



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 Liability Waiver Form
- SFPAL Adult Code of Conduct
- SFPAL Equipment Return Policy
- 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:

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

Ages and Weights for Football:

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.



SFPAL | 350 Amber Drive Rm.203 S.F., CA 94131 | www.SFPAL.org | 415.401.4666

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: _____
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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, Adult Code of Conduct, Equipment Return Policy and Fundraising Policy. I understand that I am responsible for reading and complying with this information, which is contained within the **SFPAL 49ers Handbook** 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:** _____

Team (circle one): **TM** **MM** **JPW**



SFPAL 49ers & Pop Warner: ADULT CODE OF CONDUCT

- In order to uphold the goals of SFPAL and Pop Warner Little Scholars 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.
- Any adult who is using alcohol, tobacco or non-prescriptive drugs and/or appears intoxicated at a Pop Warner event, and/or who is flagrantly rude, attempts to intimidate, verbally abusive, heckles, taunts, ridicules boos, throws objects and/or uses vulgarity or profane language/gestures with an official, coach, volunteer, staff member, participant or other attendee, will be removed from a Pop Warner event. The member organization may issue a written warning to the individual regarding the misbehavior and the adult's children may also be removed from the event. Any adult who commits one or more of the above stated offenses a second time, will be banned from any and all Pop Warner events for a minimum 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.
- An adult who is ejected from the game will receive an automatic one week suspension from practice, including the following game. 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.
- Any adult who physically or verbally 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 at a minimum for one year from the date of the offense, and their children may also be removed from any and all Pop Warner programs for the 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.
- SFPAL and Pop Warner Little Scholars reserves the right to suspend and/or remove any individuals from the program or it's events in order to ensure the safety of its members and uphold its mission.



ADULT OFFENSES & CONSEQUENCES

- EJECTION FROM GAME - Automatic one week suspension from practice, including the following game.
- RUN-UP SCORE - Probation unless found to be intentional, then suspension for 1 week.
- ENDANGERMENT OF JUVENILES - Suspension for 1 year.
- TEACHING PROHIBITED OFFENSIVE & DEFENSIVE TECHNIQUES - Suspension for 1 year.
- FIGHTING - Suspension for 1 year.
- CHEATING - Suspension for 1 year.
- THREATS - Suspension for 1 year.
- GAMBLING ON GAME OUTCOME - Suspension for 1 year.
- LACK OF COOPERATION/ OBSTRUCTION - Suspension until compliance is achieved.

JUVENILE OFFENSES & CONSEQUENCES

Fighting, intimidation, or disrespect for authority shall be cause for ejection from a game, practice or competition. Any player/ spirit participant ejected from any game, practice or competition for cause shall be ineligible for participation in their next Pop Warner event. A second ejection during the same season shall be cause for removal from the team for the balance of that season. Any participant charged with criminal activity may be removed at any time to ensure the safety of other participants.

APPEALS PROCESS

Any incident must be reported to the Conference by the Association. If the penalty for the incident is being challenged then an appeal may be submitted to the Conference through SFPAL 49ers President. There is a definitive "chain of command." Only those appeals following the appeals process will be considered. All appeals should be made in written form.

SFPAL 49ers: MEMBERS CODE OF CONDUCT

All SFPAL and Pop Warner volunteers and participants will abide by a Code of Conduct which includes the following provisions. If any of these rules are broken, SFPAL, the League, Region and/or National Pop Warner shall have the authority to impose a penalty including permanent removal from the program. Members shall:

S1: Not smoke and/or use smokeless tobacco on the field.

S2: Not criticize players/spirit participants in front of spectators, but reserve constructive criticism for later, in private, or in the presence of team members if others might benefit.

S3: Accept decisions of the game officials and judges on the field and in competitions as being fair and called to the best ability of said officials.

S4: Not criticize an opposing team, its players, spirit participants, coaches, or fans by word of mouth or by gesture.



S5: Emphasize that good athletes strive to be good students and that both are physically and mentally alert.

S6: Strive to make every football and spirit activity serve as a training ground for life, and a basis for good mental and physical health.

S7: Emphasize that winning is the result of good teamwork.

