



SFPAL – 49ers Football & Cheer

Registration Checklist & Things to Know

CHECKLIST:

Please have the following forms completed and required documents with you at the time of registration:

- SFPAL 49ers Waiver Form
- 2018 Pop Warner Participant Contract and Parental Consent Form
- 2018 Pop Warner Physical Fitness & Medical History Form
- 2018 Pop Warner Scholastic Eligibility Form, if applicable
- Copy of 2017-2018 1st Semester complete Report Card (Due by 1st Day of Practice)
- Copy of birth certificate with state seal
- Copy of medical insurance card

Things to Know:

- **Registration ends Tuesday, July 31st, 2018, - ALL forms and documents are due by then.**
- **All forms, and required documents must be submitted to be considered fully registered, to ensure a spot on the team.** Space is limited and is on a first come first serve basis.
- When completing registration forms, please do not scratch out, cross off, white out information. If you make a mistake, please fill out a new form.
- Physicals will be required to be signed and dated by your doctor on or after January 1st, 2018

Registration Dates & Times:

Ages and Weights for Football:

Randall Kimbell Playground
Clubhouse (Next to Boys Restroom)
1500 Steiner Street, San Francisco, CA 94115

Every Thursday
5pm-7pm
Starting
April 19, 2018

Or Register in Person at SFPAL
(by appointment)
(415) 401-4666

| Age/Weight Division | Age(s) | Certification Weight Range |
|--|---------------|----------------------------|
| TINY-MITE | 5-6-7 | 35-75 lbs. |
| MITEY-MITE (older/lighter) | 7-8-9 N/A | 45-100 lbs. N/A |
| JUNIOR PEE WEE (older/lighter) | 8-9-10 11* | 65-115 lbs. 60-95 lbs. |



Participant Information

| PARTICIPANT INFORMATION | | | |
|--|----------------------|---|---|
| Participant's First Name: | | Participant's Last Name: | |
| Date of Birth: | Age (as of 7/31/18): | Gender: | Weight (football only): |
| Fall School: | | Fall Grade: | |
| Participant Email: | | Participant Cell Number: | |
| | | | |
| PARENT/GUARDIAN INFORMATION | | | |
| First Name: | | Last Name: | |
| Address: | | City & Zip: | |
| Cell Phone Number*: | | Other Number: | |
| Email: | | Occupation: | |
| | | | |
| OTHER/DEMOGRAPHIC INFORMATION | | | |
| Ethnicity of Youth: <ul style="list-style-type: none"> • Multiracial / Multiethnic • African American • Asian • Caucasian • Hispanic/Latino • Pacific Islander • Native American/Indian • Decline to State • Other: _____ | | Income Level: <ul style="list-style-type: none"> • Unemployed • \$1 - \$25,000 • \$25,000 - \$50,000 • \$50,000 - \$75,000 • \$75,000 & up • Decline to State | How did you hear about the program? <ul style="list-style-type: none"> • Past participant • School flyer • Website • E-Newsletter • Coach • Word of Mouth • Local Police Station • Other: _____ |
| Please list any special medical condition (asthma, physical restriction, etc): | | | |
| Dates of Planned Vacations: | | | |



SFPAL 49ers Liability Waiver

1. I agree to follow all SFPAL and Pop Warner rules and regulations, including player and parent responsibilities and code of conduct. I understand that I am responsible for reading and complying with this information, which is available to me at SFPAL.org.
2. I give the school listed above, permission to provide SFPAL Scholastic Program a copy of my child's report card and the first page of his or her Individualized Education Plan (if applicable.) The purpose of this request is to monitor scholastic eligibility for SFPAL & Pop Warner program. This information will be kept confidential.
3. I allow SFPAL, the San Francisco 49ers and their affiliates to use my child's photo or video in promotional material and other media outlets without identifying information. I also allow certain information to be shared with our partner, San Francisco Rec & Park, for demographic purposes (name, residency, and phone number.)
4. Consent of Medical Treatment: As the parent/legal guardian of the above named participant, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.
5. 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, head injuries, concussions, 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 SFPAL, SFPD, the San Francisco 49ers and the coaches, volunteers, any and all organizers, sponsors, supervisors, participants, and persons affiliated with SFPAL, SFPD, and the San Francisco 49ers from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.

By signing this, I understand and agree to all of the above:

Parent/Guardian Name: _____ **Signature:** _____ **Date:** _____

Participant's Name: _____



SFPAL 49ers PAYMENT STATEMENT – FOOTBALL & CHEER

SFPAL is a non-profit organization that receives no City funding and fundraises to keep our participation fees as low as possible. **All SFPAL Seahawks football and cheer directors and coaches are volunteers** who receive no compensation for their time. Uniforms, stadium rental, insurance, medical supplies and other program needs **cost SFPAL approximately \$650 per participant each year.** However, SFPAL requires **no payment of fees** from any participant so that as many youth can participate as possible. Please consider making a donation to the program below. All donations are tax-deductible!

Name of Participant: _____

Program Fees and Costs:

| | Item | Cost |
|--|---|------|
| | Football Registration Fee | \$0 |
| | | |
| | Cheer Registration Fee | \$0 |
| | | |
| | Optional tax-deductible donation towards actual per child cost of \$650 (or other amount) | |
| | TOTAL: | |

Method of Donation:

_____ *Online at sfpal.org*

_____ Check (made payable to SFPAL – Please Mail to 350 Amber Drive #203, San Francisco, CA 94131)

It is SFPAL's policy that all donations be submitted directly to SFPAL either online or mailed via check to the SFPAL Office. SFPAL Staff members are not authorized to accept any donations on behalf of SFPAL. Thank you for your generous donation.