



## Sharon Pop Warner, Inc.

Dear Parents/Guardians,

Welcome to Sharon Pop Warner's 2008 "**Hall of Fame**" season!!!

This year, in honor of our very own Andre Tippett (#56), the newest inductee to the National Football League Hall of Fame, we are rolling out the red carpet with our own "Hall of Fame" promotion. For the 2008 season only, Sharon Pop Warner is offering a **\$56 registration fee** (Andre's uniform number) to all football players and cheerleaders that sign up for this season. Andre's character, experience and knowledge allows him to play a vital role in our organization, both as a coach and board member, and we would like to honor him with this promotion. Don't miss an opportunity to be part of Sharon Pop Warner's "Hall of Fame" 2008 season!

### What to Expect In Your 2008 Season

First and foremost, **our goal is to give your child the best experience possible**, both on and off the field. Please consider this season as a fresh start for everyone and an opportunity to try a new sport if you have not participated in our program before. **This is a team effort and we need parental support.** As a parent, you will play a vital role in our season as well. Here some things to expect:

- **Support at each home game:** We will be asking parents to volunteer in different capacities from working in the snack shack to holding the down-markers during the game. Please be available as much as possible to help game days run smoothly.
- **Financial support:** We will be asking for \$50 at registration for our game-day raffle. You will have an opportunity to win money during each home game day, and the raffle money goes to the funding of game days, so it is a win-win situation. Our other fundraiser each year is our yearbook, which has team photos and special messages for each child. This is a wonderful keepsake for you and your child. We ask that everyone consider placing an ad to help keep our organization running strong.
- **Fun at practices:** Once the season starts, your child's coach may include fun events like "Friday Night Pizza" or a silly string party. This encourages team spirit and fosters great friendships as well. Team managers will be asking for monetary support from the parents so the coaches do not have to pay for this out of their own pocket. Coaches and Managers give a great amount of their time to the children and cannot be expected to pay for all of these fun events themselves.
- **End of the season Banquet:** Each team closes out their year with a banquet. There will be a charge per person to attend the banquet, which includes dinner. At the banquet, each child will receive a trophy and a sweatshirt that is only available to children in our program.
- **Cheer Competition:** This year's cheer competition will be in October on a date to be determined. Our A & B cheer squads work very hard all season long practicing for their competition, so to show our support, we will supply a bus for all of the **A & B football players and coaches to attend.** This will be a **requirement as part of the football players' season** and it will also give the football players a chance to cheer on the girls and show their appreciation for all of their hard work.

**I know this may sound like a lot, but this is going to be a great season, like none before, that your child will always remember. I am look forward to seeing each of you at the fields this year!**

Cary Nevins  
President  
Sharon Pop Warner Football

Parent Initials \_\_\_\_\_

Child's Name \_\_\_\_\_

## 2008 SHARON POP WARNER Parent Check List

\_\_\_\_\_  
Player/Cheerleader Name

**The following forms need to be submitted for your child to participate in Sharon Pop Warner Football and Cheerleading. Registration will not be processed until fees have been satisfied and items A through F have been submitted and are complete:**

<input type="checkbox"/> FEES: REGISTRATION: <b>For this year only:</b> \$56 registration fee for each player or cheerleader	FUNDRAISING : \$50 PER CHILD (due at time of registration)
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~~\$150~~  
~~\$125~~  
~~\$300~~

CHECKS should be made payable to "Sharon Pop Warner" and should note child's name.

- A)** SHARON POP WARNER PRESIDENT INTRODUCTION LETTER initialed by parent
- B)** 2008 HOCKOMOCK REGISTRATION FORM signed and dated in 2008.
- C)** SHARON POP WARNER POLICY ACKNOWLEDGEMENT FORM signed and dated in 2008.
- D)** 2008 SPORT PARENT CODE OF CONDUCT FORM signed and dated in 2008.
- E)** PARENT CONTACT AND EMERGENCY TREATMENT FORM signed and dated in 2008.
- F)** PHYSICAL FITNESS AND MEDICAL HISTORY FORM -Section I completed by a parent and signed and dated 1/1/08 or later.
- G)** PHYSICAL FITNESS AND MEDICAL HISTORY FORM -Section II completed by physician. Physician signatures must be dated 1/1/08 or later. Electronic signatures will no be accepted. A physician's own form will be accepted only if the following statement is clearly shown on the form: *"(child's name) is physically fit and able to participate in Pop Warner for the 2008 season."*
- H)** AN ORIGINAL BIRTH CERTIFICATE AND A COPY for individuals who did not participate in 2007 ( all originals will be returned after the first game).
- I)** A COPY OF JUNE '08 REPORT CARD (include all pages: physical education/music/art)

