



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: _____ 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

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: _____

Program you are registering your child for:

Cheer	Dance	Football	Flag	Tiny Mite

Childs Gender:

Female	Male

Sizing for Cheer/Dance Only!

(please check the appropriate box per item)

Shorts
Shirt
Socks

Youth		
Small	Medium	Large

Shorts
Shirt
Socks

Adult			Adult	
Small	Medium	Large	XLarge	XXLarge

Would you like to help?

Concession ____
Spotter ____
Journal Ads ____
First Aide ____

Photos ____
Uniform Distribution ____
Fund Raising ____
Security ____

Chain Crew ____
Uniform Collection ____
Business Manager ____
Team Equipment Manager ____

This section completed by Staff only

Amount Received _____

Check Number: _____

By whom: _____

Date: _____

Raffle Book Numbers:
