. FINANCIAL RESPONSIBILITY**

I hereby stipulate that I have been advised by the local Pop Warner Organization of my rights, if any, to a refund in accordance with the local organization policies, and I have also been advised of my fundraising obligations for the entire season and agree to fully comply with those obligations.

**8. COMMUNICATION CONSENT**

As a condition to my child's participation in Pop Warner, I hereby consent to receive communications via email and mail from Pop Warner Little Scholars, Inc. and its partners. I understand that Pop Warner Little Scholars does not sell its contact lists and communications sent may contain program information as well as special offers and may be opted out of by following the instructions in the email or via written request to the Pop Warner National Office.

**9. ADULT CODE OF CONDUCT:**

S1: In order to uphold the goals of Pop Warner and ensure that all participants have the benefit of a safe and fun learning environment, all parents, guardians and other adults and attendees of Pop Warner events, including but not limited to practices, competitions, and banquets, must behave accordingly in a respectful, courteous and sportsmanlike manner at all times.

S2: Any adult who is using alcohol, tobacco or non-prescription drugs and/or appears intoxicated at a Pop Warner event, and/or who is flagrantly rude, attempts to intimidate, verbally abuse, heckles, taunts, ridicules, boos, throws objects and/or uses vulgarity or profane language/gestures with an official, coach, volunteer, staff member, participant or other event attendee, must receive a verbal warning and/or be asked to leave a Pop Warner event. The member organization may also provide a written warning to the individual regarding the misbehavior. The adult's children may also be removed from the event. Any adult who commits one of the above stated offenses a second time, will be banned from any and all Pop Warner events for a period of one year from the date of the second offense, and their children may also be removed from the program(s) for that time period.

S3: Any adult who physically assaults an official, coach, volunteer, staff member or participant or threatens grave bodily harm may be banned from any and all Pop Warner events for one year from the date of the offense, and their children may also be removed from any and all Pop Warner programs for that same period of time. After the ban has expired, if the individual commits another offense of the adult code of conduct, the individual will be permanently banned from any and all Pop Warner events and the individual's children may also be permanently removed from any and all Pop Warner programs.

9. I understand that my child must meet Pop Warner age and/or weight requirements on their official certification date as established by Pop Warner Little Scholars, Inc. without exception. I further understand that the decision of the Weigh Master is final. I understand that proof of age; (I agree to furnish an authentic certified copy of a birth certificate of the above-named participant to local Pop Warner officials), current year medical release, Participant Contract and Parent Consent and scholastic fitness must be presented by date of certification in order to participate further in Pop Warner activities.

**RULES & REGULATIONS**

I hereby understand and acknowledge that as a parent/guardian of a Pop Warner participant it is my responsibility to comply with all rules and regulations stipulated, adopted or recognized by Pop Warner Little Scholars Inc. or any of its member organizations, including but not limited to the Adult Code of Conduct, stipulated in Section 8 above and published in the Pop Warner Rulebook. Any non-compliance with any and all rules and regulations may be cause for discipline and/or dismissal of my child/the participant, myself, and/or any spectators or other persons affiliated with the undersigned and the above named participant.

By my signature below, I hereby stipulate that I have read, fully understand and voluntarily agree to all of the above:

Signature of Parent/Guardian \_\_\_\_\_

Print Full Legal Name \_\_\_\_\_

Signature of Participant \_\_\_\_\_

Print Full Legal Name \_\_\_\_\_

Date \_\_\_\_\_



Pop Warner Little Scholars, Inc.



2009 PHYSICAL FITNESS & MEDICAL HISTORY FORM

Special Note: This form must be dated after January 1, 2009 and then submitted to your LOCAL Pop Warner organization. No other forms are acceptable unless Section II is modified or substituted ONLY to comply with local and/or state laws or because of medical practitioner regulations (i.e. the medical practice insists on its own form). In either case, Section I must still be filled out entirely and attached to the modified/substituted form. Section II must be completed in its entirety ONLY by a Licensed State Examiner (medical doctor, , nurse practitioner, etc.)

Section I: FOR PARENT/GUARDIAN COMPLETION ONLY

Legal Name of Participant (must match birth certificate):

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male\_\_ Female \_\_

Name of Primary Medical Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Membership Number: \_\_\_\_\_

Name of Primary Insured: \_\_\_\_\_

Sport (check one): Cheer\_\_ Dance\_\_ Tackle\_\_ Flag\_\_

PARTICIPANT MEDICAL HISTORY

- 1. Are there any injuries requiring medical attention? Yes No
2. Are there any past surgeries or scheduled surgeries? Yes No
3. Is the participant currently under the care of a medical practitioner? Yes No
4. Is the participant currently taking any medications? Yes No
5. Does the participant have any allergies (penicillin, bee stings, etc)? Yes No
6. Does the participant have asthma/require the use of an inhaler? Yes No
7. Is the participant diabetic/require medication for diabetes? Yes No
8. Does the participant currently require medication? Yes No
9. Does/has the participant have/had seizures? Yes No
10. Does the participant wear glasses or contact lenses? Yes No
11. Does the participant wear a brace or other medical support device? Yes No
12. Does the participant have any other physical limitations or medical conditions? Yes No