Paperwork Night will be held on June 25th at the Community Center from 7-9pm. Please bring items G, H, and I to Paperwork Night to complete your child's registration. If you are unable to attend Paperwork Night please mail any missing paperwork before July 1<sup>st</sup> to Maggie Friedman, Pop Warner Registration, 6 Abbott Avenue, Sharon, MA 02067.

PLEASE BE AWARE THE SPW BYLAWS STATE:  
 13.1 NO PARTICIPANT SHALL BE ALLOWED TO PARTICIPATE IN ANY ORGANIZED PRACTICE UNLESS ALL REGISTRATION REQUIREMENTS HAVE BEEN MET.

**ALL PAPERWORK MUST BE SUBMITTED BY JULY 1, 2008**



**HOCKOMOCK LEAGUE INC. POP WARNER FOOTBALL LEAGUE**

\*\*\*\*\*All highlighted fields are required\*\*\*\*\*

ASSOCIATION: **SHARON** 2008 SEASON

<b>NAME:</b>			
LAST	FIRST	INIT	
<b>ADDRESS:</b>			
<b>TOWN:</b> Sharon	MA	<b>ZIP:</b> 02067	
<b>PHONE:</b> ( 781 )			
<b>DATE OF BIRTH:</b>			
MONTH	DAY	YEAR	
<b>SCHOOL:</b>			
<b>SCHOOL PHONE:</b> (781)			
<b>FOR OFFICIAL</b>		<b>USE ONLY</b>	
FOOTBALL PLAYER	<input type="checkbox"/>	CHEERLEADER	<input type="checkbox"/>
MIDGET ( A )	<input type="checkbox"/>	MIDGET ( A )	<input type="checkbox"/>
JR. MIDGET ( B )	<input type="checkbox"/>	JR. MIDGET ( B )	<input type="checkbox"/>
PEEWEE ( C )	<input type="checkbox"/>	PEEWEE ( C )	<input type="checkbox"/>
JR. PEEWEE ( D )	<input type="checkbox"/>	JR. PEEWEE ( D )	<input type="checkbox"/>
MITEY - MITE	<input type="checkbox"/>	MITEY - MITE	<input type="checkbox"/>

ATTACH PHOTO HERE IN THIS  
SHADED AREA  
WAIST TO HEAD  
PHOTO IN GAME JERSEY WITH JERSEY  
NUMBER SHOWING

REGISTRATION PAID:	
YES _____	NO _____
CHECK # _____	CASH _____
REGISTR. ORDER NUMBER _____	
PLAYING AGE _____	
PLAYER SIGN UP WEIGHT _____	
(No More Than 10 LB Over Maximum Wt.) (No More Than 3 LB Under Minimum Wt.)	
(NOT OFFICIAL WEIGHT)	

**FOR OFFICIAL USE ONLY**

COMPLETED BY HOCKOMOCK LEAGUE INC.	COMPLETED BY ASSOCIATION	YES	NO
CERTIFICATION	PARENT/GUARDIAN SIGNED CONTRACT?	<input type="checkbox"/>	<input type="checkbox"/>
WEIGHT	PROOF OF AGE?	<input type="checkbox"/>	<input type="checkbox"/>
DATE TAKEN:	MEDICAL RELEASE FORM COMPLETED?	<input type="checkbox"/>	<input type="checkbox"/>
VERIFIED BY:	SCHOLASTIC FITNESS RECEIVED?	<input type="checkbox"/>	<input type="checkbox"/>

**SPECIAL INSURANCE NOTE:** Your child is covered by POP WARNER INSURANCE while participating in the program. insurance however, is only supplementary to your personal insurance plan. Submit all claims to your primary insurance first. Any remaining balance may be submitted toward the team insurance.

<b>INSURANCE COMPANY:</b>	<b>POLICY #</b>
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THE UNDERSIGNED , AS PARENT / GUARDIAN, HEREBY grant permission for my child to play contact football or engage in cheerleading activity with the above named Association for the 2008 season. I agree to abide by all the rules and regulations as set forth by the Association. I further agree to accept full responsibility for all the equipment and uniforms issued to said child. If any equipment is lost or damaged through our or our child's negligence, I agree to pay for replacement.

