



Duxbury Pop Warner Football & Cheerleading 2010 REGISTRATION PACKET

To register for Pop Warner football or cheerleading, please complete and supply the required paperwork by **April 24, 2010**:

1. Participant Contract and Parent Consent Form
2. Parent Participation Form
3. Volunteer/Fundraising Form
4. Sport Parent Code of Conduct Form
5. Parent/Guardian Permission and Waiver - (Please be sure to sign in both places and initial all five places indicated. You must complete physician and 3rd party info.)
6. Physical Fitness & Medical History Form – Section I – Parent/Guardian
7. Physical Fitness & Medical History Form – Section II – Medical Professional - **Use form provided in this packet** - due by the June paperwork night
8. Proof of Age (Original Birth Certificate with seal plus photocopy, passport is acceptable. Not required if player participated in the DPW program last year.), due by June paperwork night
9. Report card - Photocopy of report card for the full school year is due by the June paperwork night

Registration Fee - Due by April 24th Non Refundable –
\$190* for Football or Cheer 1 child,
\$330* for 2 children,
\$445* for 3 children,
\$470* for 4 or more children.

In addition to the registration fee, Duxbury Pop Warner is collecting a \$25 per child turf fee, to help offset the costs for the construction of and the use of Duxbury High School turf field. Duxbury Pop Warner, along with a number of town athletic associations, has agreed to collect and forward these fees. These fees will be paid at the time of registration and are in addition to the registration fee amounts above.

Cheer fees optional for returning cheerleaders, mandatory for new cheerleaders (all levels): sneakers, socks, bodysuit, bloomers (\$65)
Cheer fees mandatory (all levels): Cheer hair bow & fundraiser (\$20)
Cheer fees mandatory (C-level): comp fees and music fees (\$15)

In order to be registered for Duxbury Pop Warner, payment of the registration and turf fees, as well as submission of the first six paperwork items must be mailed to Duxbury Pop Warner at P.O. Box 1401, Duxbury, MA 02331 by April 24, 2010.

Online registration is available through the link on our website – please note that you will need to print and submit in hardcopy all of the above documents – as these forms are required to be presented before every Pop Warner game. The internet address for the on-line registration is included here and on the website:

<https://active.leagueone.com/Olr/Pages/Welcome.aspx?ClubId=3173>

Optional – 2010 Practice Jersey paid for at registration (\$20) this will include your player's last name on back of jersey, first name on front – sizes: youth L, youth XL, Adult S or Adult M)

*If registering *AFTER* April 24, 2010, a late fee of \$50 will be assessed per family.

Our season begins on August 1st - We encourage you to sign up early and only if your child is ready to play and can commit to our Pop Warner program. Please plan accordingly for vacations as vacation plans cannot interfere with this commitment!

When you complete the registration packet including all necessary waivers/forms and pay the registration and turf fees, your child is enrolled in the Duxbury Pop Warner Program. A spot on the roster is not guaranteed until ALL documents (Proof of Age, Photocopy of final report card, 2010 Physicians Release, Mandatory Weigh In and League Picture) are obtained and delivered to us.

In addition to online registration, the registration forms are also available on our website at: www.duxburypopwarner.com, your source of information throughout the football/cheerleading season!



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2010 PARTICIPANT CONTRACT AND PARENTAL CONSENT FORM

Special Note: This form must be dated after January 1, 2010 and is applicable only for the 2010 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 _____ Zip _____

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).

Name of Parent/Guardian _____

Relationship to Athlete: _____

Mailing Address if different from above: _____

Address (if different from above) _____

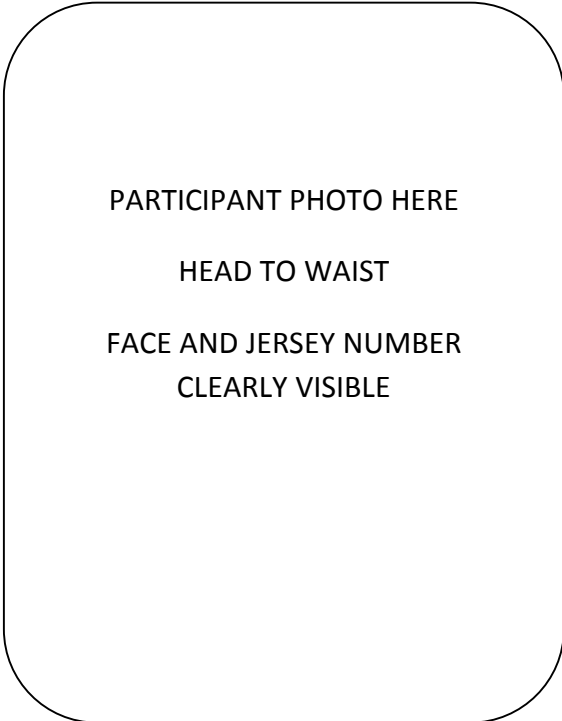
City _____ State _____ Zip _____

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.

