

Trumbull Pop Warner
2010 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 2010 season is **\$195.00**

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 2010 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 **\$165.00** and you will lose your spot in our program.
- **You will receive \$165.00** if your child decides to quit in the 1st week of our program.
- **You will receive \$123.75** if your child decided to quit in the 2nd week.
- **You will receive \$82.50** if you child quits during week 3.
- **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: _____



Pop Warner Little Scholars, Inc.
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: *[Signature]*

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.

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 _____



Pop Warner Little Scholars, Inc.

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:

Four horizontal lines for providing explanations for 'Yes' answers.

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.
2010 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):

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: 1/2010

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.

TRUMBULL POP WARNER

Important Information and Vacation Policy

Welcome to TRUMBULL POP WARNER'S 2010 season. We hope to have another successful year! We can only accomplish this with the help and support of our parents and participants. So please take a moment to read this thoroughly, before signing your child up.

- The 2010 Pop Warner season begins on August 1st and ends the 2nd week of December (Super Bowl Championships). The length of the season depends upon the success of each individual team. Please be sure that your child understands that he/she must attend all practices, games and competitions until the conclusion of his/her season.
- There are additional expenses you still incur during the season that are not covered by your registration fee. Football participants need to purchase cleats and a cup. Spirit participants must purchase bodysuit, sneakers, briefs, and socks.
- In the event your child advances to the next level of competition you are financially responsible for all competition travel expenses. Please note by signing this form you are consenting to be a competitive participant.
- If your child's team qualifies for National we must comply by National rule, which states; in order to compete, all football players and spirit squads MUST purchase the package supplied to us by National in conjunction with the Disney Resorts. National Pop Warner further states that all participants must stay in the resort with their team. Failure to do so will result in disqualification. We will require at least one parent from each family to purchase said package and to stay with their child.
- Please note that by signing up your child, you agree to support and comply by all National, Southern Connecticut and Trumbull Pop Warner rules.

VACATION and ABSENTEE POLICY

- It is expected by TPW that all participants will begin the season on August 1st and attend all practices during the month of August. The first 10 hours of practice are conditioning hours that all participants must participate in order to advance in our program. Practices are held Monday through Friday from 6 to 8pm unless otherwise stated by the said team's coach. Scrimmages may occur during the week or on the weekends during the month of August.
- We do not allow vacations during the month of August so please plan your vacations accordingly. Vacations pose a safety issue to your child and to other participants in the program.
- Please be aware that should you take a vacation during the month of August, your child will miss important training to be a successful participant in the program. Each day of practice is vital to the development of skills necessary in both cheerleading and football.
- If there is a wait list for your child's team and you choose to take a vacation, your child will forfeit his/her spot on the roster. Your child will be added to our wait list and should a spot become available, he/she may return to our program.

I, _____ have read the above notice and agree to abide by all of the rules stated above and governed by TPW.

CHILD'S NAME: _____

PARENT'S SIGNATURE: _____

TRUMBULL POP WARNER

PARTICIPANT AND PARENT CODE OF CONDUCT ATTACHMENT

As a parent of a participant of Southern CT Pop Warner, I understand that there are rules and standards of conduct, which I must follow at all times.

My child and I have read and signed the required PARENTS/PARTICIPANTS CODE OF CONDUCT. In doing so we understand that all rules stated on this form, but not limited to them, must be observed and followed at all times. In addition, I understand and have explained to my child that there is a chain of command in Pop Warner that must be followed at all times.

Therefore, I, as a parent of a Trumbull Pop Warner participant agree to the above-mentioned Code of Conduct and any rules that are passed down by my child's coaching staff, TPW Board of Directors, SCPW, Regional Pop Warner and National Pop Warner.

If my family members or I do not follow these important rules and regulations, I understand that I am liable for any fines that are imposed on our program or on SCPW due to my, or my family member's actions.

PARENT SIGNATURE: _____

DATE: _____