S8: Not engage in excessive sideline coaching and shall not leave the bench area to shout instructions from the sidelines.

S9: Together with team officials, be jointly responsible for the conduct and control of team fans and spectators at all times. Any fan who becomes a nuisance and out of control will be asked to leave.

S10: Not use abusive or profane language at any time.

S11: Not "pile it on;" not encourage their team to get a commanding lead and raise the score as high as it can. In these instances, every effort shall be made to let all players play.

S12: Not receive any payment, in cash or kind, for services as a volunteer or participant in SFPAL or Pop Warner Football / Spirit. This includes any coach, expert, consultant or choreographer, regardless of his/her roster status.

S13: Not permit or encourage "sweating down" tactics in order for a player to make the team weight.

S14: Not recommend or distribute any medication, controlled or over the counter, except as specifically prescribed by participant's physician.

S15: Not permit an ineligible player or spirit participant to participate in a game.

S16: Not deliberately incite unsportsmanlike conduct.

S17: Not possess or drink alcoholic beverages and/or use illegal substance(s) on either the game or practice fields.

S18: Remove from a game or practice any participant when even slightly in doubt about his/her health, whether or not as a result of injury, until competent medical advice is available.

S19: Uphold all rules and regulations, National, Regional & Local, regarding Pop Warner Football, Cheerleading and Dance.

S20: Refrain from engaging in any action within or outside SFPAL & Pop Warner which in SFPAL's or PWLS sole & absolute discretion reflects negatively upon, or causes embarrassment to, the SFPAL or PW program.



The essential elements of character - building and ethics in sports are embodied in the concept of sportsmanship and six core principles: Trustworthiness, Respect, Responsibility, Fairness, Caring, and Good Citizenship. The highest potential of sports is achieved when competition reflects these "Six Pillars of Character".

Therefore, I agree:

1. I will not force my child to participate in sports.
 2. I will remember that children participate to have FUN and that the game is for youth NOT adults.
 3. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
 4. I will learn the rules of the game and the policies for the league.
 5. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials, and spectators at every game, practice and other sporting event.
 6. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent, such as booing, taunting, yelling, refusing to shake hands, or using profane language or gestures.
 7. I will not encourage any behaviors or practices that would endanger the health and wellbeing of the athletes.
 8. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
 9. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
 10. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game for his/her performance.
 11. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
 12. I will never ridicule or yell at my child or other participant for making a mistake or losing a competition.
 13. I will emphasize skill development and practices and how they benefit my child over winning. I will also deemphasize games and completion in the lower age groups.
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14. I will promote the emotional and physical wellbeing of the athletes ahead of any personal desire I may have for my child to win.

15. I will respect the coaches and their authority during games. I will never question, discuss, or confront coaches at the game field. I will take time to speak with coaches at an agreed upon time and place.

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

17. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team. I also agree that if I fail to abide by the above-mentioned rules and guidelines, I will be subject to disciplinary action that could include, but is not limited to the following:

- Verbal warning by official, head coach, and/or SFPAL Board
 - Written warning
 - Parental game suspension with written documentation of incident kept on file by SFPAL 49ers
 - Game forfeit through the official or coach
 - Parental/Participant season suspension
-



Equipment Return Policy

Each year many players fail to return their football equipment which unfortunately increases program expenses. In order to reduce equipment losses and to maintain our FREE registration fees, all parents or guardians of football players and cheerleaders will now be required to:

1. Present a paid receipt in order to receive football or cheer equipment. No exceptions.
2. Submit a mandatory \$100.00 equipment deposit due upon receipt of leased football equipment. A post-dated \$100.00 check or money order, payable to SFPAL post-dated to 12/1/2018 will be held on file and returned to you when the leased equipment is returned.
3. Final equipment return date will be announced.
4. If you fail to return the leased equipment your deposit check will be cashed on 12/31/2018 and you will be billed for the replacement cost of the football or cheer equipment.

