



# 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: \_\_\_\_\_

older/lighter ( )

Jersey #

**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 \_\_\_\_\_

- 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