1. I authorize emergency treatment for my child named above during the 2008 season.

<b>PARENT/GUARDIAN SIGNATURE:</b>	<b>DATE:</b>
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ASSOCIATION PRESIDENT: I certify that the information on this form has been verified by our association and the above named child is eligible under Hockomock League Inc. Pop Warner Rules.

ASSOC. PRESIDENT SIGNATURE:	DATE:
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# 2008 Sharon Pop Warner Policy Acknowledgement Form

***Due to the fact that we are part of a National Organization we must adhere to strict regulations within our own local association. In order for the program to run successfully we require parents to cooperate with our policies and procedures. Please indicate your acknowledgement of the following policies by initialing next to each policy in the box provided.***

**PAPERWORK POLICY** – All paperwork is due by July 1, 2008. If all paperwork has not been submitted, the player or cheerleader will not be issued equipment or be allowed to attend practices. If failure to submit paperwork continues after August 1, 2008 the player or cheerleader will not be allowed to participate in Sharon Pop Warner in any capacity during the 2008 season.

Complete paperwork includes the following: 2008 Sharon Pop Warner President Introduction Letter, 2008 Registration Form, 2008 Policy Acknowledgement Form, 2008 Sport Parent Code of Conduct Form, 2008 Parent Contact and Emergency Treatment Form, 2008 Pop Warner Little Scholar's Physical Fitness and Medical History Form Parts I & II (Part I must be signed by parent and Part II must be signed by physician), original Birth Certificate and a copy for new players, complete copy of the June 2008 report card. All forms must be signed (if applicable) and dated after 1/1/2008.

**PAYMENT POLICY** – All registration fees and fundraising fees must be satisfied before a player or cheerleader will be registered for the 2008 season.

**FUNDRAISING POLICY** - We are a not-for-profit organization. Our revenues are devoted to the safety, support and recognition of the children who participate. Practice fields, equipment, uniforms, lights, safety equipment, playing fields for game days, storage facilities, awards, cheerleading competition fees, insurance, EMTs and personalized sweatshirts are just some of the many expenses our organization incurs, for which registration fees cover only 70%.

Each player and cheerleader will be given 10 fundraising raffles upon registration to be either purchased or sold at a price of \$5 each to help overcome the additional costs of the organization. The \$50 total fundraising commitment must be paid by each player or cheerleader at registration. The player or cheerleader may request more raffles if they desire to purchase or sell more, however they are responsible for payment of \$5 to the organization for every raffle issued. If raffles are lost or misplaced, they will not be replaced.

**REFUND POLICY** - All refund requests must be made in writing to be official, and mailed to: Sharon Pop Warner, PO Box 231, Sharon, MA 02067. E-mails will be acceptable. The date of the official postmark, or the date on the email, is the refund request date. For refund requests not made in writing, the request is unofficial and the date of the request is determined by the Treasurer of Sharon Pop Warner. There will be no refunds granted for refund requests received after August 1st for a participant who has previously been in the program. There will be no refunds granted for refund requests received after August 15th for a first year participant. Any granted refunds will be charged a \$25 administration fee per participant. A participant not granted a refund may appeal to the Executive Board for a waiver of policy by writing a letter with an explanation and mailing it to the address above. Fundraising fees will not be refunded.

**PARENT PARTICIPATION POLICY** – Sharon Pop Warner is run 100% by volunteers. Due to the fact that there are many more jobs to be done than hands available to do them, we require the participation of parents during the season. As the parent of a Sharon Pop Warner player or cheerleader you will be required to donate a total of 4 hours of your time on game days to assist with some of the tasks required to run the program.

**WEIGH-IN POLICY** – Pop Warner national organization requires that all football players attend the Hockomock League Mandatory Weigh-in, which is currently scheduled for Saturday, August 23, 2008. A player not able to attend this mandatory weigh-in may be given the opportunity to attend an alternate weigh-in currently scheduled for September 6, 2008, but will not be allowed to participate in the first game of the season. Such a decision to be allowed to go to the alternate weigh-in will be made on a case by case basis and is not guaranteed. Acknowledgement of the date by signature below and the reason for conflict with the date will be taken into consideration in making the determination as to whether a player will be allowed to attend the alternate weigh-in.

