

Checklist to Complete your 2011 Registration Packet

Pick a July Date to return to the Trumbull library:

- July 14th 6 – 8pm
- July 23rd 9:30 am to noon
- July 27th 6 – 8pm

****If you don't come to one of these, you will forfeit your spot on the roster as of July 27th at 8pm.****

CHECK OFF EACH ITEM TO BRING FOR YOUR FINAL REGISTRATION:

_____ I have my Medical Form provided by Pop Warner, which is signed and dated after 1/2011 by my physician. (No other medical form will be accepted)

_____ My insurance information is completely filled out on my medical form.

_____ I have a **clear** copy of my **FINAL** 2010/11 report card with my school name clearly visible and all comments included.

_____ I have provided a wallet sized 2010/11 school picture of me. (It must be recent and wallet sized!)

_____ I am a **new player** so I must provide an **original** birth certificate. (We must keep this until the end of August; otherwise get an age verification letter from your school)

_____ I am a new player so I must provide a **copy** of my birth certificate as well as an original.

_____ I have the balance of my payment to play. \$170.00 check or cash

**DO NOT ATTEND A FINAL REGISTRATION UNLESS YOU
HAVE EVERYTHING LISTED ABOVE!**



Pop Warner Little Scholars, Inc.

2011 PHYSICAL FITNESS & MEDICAL HISTORY FORM



Special Note: This form must be dated after January 1, 2011 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:

Blank lines for providing question numbers and explanations.

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 stationery 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.

2011 PHYSICAL FITNESS & MEDICAL HISTORY FORM



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):

Table with 3 columns: Physical attributes (Height, Ears, Respiratory, Muskoskeletal) and Medical conditions (Weight, Mouth, Cardiovascular, Dermatological, Eyes, Nose & Throat, Neurological, 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 2011 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.

I hereby certify that the information is accurate to the best of my knowledge. I understand that this medical certification may be voided in the event of injury, illness or accident and my child may not be cleared for participation as such. For this reason, 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 is my responsibility to obtain written permission from my child's physician or official medical authority in order to seek permission for my child to resume participation after any such injury, illness or accident.

Signature of Parent or Legal Guardian _____
Print Name _____
Relationship to Participant _____

Trumbull Pop Warner Registration

READ FIRST

How to Fill Out Your Paperwork:

1. Completely fill out pages 1 through 6 for pre-registration. Your child's **FULL NAME** as presented on his/her birth certificate must be written on page 1 including a **FULL MIDDLE** name if it's on the birth certificate – **NO NICK NAMES** for legal name. Nick names can go on the line that states: **Also Known As-**
2. **School and grade level** are where your child will be **next year**, not now.
3. **Please do not fill in grade point average or alternate form participant-** this is information we will fill in off of your child's final report card.
4. Please fill out the Player contact Information as thoroughly as possible. This is what the coach's keep with them at all times and the more information you provide, the easier it will be for them to reach you in an emergency. **PLEASE** be aware that it is up to you to keep all this information current. We mostly communicate by e-mail so be sure it is always up to date.
5. Please be sure to sign all paperwork and hand it in with your \$30.00 non refundable pre- registration fee.



Pop Warner Little Scholars, Inc.

2011 PARTICIPANT CONTRACT AND PARENTAL CONSENT FORM



Special Note: This form must be dated after January 1, 2011 and is applicable only for the 2011 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

3/1/2011

2011 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.

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 _____

Trumbull Pop Warner
2011 Player/Parent Contact Information

Player Name: _____

Player's Home Phone Number: _____

Mom Name: _____

Mom's Current E-Mail: _____

Mom's Cell Phone Number: _____

Dad Name: _____

Dad's Current E-Mail Address: _____

Dad's Cell Phone Number: _____

Emergency Contact Person: _____

Emergency Contact Person's Number: _____

Please list any allergies your child's coach should be aware of:

_____.

Please list any medications that your child takes that you want your coach to be aware of:

_____.

***** Please be aware that it is your responsibility to keep this information up to date!**

TRUMBULL POP WARNER REIMBURSEMENT POLICY

The fee to register in the program for the 2011 season is **\$200.00**.

Of that fee:

- **\$30.00 is NON-REFUNDABLE** and will hold your child's place in our program until July 31st. At this time, your child will need to have the medical form and a final copy of the 2011 report card on file. New participants will need an **original and a copy** of his/her birth certificate on file. If this is not complete, you will be refunded **\$170.00** and you will lose your spot in our program.
- **You will receive \$170.00** if your child decides to quit in the 1st week of our program.
- **You will receive \$127.50** if your child decided to quit in the 2nd week. (Less 25% of \$170.00.)
- **You will receive \$85.00** if you child quits during week 3. (Less 50% of \$170.00.)
- **You will receive NO REFUND if your child quits** after our books are certified at the end of week 3.