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 either 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 AND PROMOTIONAL CONSENT

As a condition to my child's participation, 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. Furthermore, I hereby grant to Pop Warner the absolute right and permission to make, reproduce, broadcast or otherwise use participant's name and likeness, any photograph, films, videos, recordings, or other depictions or images in whatever form or media in connection with participation in Pop Warner throughout the universe in perpetuity and in any and all advertising and promotion materials, in any manner or media whatsoever for purposes of art, advertising, editorial, trade or promotion or any other purpose whatsoever. To the extent that any benefit accrues or may accrue to Pop Warner, I hereby and forever waive any interest in or claim to such benefits and acknowledge that Pop Warner is under no obligation to exercise any rights granted herein.

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.

10. ADHERENCE TO POP WARNER RULES AND PROCEDURES

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 and understand that any non-compliance with any and all rules and regulations may be cause for discipline and/or dismissal of the participant, myself, and/or any spectators or other persons affiliated with the undersigned and the above named participant. I further understand that the participant must meet Pop Warner age and/or weight requirements on their official certification date as established by Pop Warner Little Scholars, Inc. without exception and that the decision of the Weigh Master is final. I agree to furnish an authentic certified copy of a birth certificate of the above-named participant to local Pop Warner officials and understand that valid proof of age, a current year's signed medical release, participant contract and parental consent, and scholastic fitness forms must be presented by date of certification in order to participate further in Pop Warner activities.

11. DISPUTE RESOLUTION POLICY

I hereby understand and acknowledge that all civil disputes between Pop Warner and any and all affiliated parties will be subject to binding arbitration in the locale of the Pop Warner Little Scholars, Inc. National Office in Langhorne, PA in accordance with Pennsylvania law under the guidelines and rules of the American Arbitration Association. I hereby agree that this binding arbitration shall be in lieu of any litigation by and between myself, Pop Warner and any and all affiliated parties. I also understand and agree that if I contest any decision or ruling of Pop Warner Little Scholars, Inc. and seek other recourse, that I will reimburse Pop Warner for all legal fees and expenses it reasonably incurs. If any portion of this form shall be deemed unenforceable or invalid, the remainder shall remain in full force and effect.



Pop Warner Little Scholars, Inc.
586 Middletown Blvd. Suite C-100 ▪ Langhorne ▪ PA ▪ 19047
Phone: 215-752-2691 ▪ Fax: 215-752-2879
www.popwarner.com



RULES & REGULATIONS

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_____

1/18/2010

PARENT'S PARTICIPATION FORM – 2010

We need every parent to contribute if we are going to continue to provide a quality program and keep registration fees affordable. Pop Warner would run at a financial loss if not for parent participation, fundraising and concession. For this reasons.....***PARTICIPATION IS MANDATORY.***

Players Name: _____ **Team:** _____

Parents Name: _____ **Phone:** _____

PLEASE CHECK ALL OF THOSE ACTIVITIES THAT YOU AND YOUR SPOUSE ARE WILLING TO HELP OUT WITH.

POSITION	SELF	SPOUSE
<p>COACHING (CORI Request Form needs to be completed for these positions): Promoting the values of sportsmanship and teamwork through leadership and training. My spouse and/or I would be willing to help out as a:</p> <p>Cheerleader Head Coach [] []</p> <p>Cheerleader Assistant Coach [] []</p> <p>Football Head Coach [] []</p> <p>Football Assistant Coach [] []</p>		
<p>TEAM MOTHER/FATHER (CORI Request Form needs to be completed for this positions) Assists the Head Coach by coordinating communication between the board, coaches and families on behalf of the cheerleading or football team your child is on. This can include collection of forms, develop a call/email list to communicate with team, assist in lining up game day volunteers, Coaches Book, organizing water, Gatorade and oranges for half time, etc.</p> <p style="text-align: right;">[] []</p>		
<p>CONCESSION STAND Work in the concession stand on game day, set up, breakdown or cook</p> <p style="text-align: right;">[] []</p>		
<p>TEAM REPORTER [] [] The kids love seeing their names in print following their games. Please consider writing articles for your child's team!</p> <p>TEAM PHOTOGRAPHER [] [] Just as they love seeing their names in print they truly love seeing their photo's of game day. Post your digital photos on our website for all to enjoy.</p>		
<p>CHAIN GANG [] [] Three people per team are needed for the down marker and chains during home games. You get a sideline view of the game!</p> <p>MPR [] [] 2 people need for each game to cover the Mandatory Play Recorder (MPR) positions. MPR keeps a record of each players "plays" from the sidelines & is a mandatory requirement per the Pop Warner Organization. Most games the MPR's are finished by end of first half.</p>		
<p>SCOREBOARD [] [] Home games – Middle School Field only needs someone to run the scoreboard.</p> <p>VIDEO [] [] Video tape your team's games and provide a copy of the tape to the coach. One needed for each team.</p> <p>ANNOUNCER [] [] For home games its great if the team has an announcer! Get a bird's eye view of the game from the press box!</p>		
<p>FIELD SET-UP/BREAKDOWN [] [] <u>Middle School Field Breakdown</u> - two people (one with truck) are needed clear game equipment from field area (scale, field markers, post pads, etc.) and transport from field to equipment shed. <u>Mitey Mite Stadium Breakdown</u> - eight (strong) people are needed to move bleachers from Mitey Mite stadium back to field hockey field and take down and put away the field markers, etc. A large number of people are needed because the bleachers are so heavy, but the work goes very quickly since there are so many people helping out. Work starts immediately after the last game on that particular field (typically your game).</p>		

