



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

Attach Photo Here  
(recent photo/full face view)

### Registration Fee

Age 5-6 \$125 (\$200 in raffle bks)

Cheer/Dance  
 Age 7-13 ) \$200 (\$300 in raffle bks)  
 Age 14 & up \$100 (\$150 in raffle bks)

Football  
 Age 7-13 \$250 (\$350 in raffle bks)  
 Age 14 & up \$100 (\$150 in raffle bks)

For \$25 receive in-kind amount+ in raffle books as

### Person to be notified in an emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ older/lighter ( )

Cell #: \_\_\_\_\_ Work: \_\_\_\_\_

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 \_\_\_\_\_

- Eastchester
- Monroe
- North Jersey
- North Rockland
- New City
- New Rochelle
- Orangetown
- Ramapo
- Suffern
- Valley Cottage
- Westchester

### 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