If your child is injured and cannot finish out the season due to his/her injury, a medical note will be necessary for any form of refund.

I have read the above refund policy and understand how Trumbull Pop Warner plans to refund me should my child decide to quit once the season begins:

Parent Signature: _____

Date: _____

Official 2011 Volunteer Application (Complete BOTH Pages) Do NOT use forms from previous years.

PLEASE NOTE: A copy of a valid government-issued photo identification must be attached to this application.

Name: _____ Date: _____
Special professional training, skills, hobbies: _____
Prior/Maiden Names or Aliases: _____
Address: _____
Community affiliations (Clubs, Service Organizations, etc.): _____
Telephone: _____ Email: _____
City: _____ State: _____ Zip: _____
Mailing Address (if different): _____

Previous states resided in the past 5 years: _____
Date of Birth: _____ (mm / dd / yyyy)
Social Security Number: _____
Occupation: _____
Employer: _____
Address: _____
Do you have a valid driver's license? YES _____ NO _____
Driver's License#: _____ State: _____

Do you have children in the program? YES _____ NO _____
If yes, at what level? _____
Special Certification (i.e. CPR, Medical, etc.): _____
Have you ever been convicted of a felony? YES _____ NO _____
If yes, provide your current legal status (parole, etc.) _____
Have you ever been convicted of any crime involving or against a minor? YES _____ NO _____
Have you ever plead guilty to, been convicted of or involved with any other type of crime? If yes, explain: YES _____ NO _____

Have you ever been refused participation in any other youth programs? If yes, explain: YES _____ NO _____

In which of the following would you like to participate? ("X" one or more.)
League Official: _____ Head Coach: _____ Board Member: _____
Team Mgr.: _____ Coach Trainee: _____ Trainer: _____
Equipment Manager: _____ Assist. Coach: _____
Student Demo: _____
Other: _____
Association Name: _____

Privacy Policy: Your privacy is important to us. PWLS does not sell or release contact information to any non-affiliated organization. However, Pop Warner and its partners may contact you with essential program information as well as special offers and promotions. Please be advised that partners are not permitted to retain your information for non-Pop Warner use unless you specifically grant them permission. Please contact the PWLS National Office in writing for opt out information.

PLEASE NOTE: A copy of a valid government-issued photo identification must be attached to this application.

Please list three references, aside from family members, at least one of which has knowledge of your participation as a volunteer in a youth program:

Name: _____

Nature of Relationship: _____

Phone #: _____

I hereby swear and attest that all information provided on this application is true and complete to the fullest extent of my knowledge. If I am accepted as a volunteer, Pop Warner may end the relationship immediately if I have made any false statements or material misrepresentations, written or verbal. As a condition of volunteering, I hereby grant permission to Pop Warner to conduct a background check on me, which may include a review of database records including but not limited to sex offender registries, child abuse and criminal history records in compliance with Pop Warner's child protection policy. I understand and agree that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the local Pop Warner, Pop Warner Little Scholars, Incorporated, the officers, employees and volunteers thereof, and/or any other person or organization that may provide such information.

I also understand that, regardless of previous appointments, Pop Warner is not obligated to appoint me to a volunteer position. I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors for any and all violations of Pop Warner policies or principles. Furthermore, I hereby attest that all contact information provided herein is up to date and I hereby grant Pop Warner Little Scholars, Inc. and its partners permission to utilize such contact information for communications and promotions during my tenure as a volunteer.

Binding Arbitration Policy:

If appointed, I hereby understand and agree that any and all civil disputes by and between myself, 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. If any portion of this application shall be deemed unenforceable or invalid, this arbitration agreement shall still remain in full force and effect.

Applicant Signature _____

Date _____

Applicant Name (Print or Type): _____

NOTE: Pop Warner Little Scholars, Inc. will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

For Local Use Only. Below please print the legal name of the individual who performed the background check on the applicant and name of the local organization.

Background check completed by Association officer: _____

or

Background check completed by League officer: _____

or

completed by: _____

Date Completed: _____

System(s) used for background check (minimum of one must have "X*"):

Online multistate database: _____
(Choicepoint, etc.)

State/Federal Criminal History Records: _____

FEDERAL Sex Offender Registry _____

Other (please explain): _____

** NOTE: A State Sex Offender Registry check alone is NOT sufficient to comply with Article 21 and MIJUST be supplemented by one or more of the above
LEAGUES: You must maintain copies of background check results at the league level for the duration of the volunteer's service.

