

(Check One)

Player ()
 Cheerleader ()
 Dance ()

OFFICIAL USE ONLY. DO NOT LEAVE BLANK.

Certification Weight
 _____ lbs. _____ Date

Certification Signature _____

PLACEMENT OF PHOTOGRAPH
 JERSEY - NUMBER TAG

**PLACE PICTURE
 HERE.**

 No Other Pictures Will Be
 Accepted.
 Not Acceptable Without League
 Stamp.

DIVISION OF PLAY (Circle One)

Flag () TM () MM () JPW ()
 PW () JM () M ()

**PARENT/GUARDIAN, PLEASE PROVIDE YOUR
 Primary Care Provider Information**

Insurance Co. _____
 Policy No. _____

If no primary care provider then write "None." Parent/
 Guardian responsible for deductible.

NEW YORK CITY POP WARNER REGISTRATION FORM

ASSOCIATION NAME: _____

SEASON 2010

 (Participant Last Name) (Participant First Name) (Middle Name)

 (Street - Apt. #) (City/State) (Zip Code)

 (Home #) (Mother/Guardian Cell) (Father/Guardian Cell)

 Birthdate: (Month) (Day) (Year) (Email Address)

 Name and Number of School Currently Attending Before June 30, 2010 (ie. PS 29 - John Harrigan School) Include Address and Phone Number)

 Name and Number of School Attending in September 2010 (ie. MS 113 - Ronald Edmonds School If "Same" Write "Same") Include Address and Phone Number)

In the event of a serious emergency please contact the following:

 (First Name) (Last Name) (Relationship)

 (Address) (City/State) (Zip Code)

 (Home #) (Cell) (Other #)

As a participant (player/cheer/dance), I have read the code of conduct and will abide by it to the best of my ability. As parent/guardian, I give permission for my child to participate in Pop Warner for the 2010 season. As parent/guardian, I hereby solemnly and sincerely affirm and declare that all the information represented in this contract which I have provided to the Pop Warner Football League is true to the best of my knowledge and belief upon the pains and penalties of perjury or false statement. I agree to accept full responsibility for any or all equipment issued to my child and agree to pay for same if lost, stolen or damaged. Also, I authorize emergency medical treatment for my child during the 2010 season.

 (Player/Cheerleader Signature) (Parent/Guardian Signature) (Date)

I certify that our Association has verified the information on this form and the above child represented is eligible for participate under Pop Warner Rules in the division indicated. Misrepresentation will result in Association suspension for 1 year in accordance with Pop Warner rules which entails forfeiture of all games in which the ineligible player was a member of the team (Rule #20). Upon return, your Association will be on probation for 1 year. Previous offenders will be immediately dismissed from the Pop Warner Football League altogether.

 Association President Signature Date

Participants Code of Conduct/Behavior

As a participant in NYCPW there are rules and a standard of conduct that must be followed at all times. I understand that my failure to follow these rules may result in my suspension from play or dismissal from participation in Pop Warner.

- Success or failure is not measured in terms of winning or losing. How I conduct myself on the field of play is most important.
- I will respect my coaches, League officials, and referees. My coaches are here to teach me how to play. I will do as I am told.
- I will treat my teammates and opponents with respect. They are here for the same reasons that I am.
- I will make every effort to make all of my practices. I understand that my teammates are counting on me as part of a team.
- I will not use any profanity towards my teammates, opponents, coaches, or officials. I understand that my coaches or league officials may disqualify me from playing.
- I will always show good sportsmanship and not engage in any cheer or chant which is negative in nature.
- I understand that if I am disqualified during a game or competition for inappropriate behavior that I will be suspended from next week's game or dismissed from my team by League officials.
- I will work hard in school too so that my grades are as high as they can be.
- I will not leave a practice field or game without notification of my coach or permission from my coach.
- I will take care of my equipment and uniform to ensure that it is returned in the same condition with which I received.
- I understand that if I engage in fighting of any kind that I will be disqualified for a minimum of one game.
- I will abide by the decision of the referees and judges. I will not use profanity towards these individuals.
- I understand that cheerleading and football are team sports. Therefore, I will put my personal objectives second to the team's objectives.
- I will ask my coach and/or League official for a copy of specific team rules.