Football or Cheer Equipment Lease Agreement:

By registering here, I, the undersigned parent(s) or legal guardian(s), hereby guarantee the safekeeping and timely return or reimbursement of the replacement value of any and all equipment issued to my child by the SFPAL 49ers Youth Football Program. I will not modify or mark the equipment in any manner to make it unusable or undesirable for future participants. I have received in good condition a helmet with chin strap, shoulder pads, football pants and pads, and/or other incidental equipment. Equipment shall be returned as issued, excepting for normal wear and tear, clean and in good condition to SFPAL.

Furthermore, I the undersigned parent(s) or legal guardian(s), understand that failure to return any of the equipment issued at the end of the season or by December 1, 2018 will result in the forfeiture of my \$100.00 equipment deposit and the issuance of a minimum \$200.00 or more invoice for the replacement cost of the leased football or cheer equipment.

Furthermore, I understand that my failure to either return said equipment or reimburse SFPAL for the missing equipment will preclude my player from participating in any future SFPAL activities. Additionally I understand that legal actions may be taken against me to recover either the leased football equipment or the replacement cost of the retail value of said equipment.

By my signature below, I hereby stipulate that I have read, fully understand and voluntarily agree to abide by SFPAL 49ers Equipment Return Policy and its content:

Parent / Guardian Name (print): _____

Parent Signature _____ Date _____

Address: _____ City: _____ Zip _____

Code: _____

Player / Cheerleader Name: _____

Team (circle): TM MM JPW

Please attach a \$100 Deposit Check to this form made payable to SFPAL post-dated 12/01/2018.



Pop Warner Little Scholars, Inc.
2018 PARTICIPANT CONTRACT AND PARENTAL CONSENT FORM



Special Note: This form must be dated after January 1, 2018 and is APPLICABLE ONLY FOR THE 2018 SEASON.

This form must be submitted to your LOCAL 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 Mother's Month and Day of Birth: _____

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: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (please explain)	
Proof of Age verified? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Birth Certificate <input type="checkbox"/> Other (please explain)	
Division of Play (circle one): Flag / Tiny Mite / Mitey Mite / Jr. Pee Wee / Pee Wee / Jr. Varsity / Varsity / Unlimited	
Weight at Time of Registration (Football Only): _____	
Proof of Scholastic Fitness verified? Yes <input type="checkbox"/> No <input type="checkbox"/>	

2018 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. I understand, hereby give my approval for, and assume any and all risk of my child's use of various playing surfaces and conditions, including, but not limited to, dry and wet natural and artificial grass, hard dirt, and/or mud and I hereby acknowledge and understand that said surfaces may be regular or very irregular.

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 coaches, 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 full replacement cost of such equipment.

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 calendar year's signed medical release, scholastic fitness form and this form must be presented by date of certification in order to participate further in Pop Warner activities. I/We hereby hold Pop Warner harmless of any financial loss as the result of any disciplinary action.

11. DISPUTE RESOLUTION POLICY SEVERABILITY: 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, illegal, and/or invalid, the remainder shall remain in full force and effect.

RULES & REGULATIONS – In consideration of participation in Pop Warner activities and by my signature below, I hereby stipulate that I have read, fully understand and voluntarily agree to be bound by all of the above and that all information provided by me is true and accurate to the fullest extent of my knowledge.

Signature of Parent/Guardian: _____ Print Full Legal Name: _____

Signature of Participant: _____ Print Full Legal Name: _____

Dated: _____



Pop Warner Little Scholars, Inc.

2018 PHYSICAL FITNESS & MEDICAL HISTORY FORM



Special Note: This form must be dated after January 1, 2018 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 any 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: _____

Does primary insured have Medicaid? Yes No Does primary insured have Medicare? Yes No

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 there any history of concussions and/or head injuries? Yes No
4. Is the participant currently under the care of a medical practitioner? Yes No
5. Is the participant currently taking any medications? Yes No
6. Does the participant have any allergies (penicillin, bee stings, etc)? Yes No
7. Does the participant have asthma/require the use of an inhaler? Yes No
8. Is the participant diabetic/require medication for diabetes? Yes No
9. Does the participant carry sickle cell trait/suffer from sickle cell disease? Yes No
10. Does the participant currently require medication? Yes No
11. Does/has the participant have/had seizures? Yes No
12. Does the participant wear glasses or contact lenses? Yes No
13. Does the participant wear a brace or other medical support device? Yes No
14. 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 and/or attach to this form:

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.

