

# ARLINGTON POP WARNER (APW) REGISTRATION INSTRUCTIONS AND INFORMATION:

**Please read all instructions carefully.**

<p>The registration packet consists of:</p> <ul style="list-style-type: none"><li>A. Registration Form</li><li>B. Registration Fee</li><li>C. Birth Certificate</li><li>D. Medical Clearance</li><li>E. Report Card</li></ul>	<p>No child will be rostered onto a team, given equipment or allowed to step onto the field without having <b>All</b> paperwork turned in. There will be no exceptions.</p> <p>Any incomplete packet sent to Arlington Pop Warner will be returned to you and your child will not be registered until it is complete.</p>
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## Instructions for each section:

- A. Registration Form**
1. Completely fill out the “Release” form and initial each box. Leave no blank spaces.
  2. Completely fill out the “Contact Info” form. Leave no blank spaces.
  3. Don’t forget to sign the Parental Signature Line on the “Release” form!
- B. Registration Fee**
1. Registrations accepted at the March, April, May, June and July signup dates are at a cost of \$175.00 for each child. If you have more than two children to register, your maximum cost will be \$350.00 per family.
  2. Once Registration Fee is paid, you will receive a book of 20 Raffle tickets to sell at \$5.00 each. Keep the money, and return the raffle tickets to us by the second home game – if you sell all the tickets, your cost ends up being \$75.00 per child.
  3. Make checks payable to Arlington Pop Warner.
  4. **There will be a \$25.00 service fee for any checks that do not clear.**
- C. Birth Certificates**
1. Each child must have an *original* or an embossed certified copy of their birth certificate.
  2. No xeroxed copies or hospital certificates are acceptable.
  3. If your child was in the program last year, and we already have a copy of their birth certificate, please put a note in with your registration package to let us know.
- D. Medical Clearance**
1. Parents must fill out all pertinent spaces on the form and send it to your doctor.
  2. The doctor must sign and stamp the form and make note of any medical condition APW should be aware of. (A note from your doctor on his/her stationery stating your child is physically fit to participate in football or cheerleading is also acceptable and should be attached to the medical form).
  3. Forms must be dated on or after **January 1, 2009**.
- E. Report Cards**
1. We must have a copy of your child’s **Final** report card for the **2008-2009** school year.
  2. Since report cards do not come out until June, this is the only item allowed to be missing from your packet when you return it to us.
  3. Copies of the Final report card must be received before the first practice or your child will have to sit out.

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**For:**  
Football  
Cheerleading

**Direct Questions and completed packets to:**  
Paul Cahill, P.O. Box 1514, Arl., MA 02474 Phone: 781-646-9473  
Rachael O'Donnell, P.O. Box 1514, Arl., MA 02474 Phone: 781-775-0574

**ARLINGTON POP WARNER - INFORMATION SHEET**

*(do not fill in shaded boxes)*

*(Please print clearly!)*

<b>PARTICIPANT INFORMATION:</b>	CHILD'S NAME	(FIRST)	(MIDDLE)	(LAST)
	DATE OF BIRTH/WEIGHT	(DOB)		WEIGHT - FOOTBALL ONLY
	SCHOOL/GRADE	(SCHOOL attending in September)		(GRADE in Sept)

<b>CONTACT INFORMATION:</b>  (*If parents' addresses are different, please provide alternative address information on the back of this form)  <b>MOTHER'S B-DAY MONTH - DAY</b> _____	PRIMARY HOME ADDRESS*			
	Name(s) of PARENT/GUARDIAN	(1)	(2)	
	HOME PHONE	(1)	(2)	
	CELL PHONE	(1)	(2)	
	PAGER/BEEPER	(1)	(2)	
	E-MAIL ADDRESS (please print clearly)	(1)	(2)	
	WORK PHONE	(1)	(2)	

<b>EMERGENCY CONTACT:</b>	If parents or guardians cannot be reached in an emergency, please contact:		
	NAME:		
	RELATIONSHIP:		
	PHONE #	(Home)	(Cell)

<b>MEDICAL INFORMATION:</b>	FAMILY PHYSICIAN			
	PHONE #			
	ALERGIES OR MEDICAL CONDITIONS <i>(please specify)</i>			
	MEDICATIONS <i>(please specify)</i>			

<b>VOLUNTEER INFORMATION:</b>	We need parent volunteers to help make this a successful program. Please indicate below what you can do to contribute:					
	<input checked="" type="checkbox"/>	Mandatory Play Sheets (home games)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CHAINS (home games)
	<input type="checkbox"/>	TEAM PARENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CONCESSION (home games)
	<input type="checkbox"/>	TEAM HELPER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EVENT PLANNING
	<input type="checkbox"/>	FUNDRAISING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ANYTHING NEEDED

<b>ADMINISTRATIVE USE ONLY!</b>	REG. FEE \$ _____
	<input type="checkbox"/> CASH <input type="checkbox"/> CHECK/CHECK NO. _____ <input type="checkbox"/> F.B.
<b>NOTES:</b> <input type="checkbox"/> PAYMENT IS FOR MORE THAN ONE CHILD                     TICKET NOS: _____	

**Say NO...  
to  
DRUGS!**

# PWFCEM

## CERTIFICATION RECORD

ASSOCIATION ARLINGTON POP WARNER

YEAR

2009

LEVEL OF PLAY

FOOTBALL

CHEERLEADING

<input type="checkbox"/>	TM	MM	JPW	PW	JR. M	MID
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	F	E	D	C	B	A

