



Pop Warner Little Scholars, Inc.
 St. Mary's Pigskin Pop Warner Football & Cheerleading
 Website – <http://www.stmaryspigskinfootball.com>



2008 PARTICIPANT CONTRACT AND PARENTAL CONSENT FORM

Special Note: This form must be dated after January 1, 2008 and is applicable only for the 2008 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: _____ Gender: ___ Male ___ Female Birth date: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip code: _____

School: _____ Grade Level: _____ GPA: _____ Alternative Form Participant: _____

(Participant must meet Scholastic Fitness Requirement of 2.0/70% or else fill out Alternative Scholastic Form).

Mailing Address (if different from above): _____

City: _____ State: _____ Zip code: _____

Legal Name of Participant (must match birth certificate):

(1) Name of Parent/Guardian: _____ Relationship to Athlete: _____

Address (if different from above): _____

City: _____ State: _____ Zip code: _____

Phone: _____ Cell: _____ Email Address: _____

(2) Name of Parent/Guardian: _____ Relationship to Athlete: _____

Address (if different from above): _____

City: _____ State: _____ Zip code: _____

Phone: _____ Cell: _____ Email Address: _____

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

Name: _____ Relationship to Athlete: _____ Phone: _____

Pop Warner Official Use Only		Region (circle): North / Central / South	Registration Date: _____
Witnessed By: _____	Registration Fee: \$ _____	Fundraiser Buyout: \$ _____	Amount Paid: \$ _____
Transaction (circle): Cash	Check # _____	Credit Card _____	Other (explain): _____
Age Verified: (Yes No)	Birth Certificate: (Yes No)	Scholastic Fitness Verified: (Yes No)	League Age: _____
Tackle (circle): Tiny Mite (Div 1/2) / Mitey Mite (Div 1) / Jr. Pee Wee (Div 2) / Pee Wee (Div 3) / Jr. Midget (Div 4) / Midget (Div 5)			
Last Year Team: _____		Weight at Time of Registration: _____	
Cheer (circle): _____	Shirt Size (circle): XS S M L Adult XS Adult S Adult M Other _____		
Flag (circle): Cub / Bobcat / Wildcat / Panther	Pant Size (circle): XS S M L Adult XS Adult S Adult M Other _____		
Parent Volunteer (circle): Coach / Team Parent / Concessions / Field Coordinator / Team Sponsor / Referee			



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2008 Parental/Guardian Permission and Waiver:

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. _____ (initial)

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, 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. _____ (initial)

3. EMERGENCY MEDICAL AUTHORIZATION

I hereby grant my permission for any 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 Pop Warner activities. _____ (initial)

4. EQUIPMENT RESPONSIBILITY

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

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. _____ (initial)

6. SCHOLASTIC VERIFICATION

[PLEASE CIRCLE EITHER (a) OR (b)] I hereby stipulate that **(a)** my child is scholastically fit, or **(b)** that I have completed the scholastic 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. _____ (initial)

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.** _____ (initial)

8. 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. _____ (initial)

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. _____ (initial)

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. _____ (initial)

RULES & REGULATIONS

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

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 _____ Date _____

Print Full Legal Name _____

Signature of Participant _____ Date _____

Print Full Legal Name _____



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PARENT'S CODE OF ETHICS

I hereby pledge to provide positive support, care, and encouragement for my child participating in youth sports by following this Parent's Code of Ethics.

I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice or other youth sports event.

I will place the emotional and physical well being of my child ahead of my personal desire to win.

I will insist that my child play in a safe and healthy environment.

I will expect my child's coach to be trained in the responsibilities of being a youth sports coach and that the coach upholds the Coaches' Code of Ethics (*link provided on receipt page*).

I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.

I will demand a sports environment for my child that is free from drugs, tobacco and alcohol and will refrain from their use at all youth sports events.

I will remember that the game is for youth – not adults.

I will do my very best to make youth sports fun for my child.

I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.

I will help my child enjoy the youth sports experience by doing whatever I can, including being a respectful fan, volunteering within the League, and providing timely transportation.

I will read the National Standards for Youth Sports and do what I can to help all youth sports organizations implement and enforce them (*link provided on summary page*).

Parent's Signature: _____

Date: _____



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2008 PHYSICAL FITNESS & MEDICAL HISTORY FORM

Special Note: This form must be dated after January 1, 2008 and then submitted to your LOCAL Pop Warner organization. No other forms are acceptable. 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 _____

Date of Birth: _____ Telephone No: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Primary Medical Insurance Company: _____

Sport (CHECK ONE): Tackle ____ Cheer ____ Dance ____ 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 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 is 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.

Signed _____ Print Name _____
 Relationship to Participant _____ Dated _____



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2008 PHYSICAL FITNESS & MEDICAL HISTORY FORM

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

Participant's Name: _____
 (Please check the following if healthy or not otherwise)

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

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 this 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.) _____

Address _____ City _____ State _____

Telephone _____



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2008 Registration Summary Page

1. Thank you for registering your child for the 2008 Football/Cheerleading Season. We promise to do our best to make this an exciting and rewarding season.
2. Tackle football conditioning begins in July, tackle and cheerleading practice starts on August 1st, opening weekend will be held on September 6th and 7th, and bowl games are held in late November.
3. The Annual Pig Roast will be held on July 19th. This is a fun event with a coaches dunking booth, play areas for the little ones, punt-pass-kick competition for the players, and an opportunity to meet your coaches.
4. Central Weigh-In will be conducted on Saturday August 23rd. This is a mandatory event for all players. Players will not be eligible to participate in opening day games if not present. Each player will be weighed using the official league scale. Birth certificates and scholastic fitness will be verified. Pictures will be taken for player identification cards. If the player is not present a passport photo ID and \$20 fee will be required.
5. Please have your child complete a physical examination as soon as possible. Part II of the Physical Fitness and Medical History form must be signed by the examining physician. The Medical certification is required before any child is allowed to participate.
6. Our coaches are certified through the National Youth Sports Coaches Association (NYSCA).
7. As part of this registration you signed the Parents Code of Conduct. As such you agreed to read the National Standards for Youth Sports published by the National Alliance for Youth Sports (NAYS). The publication can be found online at <http://www.nays.org/TimeOut/National%20Standards08FINAL.pdf>.
8. If you would like to volunteer in any position contact your Regional Commissioner for additional information. Contact information is available on our website. Volunteers needed for the following positions: Coach, Team Parent, Concessions, Field Coordinator, Team Sponsor (tax deductible), and Referee (paid position).
9. Please visit our website at <http://www.stmaryspigskinfootball.com> for the latest information, volunteer announcements, schedules, important notices, and contact information.

RECEIPT

DIVISION	NET FEE	SELECT ONE
CHEERLEADING	\$75	
FLAG FOOTBALL	\$60	
TINY MITE (1/2)	\$100	
MITEY MITE (1)	\$100	
JR PEE WEE (2)	\$100	
PEE WEE (3)	\$115	
JR MIDGET (4)	\$115	
MIDGET (5)	\$115	
MS UNLIMITED	\$125	
Pizza Fundraiser Buy-out	\$50	
TOTAL FEE COLLECTED AT TIME OF REGISTRATION:		

Witnessed: _____ Date: _____