2018 PHYSICAL FITNESS & MEDICAL HISTORY FORM



Section II: THIS SECTION MUST BE COMPLETED ONLY BY A LICENSED MEDICAL PROFESSIONAL ON OR AFTER JANUARY 1ST of the CURRENT CALENDAR YEAR.

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 2018 season. I am therefore clearing this individual for athletic participation without limitation.

Please indicate medical profession (M.D., D.O. R.N., etc.) _____

Are you licensed in your state to perform physical examinations? YES NO

Dated: _____

Please sign and fill out the following information OR place Official Medical Practice Stamp here:

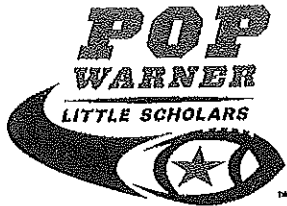
Signature _____ Printed Name _____

Address _____ City _____ State _____ Zip _____

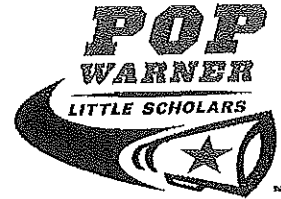
Phone _____ Fax: _____

Email/Website: Email _____ (Optional)

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 any modified/substituted form that MUST be signed in the current calendar year.



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



2018 Scholastic Eligibility Form

This form is to be completed by those participants in the Pop Warner program that have not met the National Scholastic Requirement of 70 percent or 2.0 Grade Point Average (GPA) at the time of certification.

This form must be accompanied by a progressing progress report, or a report card to be eligible for play after the October 15, 2018 deadline. That report must be dated between September 1, 2018 and October 15, 2018.

If no progressing progress report or report card is given in this window then the player shall be found ineligible for the rest of the year.

Please print and fill out completely.

Name: _____ Football / Spirit (circle one)

Street: _____

Town / City: _____ State: _____ Zip: _____

League Name: _____

Team / Association: _____

Parent / Guardian: _____ Phone: (_____) _____

As the above named participant has not met the Pop Warner Little Scholars (PWLS) scholastic requirement of a minimum GPA of 2.0/70% or higher, we the undersigned, agree to the terms shown above as a condition to being passed on the National Roster.

Participant Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____

Head Coach Signature: _____ Date: _____

Attach Original Progress Report – PWLS Use Only

Report Card Attached: Yes No If no, then proof of current enrollment required (e.g. class schedule, letter from the school, etc.) dated on or before Sep. 13th. Proof of current Enrollment Attached: Yes No
 September 1st through October 15th: _____ Satisfactory _____ Unsatisfactory _____ Head Coach Initials _____

By signing below, I certify that the participant above is eligible to participate for the remainder of the 2018 season.

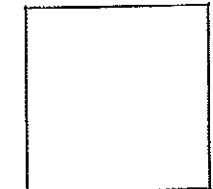
League Representative/Scholastic Coordinator Signature: _____ Date: _____

Scholastic Eligibility Guidelines:

1. The progress report/report card must contain all classes.
2. For the progress report/report card to be used for season eligibility, the participant must be progressing in at least 51% of their classes
3. The progress report/report card must be an original, not a copy
4. The progress report must be on the Official School/Regional Progress Report Form. If the form is from the school, it must be on a school letterhead or have a stamp or marking stating it came directly from the school

Guidelines

1. This form must be completed with all signatures obtained
2. Original progress report must be turned in by the scheduled date and in participant's book prior to game day certification
3. If the report card is not attached than the following additional document is required – proof of current enrollment by 9/13
4. If the progress report/report card is not received, the player is ineligible for the remainder of the year
5. This form and progress report/report card must be in book at all times.
6. If progressing progress is received in the designated timeframe the player is eligible for the rest of the season
7. If player is found ineligible and plays the team and coach will be subject to the rules applying to ineligible players
8. At the end of the designated time period, a League Board member or member of the League Scholastic team must certify eligibility for the rest of the season
9. Head Coach and or Parent/Guardian will be require to come before the Pop Warner board if found allowing an ineligible child to participate in any game.



Post Season Regional Stamp/Seal of Approval

