

2009 SHARON POP WARNER FOOTBALL AND CHEERLEADING Parent Check List Form

New this year – Registrations will not be accepted unless the cheerleader or football player is present at registration.

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 both Registration and Fundraising fees have been satisfied and items A through F have been submitted and are complete:

- | | | | |
|--------------------------|--------------|--|--|
| <input type="checkbox"/> | FEES: | <u>REGISTRATION:</u>
FOOTBALL & CHEER \$100
Family Max \$300 (registration only) | <u>FUNDRAISING:</u>
\$100 PER CHILD
Must be paid at Registration |
|--------------------------|--------------|--|--|
- A) SHARON POP WARNER PRESIDENT'S INTRODUCTORY LETTER** – must be initialed by parent.
- B) 2009 PARTICIPANT CONTRACT AND PARENTAL CONSENT FORM**
- C) 2009 PARENTAL/GUARDIAN PERMISSION AND WAIVER** – signed and dated in 2009 by both parent and player/cheerleader. Item #3 must be initialed by parent. Item #6 should not be checked/completed.
- D) SHARON POP WARNER POLICY ACKNOWLEDGEMENT FORM** – signed and dated in 2009.
- E) PARENT CONTACT FORM** – signed and dated in 2009.
- F) PHYSICAL FITNESS AND MEDICAL HISTORY FORM** - Section I completed by a parent and signed and dated 1/1/2009 or later.
- G) PHYSICAL FITNESS AND MEDICAL HISTORY FORM** - Section II completed by a physician. Physician's signature must be dated 1/1/2009 or later. A physician's own form may be substituted for this form only if it contains a statement regarding participation in sports related activities and the physician's signature is dated 1/1/2009 or later. Electronic signatures on the physician's own form are acceptable if they are dated 1/1/2009 or later.
- H) AN ORIGINAL BIRTH CERTIFICATE AND A COPY** for individuals who did not participate in 2008 (all originals will be returned after the first game).
- I) A COPY OF JUNE '09 REPORT CARD** (include all pages: physical education/music/art)

Paperwork Night will be held on June 30th 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 1st to the appropriate address below.

Football
Debbie Bayha
Pop Warner Registration
10 Glenview Rd.
Sharon, MA 02067

Cheerleading
Maggie Friedman
Pop Warner Registration
6 Abbott Ave.
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, 2009

A



Sharon Pop Warner, Inc.

Dear Parents/Guardians,

Welcome to Sharon Pop Warner's 2009 season!!!

After a year of celebrating the success of our 2008 "B" football team as **Massachusetts State Champions**, it is time again to get ready and register for the 2009 season. As always, the Sharon Pop Warner Board strives to make this the best organization it can be and we wouldn't be able to do this without all of our volunteers. Thank you in advance for your support and participation. Please read and initial the "What to Expect" section below before you fill out any forms. I am looking forward to seeing all of you on the field this year!

What to Expect In Your 2009 Season

First and foremost, **our goal is to give your child the best experience possible**, both on and off the field. **This is a team effort and we need parental support.** As a parent, you will play a vital role in our season.. 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. Your volunteer team manager will assign jobs as needed and provide a schedule at the start of the season.
- **Financial support:** Each player will pay \$100 at registration for our game-day raffle which is 100% recoupable by selling your raffle tickets. This raffle gives you 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 support your player and 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 pockets each night. 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 yearbook. The banquet ends a season of fun and hard work and a great way to thank our players, families and volunteers.
- **Cheer Competition:** This year's cheer competition will be on Saturday, October 24th. Our A & B cheer squads work very hard all season long practicing for their competition, so to show our support, **A & B football players and coaches are required 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 it is going to be a great season, and one 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 _____

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.: _____

INSERT PICTURE HERE

HEAD TO WAIST

FACE AND JERSEY NUMBER
CLEARLY VISIBLE

Cheer Picture Taken
 Player Weighed-In

Cheer Coordinator Initials

Weigh-In Coach Initials

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 _____

D 2009 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 in the space provided.

*** Both cheer and football parents must initial the box next to every policy and sign at the bottom of the page.**

PAPERWORK POLICY – All paperwork is due by July 1, 2009. 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, 2009 the player or cheerleader will not be allowed to participate in Sharon Pop Warner in any capacity during the 2009 season.

Complete paperwork includes the following: 2009 Participant Contract and Parental Consent Form signed and dated after 1/1/2009, 2009 Parental/Guardian Permission And Waiver signed and dated after 1/1/2009, 2009 Policy Acknowledgement Form signed and dated after 1/1/2009, 2009 Parent Contact and Emergency Treatment Form signed and dated after 1/1/2009, 2009 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 after 1/1/2009), original Birth Certificate and a copy for new players, complete copy of the June 2009 report card.

PAYMENT POLICY – All registration fees and fundraising fees must be satisfied before a player or cheerleader will be registered for the 2009 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 20 fundraising calendars upon registration to be either purchased or sold at a price of \$5 each to help overcome the additional costs of the organization. The \$100 total fundraising commitment must be paid by each player or cheerleader at registration. The player or cheerleader may request more calendars if they desire to purchase or sell more, however they are responsible for payment of \$5 to the organization for every calendar issued. If calendars 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 August 29, 2009. A player not able to attend this mandatory weigh-in may be given the opportunity to attend an alternate weigh-in which is currently scheduled for September 12, 2009, 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 2009 season, unless such conflict with these dates is for religious reasons. Any player not able to attend either weigh-in 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 during 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 equipment for competition, including but not limited to competition shoes and hair curlers or 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 2009 season.

Parent/Guardian Signature

Date

E

2009 SHARON POP WARNER FOOTBALL AND CHEERLEADING Parent Contact Form

First Name

Middle Name

Last Name

Returning Player from 2008

New Player (never played in 2008)

Player has a sibling registered in Sharon Pop Warner

Cheerleader

Football Player

Date of Birth

Male

Female

Mother's Birthdate (MM/DD)

Registration Weight (Football Only)

Emergency Contact Name
(other than parent)

Emergency Contact Phone

Doctor's Name

Doctor's Phone Number

Medic Alert or Allergy Information

Primary Guardian:

Name

Father

Mother

Other

Street

City

State

Zip Code

Home Phone

Cell Phone

Work Phone

e-mail address (PRINT CLEARLY)

Other Guardian:

Name

Father

Mother

Other

Street

City

State

Zip Code

Home Phone

Cell Phone

Work Phone

e-mail address (PRINT CLEARLY)

Parent/Guardian Signature

Date



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.