Participant Initials

Parents/Guardian Code of Conduct/Behavior

As a parent of a participant of NYCPWL, I understand that there are rules and standards of conduct, which must be followed at all times.

- I have attended a parents meeting or met with League officials and understand the rules and objectives of the League.
- I will pick my child up promptly, within 15 minutes from practice or game. I will notify the coach if my child will be taken home by someone else.
- I/we have read the Participants Code of Conduct and I/we will support and reinforce these objectives.
- I will not use or tolerate the use of alcohol or anyone under the influence of alcohol during a Pop Warner event.
- I agree that the objectives of Pop Warner is best met if I participate along with my child. The progress made by my child and other participants is lost without my participation or attendance.
- I am appreciative of the time and energy which coaches and volunteers generously give to this program, and I will support them in their approach and their determination as to the role of each participant.
- I will do all I can to make sure my son or daughter fulfills the commitment he or she is making to the program.
- I will attend as many games as possible, both home and away.
- I understand that depended on the success of my son or daughter's team that the season may extend into November and/or December.
- I will not use profanity towards any participant, coach, or official.
- I have reviewed specific team rules with my son and daughter and will reinforce them.
- I will provide the Association with emergency contact in the event of my unavailability.
- I will do my best to support my local Association and its fund-raiser.
- I will reinforce to my son or daughter the qualities of being part of a team and placing personal objectives second to team objectives.
- I will be responsible for my behavior at games and understand that I may be asked to leave if my behavior is not appropriate.
- I will be responsible for behavior of other family or friends that I bring to games.

Parents Initials

WARNING

We, _____ hereby acknowledge that we have been

(Parent)

(Participant)

properly advised, cautioned and warned by the proper administrative and/or coaching personnel of the

_____ Football team/Cheer Squad. We understand the exposure to the risk of serious injury,

(Association Name)

including, but not limited to, the risk of sprains, fractures, and ligament and/or cartilage damage which could result in a temporary or permanent, partial or complete, impairment in the use of limbs; brain damage, paralysis; or even death. Having been cautioned and warned, it is still our desire to participate and allow the participation of the child in the above sport, we hereby further acknowledge that we do so with full knowledge and understanding of the risk of serious injury to which participant is exposing themselves by participating in the above sport.

Participant Signature

Parent/Guardian Signature

Date:

Association Witness



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



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).

Mailing Address if different from above: _____

Name of Parent/Guardian _____ Relationship to Athlete: _____

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

2010 Parental/Guardian Permission and Waiver

Participant Name: _____

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



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



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 _____



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



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.

**NEW YORK CITY POP WARNER FOOTBALL LEAGUE
2010 FOOTBALL/CHEERLEADER
MEDICAL FORM**

**TO BE SIGNED BY
A PHYSICIAN**

TO BE COMPLETED BY LICENSED PHYSICIAN ONLY
PHYSICAL CANNOT BE EARLIER THAN JANUARY 1, 2010

Player's Name: _____ Division: MM__ JPW__ PW__ JM__ M__

Code: S = Satisfactory; X = Not Satisfactory (Explain); O = Not Examined

Weight _____ lbs.	Height _____	Blood Pressure _____	Ears _____
Vision _____	Hearing _____	Abdomen _____	Heart _____
Lungs _____	Urinalysis _____	Extremities _____	Hernia _____
Feet _____	Genitalia _____	Throat _____	Nose _____
Teeth _____	Skin _____	Hgb. Test _____	Posture & Spine _____

Tuberculosis Test Results _____ Negative _____ Positive

Comments: _____

Asthmatic: Yes No

If yes, please specify what type of medication: _____

Allergy: Yes No

If yes, please specify what type of food or medicine: _____

Describe abnormal findings and/or medical conditions (mental or physical) which may modify activity:

Is this child on any medication? Yes No

If yes, please specify what type of medication: _____

Are there activities you would recommend be restricted? Yes No

If yes, please specify: _____

I have examined the person herein described, reviewed his/her health history and it is my opinion that he/she is physically able to engage in the Pop Warner Little Scholars Football/Cheerleading activities, except as noted above.

Physician's Name (Please Print)
Telephone# () _____
Date of Exam: ____/____/____

Physician's Signature
Address: _____
