

Say NO...
to
DRUGS!

PWFCEM

CERTIFICATION RECORD

ASSOCIATION: _____

YEAR: 2009

LEVEL OF PLAY		TM	MM	JPW	PW	JR.M	MID	UNLTD
FOOTBALL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHEERLEADING	<input type="checkbox"/>							
FLAG	<input type="checkbox"/>							

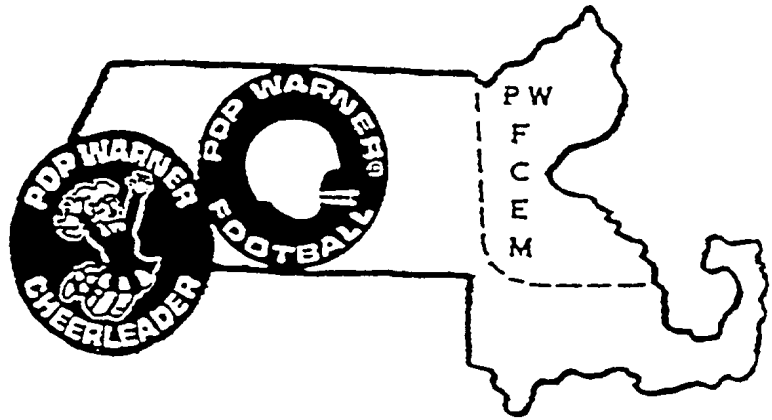
NAME _____

ADDRESS _____

CITY _____ ZIP _____

TELEPHONE _____

BIRTHDATE _____



REQUIRED PAPERWORK

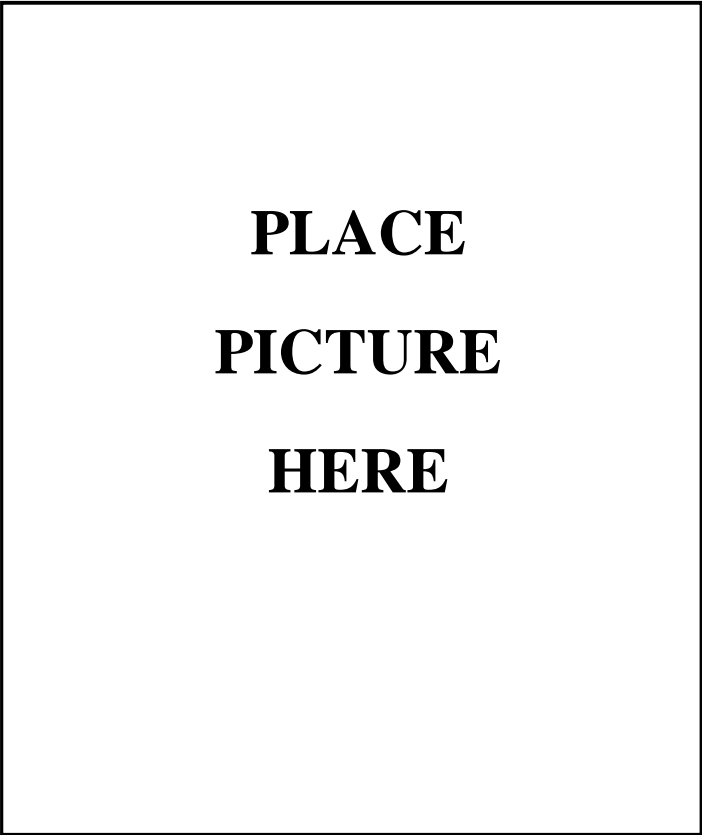
BIRTH CERTIFICATE

PHYSICAL EXAM

PARENTAL PERMISSION

FITNESS/REPORT CARD

MEDICAL RELEASE



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.

ASSOCIATION PRESIDENT'S SIGNATURE

DATE