VOLUNTEERING

I understand that it requires a large effort to put on football games and that Duxbury Pop Warner relies heavily on the helping hands of parents to volunteer and perform game day tasks. Each family is expected to support their children and team by contribute a minimum of 5 hours of time during the 2008 season. It takes hundreds of man hours to host a home game. Only 4 home games, 4 away games. I agree that I (or an adult on my behalf) will volunteer approximately five times during the course of the season and that if it is found that I have not volunteered at the conclusion of the season I will pay \$100 to Duxbury Pop Warner.

Name: _____

Signature: _____ Date: _____

- OR -

I **do not** intend to volunteer this season and I am submitting a check for **\$100** with this form in order to hire a suitable replacement to help with game day tasks.

Name: _____

Signature: _____ Date: _____

FUNDRAISING

I am aware that each participant is required to sell \$125 worth of tickets in a Cash Calendar Raffle Fundraiser (maximum \$250 per family). I agree to pay the full cost of the tickets when they are distributed, irrespective of whether they are sold. "DPW" provides equipment and uniforms to all its participants. The money raised by this fundraiser is not only needed to pay out the cash prizes for this raffle, but is also needed for purchasing and maintaining the equipment used by its players and cheerleaders; defrays the cost of the EMT's, referee's and ancillary expenses as well.

Name: _____

Signature: _____ Date: _____

(This form to be submitted at time of initial sign-up)

SPORT PARENT CODE OF CONDUCT

On September 23, 2000, more than thirty heads of Massachusetts' chapters of national sports and medical associations, educational organizations, and professional associations met at Children's Hospital in Boston to participate in a consensus meeting to develop a sport parent code of conduct for the state. The meeting was convened by the Massachusetts Governor's Committee on Physical Fitness and Sports and the National Youth Sports Safety Foundation, Inc.

Preamble:

The essential elements of character-building ethics in sports are embodied in the concept of sportsmanship and six core principles: trustworthiness, respect, responsibility, fairness, caring and good citizenship. The highest potential of sports is achieved when competition reflects these "six pillars of character." 1

I therefore agree:

1. I will not force my child to participate in sports.^{2,9}
2. I will remember that children participate to have fun and that the game is for youth, not adults. ^{6,9}
3. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others. ⁹
4. I will learn the rules of the game and the policies of the league. ^{7, 3}
5. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other sporting event. ¹⁰
6. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures. ^{3, 6, 7, 8}
7. I will not encourage any behaviors or practices that would endanger the health and well-being of the athletes.
8. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence. ^{5, 2}
9. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability. ^{6,9}
10. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance. ²
11. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time. ²
12. I will never ridicule or yell at my child or other participant for making a mistake or losing a competition. ^{2, 5}
13. I will emphasize skill development and practices and how they benefit my child over winning. I will also deemphasize games and competition in the lower age groups. ¹⁰
14. I will promote the emotional and physical well being of the athletes ahead of any personal desire I may have for my child to win. ⁹
15. I will respect the officials and their authority during games and will ever question, discuss, or confront coaches at the game Field, and will take time to speak with coaches at any agreed upon time and place. ^{4, 7}
16. I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol and I will refrain from their use at all sports events. ⁶
17. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team. ⁴

I also agree that if I fail to abide by the aforementioned rules and guidelines, I will be subject to disciplinary action that could include, but is not limited to the following:

- o Verbal warning by official, head coach and/or head of league organization
- o Written warning
- o Parental game suspension with written documentation of incident kept on file by organizations involved
- o Game forfeit through the official or coach
- o Parental season suspension

Signature Date

Parent/Guardian Signature

References:

The Sport Parent Code of Conduct has been compiled from the following national organizations and local youth sports league Parent Codes of Conduct:

1. Arizona Sports Summit Accord
6. National Alliance for Youth Sports
2. Character Counts
7. National High School Athletic Coaches Association
3. Heartland Soccer Club
8. Pop Warner
4. Kidsports
9. Rosemont Area Athletic Association
5. Mt. Laurel Soccer Club
10. USA Hockey

Additional recommended resources for conduct and sportsmanship for coaches and athletes include: Arizona Sport Summit Accord, United States Olympic Committee (USOC) Coaches Code of Ethics, and the Character Counts Coalition.



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2010 PHYSICAL FITNESS & MEDICAL HISTORY FORM

Special Note: This form must be dated after January 1, 2010 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 _____



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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 2010 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. R.N., etc.) _____

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 (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.