



Rockland County, NY



FOOTBALL - EDUCATION - CHEERLEADING

Participant Name : _____

Parent/Guardian Name: _____

Parent E Mail: _____

Address: _____

City: _____ Zip: _____

Telephone: _____

Birth Date: _____ League Age: _____

(league ages calculated as of July 31st)

School: _____ Grade: _____

Person to be notified in an emergency:

Name: _____ Phone: _____

Cell #: _____ Work: _____

Medical Information/check and/or provide applicable information:

Glasses/Contacts _____ Diabetic _____ Asthmatic: _____ Seizures _____

Hearing Impaired _____ Speech Impaired _____ Other: _____

Medications (please list) _____

Allergies: Bee Stings _____ Penicillin _____ Other _____

Attach Photo Here
(recent photo/full face view)

**Valley Cottage Indians
Registration Fee**

Reg
Age 5-12 \$275
Age 13 & up \$200

Cheer/Dance
Age 7-13 \$225
Age 14 & up \$150

Return Form to:
Valley Cottage Indians
PO Box 79
Valley Cottage, New York 10989
or email to: vcindians@aol.com

No refunds after August 15th

older/lighter () Jersey #

- A Phillip Randolph
- Eastchester
- Monroe
- North Rockland
- New City
- New Rochelle
- Orangetown
- Ramapo
- Suffern
- Valley Cottage

PARENTAL CONSENT

I hereby give my consent for my child _____ to participate in activities involving Pop Warner Youth Football/Cheerleading. I agree that I shall assume all risk and responsibility in connection with my child participating in said activities. I also give permission for my child to travel with their team/squad, in adherence with scheduled home/away games. I further agree that I shall not hold responsible any officer, coach, or staff member of his/her organization or RCPWYFL for any injury or damages sustained by my child while participating in such activities. I understand that my signature indicates blanket approval and covers all team-related activities and, in the event of my absence, the right to approve and/or administer medical assistance as needed.

Print Name: _____ Parent Signature: _____ Date: _____

Staff Member Witness: _____

LEAGUE CERTIFICATION

Player Certification Weight: _____ Certified by: _____ Date: _____

The birth certificate, parental consent, and medical certificate have been examined and found to comply with the rules and regulations of Pop Warner Little Scholars, Inc. & the Rockland County Pop Warner Youth Football League.

President/RCPWYFL: _____

Date: _____

Sizing for Cheer/Dance Only!

(please check the appropriate box per item)

Youth		
Small	Medium	Large
Shorts		
Shirt		
Socks		

Adult			Adult	
Small	Medium	Large	XLarge	XXLarge
Shorts				
Shirt				
Socks				

Would you like to help?

Concession ____

Photos ____

Chain Crew ____

Spotter ____

Uniform Distribution ____

Uniform Collection ____

Journal Ads ____

Fund Raising ____

Business Manager ____

First Aide ____

Security ____

Program you are registering your child for:

Cheer	Dance	Football	Flag	Tiny Mite

Childs Gender:

Female	Male

This section completed by Staff only

Amount Received _____

Check Number: _____

By whom: _____

Date: _____

Raffle Book Numbers