\*Any player unable to attend either the first or alternate weigh-in will not be able to play during the 2008 season, unless such conflict with these dates is for religious reasons. Any player not able to attend either weigh-in solely for religious reasons will be given the opportunity to be weighed-in on a date to be set by the Hockomock League. Such date generally occurs during the last two weeks in August and any vacation plans should not be made during this time period. Reminder: any player not in attendance at the first Mandatory Weigh-In will not be able to play in any games scheduled before the player is officially weighed-in and the league has had the opportunity to process the player's registration.

**CHEERLEADING COMPETITION POLICY** - The A & B cheerleading squads are competition squads and will practice more frequently than other squads after school starts in September. These squads will also be required to purchase additional supplies and equipment for competition, including but not limited to competition shoes and hair curlers and other styling products. The A & B Football players will be required to attend the Cheerleading Competition in October (date to be determined).

As indicated by my initials above and my signature below I agree to adhere to each of the stated policies of Sharon Pop Warner during the 2008 season.

\_\_\_\_\_  
Player/Cheerleader Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# D

## 2008 SPORT PARENT CODE OF CONDUCT HOCKOMOCK LEAGUE INC. POP WARNER FOOTBALL LEAGUE

On September 23, 2000, more than 30 heads of Massachusetts chapters of national associations, educational organizations and professional associations met at Children’s Hospital in Boston to participate in a consensus meeting to develop a sport parent code of conduct for the state. The meeting was convened by the Massachusetts Governor’s Committee on Physical Fitness and Sports and the National youth Sports Safety Foundation, Inc.

### PREAMBLE

The essential elements of character building and ethics in sports are embodied in the concepts 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.”

I therefore 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 of 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 or 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 and taunting; 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 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 or 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 any 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 deemphasize games and competition in the lower age groups.
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 officials and their authority during games and will never question, discuss, or confront coaches at the game field, and will take time to speak with coaches at an agreed upon time and place.
16. I will demand an environment for my child that is free from drugs, tobacco, and alcohol and I will refrain from their use at all 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 aforementioned 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 head of league organization
- Written warning
- Parental game suspension with written documentation of incident kept on file by organization involved
- Game forfeit through the official or coach
- Parental season suspension

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Parent/Guardian Signature

-----  
Date

### References

The Sport Parent Code of Conduct has been compiled from the following national organizations and local youth sports leagues parent code of conduct:

- |                                 |  |
|---------------------------------|--|
| 1. Arizona Sports Summit Accord | 6. National Alliance for Youth Sports                |
| 2. Character Counts             | 7. National High School Athletic Coaches Association |
| 3. Heartland Soccer Club        | 8. Pop Warner  |
| 4. Kidsports                    | 9. Rosemont Area Athletic Association                |
| 5. Mt. Laurel Soccer Club       | 10. USA Hockey                                       |

**Additional recommended resources for conduct and sportsmanship for coaches and athletes include: Arizona Sport Summit Accord, United States Olympic Committee (USCO) Coaches Code of Ethics, and the Character Counts Coalition.**





Pop Warner Little Scholars, Inc.



2008 PHYSICAL FITNESS & MEDICAL HISTORY FORM

**Note:** This form must be dated after January 1, 2008 and then submitted to your LOCAL Pop Warner organization. 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.

**Section I: FOR PARENT/GUARDIAN COMPLETION ONLY**

Legal Name of Participant (must match birth certificate):

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Sharon \_\_\_\_\_ State: MA Zip: 02067 \_\_\_\_\_  
 Telephone No: (781) \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Male\_\_ Female \_\_  
 Name of Primary Medical Insurance Company: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_ Membership Number: \_\_\_\_\_  
 Name on Policy \_\_\_\_\_  
 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                               |     |    |
| 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 is 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.**

Signed \_\_\_\_\_  
 Print Name \_\_\_\_\_  
 Relationship to Participant \_\_\_\_\_  
 Dated \_\_\_\_\_



## Pop Warner Little Scholars, Inc.



### **Section II: THIS SECTION IS TO BE COMPLETED ONLY BY A STATE LICENSED MEDICAL PROFESSIONAL**

Participant's Name: \_\_\_\_\_

(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 2008 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 \_\_\_\_\_

**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.**