If you answered yes to any of the above questions, please provide the question number and an explanation in the following space:

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

I hereby certify that this information is accurate to the best of my knowledge. I understand that this medical authorization may be voided in the event of injury, illness or accident and my child may not be cleared for participation at such time. Furthermore, I hereby acknowledge that it is my responsibility to inform my child's coach or organization official in writing if there is any change in the medical condition of my child. I also understand that it's my responsibility to obtain written permission from my child's physician on official medical stationary in order to seek permission for my child to resume participation after any and all such injury, illness or accident.

Signature of Parent or Legal Guardian: \_\_\_\_\_

Print Name \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Dated \_\_\_\_\_



Pop Warner Little Scholars, Inc.



**Section II: THIS SECTION IS TO BE COMPLETED ONLY BY A MEDICAL PROFESSIONAL**

Name of Participant: \_\_\_\_\_

(Please check the following if healthy or note otherwise):

Height	Weight	Eyes
Ears	Mouth	Nose & Throat
Respiratory	Cardiovascular	Neurological
Muskoskeletal	Dermatological	Blood Pressure

I hereby certify that I am a licensed state examiner and have examined the above named individual and understand that he/she will be involved in participating in Pop Warner football, cheer or dance programs. I hereby swear and attest that this individual is physically fit and I have found no medical reason which would prevent this individual from safely participating in Pop Warner activities for the 2009 season. I am therefore clearing this individual for athletic participation without limitation.

Please place medical professional stamp here or fill out the following:

Signed \_\_\_\_\_ Date: \_\_\_\_\_

Print Name \_\_\_\_\_

Please indicate medical profession (M.D., D.O. N.P. ) \_\_\_\_\_

Complete this section or the medical professional's stamp may be placed below.

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Telephone \_\_\_\_\_ /Fax Number: \_\_\_\_\_

Section II must be completed in its entirety ONLY by a Licensed State Examiner (medical doctor, nurse practitioner, etc. – this may vary by state). NO other forms are acceptable unless Section II is modified or substituted ONLY to comply with local and/or state laws or because of medical practitioner regulations. In either case, Section I must still be filled out entirely and attached to the modified/substituted form.



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## Pop Warner Little Scholars, Inc. 2009 Scholastic Eligibility Form

This form is to be completed by those participants in the Pop Warner program that have not met the National Scholastic Requirement of 70 percent and/or 2.0 Grade Point Average (GPA) at the time of certification.  
***This form must be accompanied by a progressing progress report or report card to be eligible for play after the October 16, 2009 deadline. That report must be dated between Sep. 16, 2009 and Oct 16, 2009.***

**If no progressing progress report or report card is given in this window then the player shall be found ineligible for the rest of the year.**

Please print and fill out completely

Name: \_\_\_\_\_ Football / Spirit (circle one)

Street: \_\_\_\_\_

Town / City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

League Name: \_\_\_\_\_

Team / Association: \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**As the above named participant has not met the Pop Warner Little Scholars (PWLS) scholastic requirement of a minimum GPA of 2.0/70% or higher, we the undersigned, agree to the terms shown above as a condition to being passed on the National roster.**

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Head Coach Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attach Original Progress Report – PWLS Use Only

September 16<sup>th</sup> through October 16<sup>th</sup>: \_\_\_\_\_ Satisfactory \_\_\_\_\_ Unsatisfactory \_\_\_\_\_ Head Coach Initials \_\_\_\_\_

By signing below, I certify that \_\_\_\_\_ is eligible to participate for the remainder of the 2009 season.

League Representative/League Scholastic Cord. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Scholastic Eligibility Guidelines:**

1. The progress report must contain all classes taken except for Physical Education
2. For the progress report to be used for season eligibility, the participant must be progressing in at least 51% of their classes
3. The progress report must be an original, not a copy
4. The progress report must be on the Official School/Regional Progress Report Form. If the form is from the school, It must be on school letterhead or have a stamp or marking stating it came directly from the school

**Guidelines**

1. This form must be completed with all signatures obtained
2. Original progress report must be turned in by the Scheduled date and in participant's book prior to game day certification
3. If no progress report is received, the player is ineligible for the remainder of the year
4. This form and progress reports must be in book at all times.
5. If progressing progress is received in the designated timeframe the player is eligible for the rest of the season
6. If player is found ineligible and plays the team and coach will be subject to the rules applying to ineligible players
7. At the end of the designated time period, a League Board member or member of the League Scholastic team must certify eligibility for the rest of the season
8. Head Coach and or Parent/Guardian will be require to come before the Pop Warner board if found allowing an ineligible child to participate in any game.



Official League Stamp or Seal