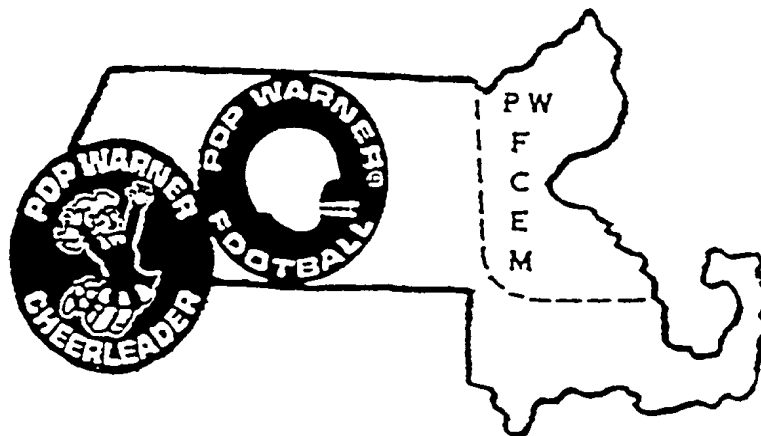
NAME \_\_\_\_\_  
(EXACTLY AS ON BIRTH CERTIFICATE)

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_

BIRTHDATE \_\_\_\_\_



REQUIRED PAPERWORK

BIRTH CERTIFICATE	<input type="checkbox"/>
MEDICAL RELEASE	<input type="checkbox"/>
PARENTAL PERMISSION	<input type="checkbox"/>
SCHOLASTIC FITNESS	<input type="checkbox"/>
REPORT CARD	<input type="checkbox"/>

I CERTIFY THAT THE INFORMATION ON THIS FORM HAS BEEN VERIFIED BY OUR ASSOCIATION AND THE ABOVE PLAYER/CHEERLEADER IS ELIGIBLE UNDER POPWARNER RULES.

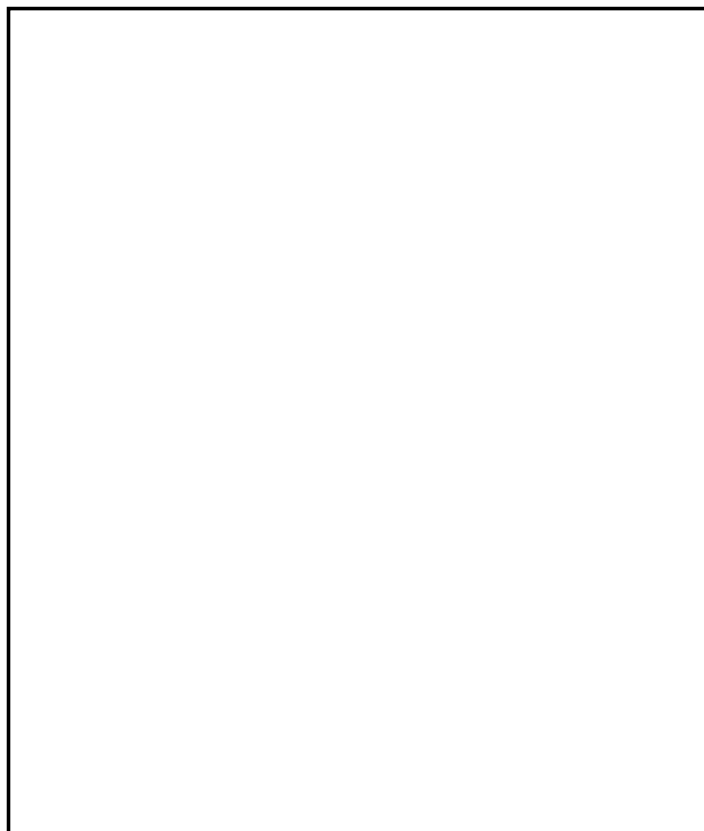
I FURTHER CERTIFY THAT THE MINIMUM PLAY RULE HAS BEEN EXPLAINED TO THIS PLAYER.

\_\_\_\_\_  
*Paul Cahill*

\_\_\_\_\_  
Date

ASSOCIATION PRESIDENT'S SIGNATURE

APPROVED BY HLA OFFICIAL





# Pop Warner Little Scholars, Inc.



## 2009 PHYSICAL FITNESS & MEDICAL HISTORY FORM

**Special Note:** This form must be dated after January 1, 2009 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.



**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 2009 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.

Pop Warner Little Scholars, Inc  
2009 PARTICIPANT CONTRACT AND PARENTAL CONSENT FORM



**Special Note:** This form must be dated after January 1, 2009 and is applicable only for the 2009 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 \_\_\_\_\_ Zipcode \_\_\_\_\_

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 \_\_\_\_\_ Zipcode \_\_\_\_\_

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

**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. 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.

**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 (check one) \_\_\_\_ 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 CONSENT**

As a condition to my child's participation in Pop Warner, 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.

**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.

9. I understand that my child must meet Pop Warner age and/or weight requirements on their official certification date as established by Pop Warner Little Scholars, Inc. without exception. I further understand that the decision of the Weigh Master is final. I understand that proof of age; (I agree to furnish an authentic certified copy of a birth certificate of the above-named participant to local Pop Warner officials), current year medical release, Participant Contract and Parent Consent and scholastic fitness must be presented by date of certification in order to participate further in Pop Warner activities.

**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.

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 \_\_\_\_\_