



Lowell Pop Warner



Welcome to the Lowell Pop Warner 2018 Season

2018 Fee Schedule:

- **April Rollback registration fee:** \$100 for first child, \$75 additional child, \$250 Family registration fee maximum. (April Registration is the only time you will receive season discounts)
- **Registration fee:** \$125 for first child, \$100 additional child, \$325 family registration fee maximum.

Volunteer Requirements / Fundraising Requirements/Opt Out Option:

- **Volunteer Time:** Each family is REQUIRED to volunteer 2 times per season. (Please see volunteer form for more info) This is not the same as fundraising. This volunteer time help with concession, chains, and mandatories during games as well as other duties that we need help with during the season.
- **Fundraising:** There are TWO MANDATORY FUNDRAISERS. Canning in August and Calendars in October.
- **Opt-Out:** Families may opt-out of the **Fundraising** for a **Fee of \$100 per player**. This fee MUST be paid on or before the date of 08/01/2018 and will **not be accepted thereafter**. If you have not paid the opt-out fee, you will be responsible to fulfill the **Fundraising** requirements. Paying the \$100 does not opt you out of Volunteer time. The \$100 goes to the organization and it makes up for the family opting out of selling calendars or canning.

I opt out of my fundraising requirements

2018 Physical Fitness & Medical History Form:

A physician must complete and sign the form. We are allowed to accept medical clearance forms provided by your physician provided they are dated 2018. We will have a dr at the field and there will be a fee of \$25 to see the dr.

IMPORTANT: Any football player that does not fulfill their **10 hour mandatory** conditioning shall not be allowed to suit up/wear pads or otherwise participate in any drill, practice or scrimmage with contact (including live time) until such time as that 10 hour requirement is satisfied. This is a National Pop Warner and Eastern Massachusetts Pop Warner mandatory rule and therefore we are not allowed to permit any exceptions!

Original Birth Certificate:

An **original birth certificate with a raised seal** is required and will be returned to you at the end of the season.

Report Cards:

A copy of each participant's 2017-2018 report card must be received on or before Equipment Pick Up.

ABSOLUTELY NO PARTICIPANT WILL TAKE THE FIELD ON AUGUST 1ST WITHOUT THE 3

PO Box 8753 Lowell Pop Warner

DOCUMENTS LISTED ABOVE. (PHYSICAL, ORIGINAL BIRTH CERTIFICATE AND REPORT CARD.) (Initials)

First Scheduled Practice:

The date of the first practice shall be **Wednesday August 1, 2018** and will be held at Cawley Stadium Practice Field.

Cheer Program brand new Cheerleader: \$50 UNIFORM DEPOSIT \$145 ACCESSORY PACKAGE

Accessories include: Sneakers, Bows and Sock package, Competition shirt, Jacket boy shorts and crop top.

Cheer Program returning Cheerleader: \$50 UNIFORM DEPOSIT \$117 ACCESSORY PACKAGE

Accessories include: Sneakers, Bow and Sock package, Competition shirt, and Jacket. If boy shorts and crop top are in good shape you do not need to purchase them.

Football Program for brand new player: \$50.00 UNIFORM DEPOSIT \$65.00 ACCESSORY PACKAGE

LPW will provide each football participant with a helmet, shoulder pads, practice pants, practice shirt, thigh pads, kneepads, hip pads, and tailbone pads. Participants are responsible to purchase the accessory package: Game jersey and pants, Girdle, Socks, Breast Cancer package and Mouth Guards.

Football Program for returning player: \$50.00 UNIFORM DEPOSIT Mandatory \$10 Accessory. See price list for Game Jersey, Pants and Girdle if need to purchase new.

LPW will provide each football participant with a helmet, shoulder pads, practice pants, practice shirt, thigh pads, kneepads, hip pads, and tailbone pads. Participants are responsible to purchase the accessory package: Cardinal Socks, Breast Cancer package and Mouth Guards.

All of our fees are due on or before August 1, 2018. This includes the Opt out fee, Calendar fee (if you do not wish to opt out), uniform/accessory fees and registration fees. If you are not paid in full, your child will not be able to take the field. Payments can be sent to our PO Box. (Initials) _____

Lowell Pop Warner PO Box 8753 Lowell, MA 01853

You must return registration materials and supporting documentation to a Board Member at one of our in-person registration events.

I HAVE READ, UNDERSTOOD, AND ACCEPTED THE AFOREMENTIONED REGISTRATION GUIDELINES PROVIDED BY LOWELL POP WARNER FOR THE 2018 SEASON. I ALSO ACKNOWLEDGE THAT THERE ARE NO REFUNDS ON THE REGISTRATION FEES OR THE ACCESSORY FEES:

Participant Name Printed

Parent / Guardian Name Printed

Participant Signature

Parent / Guardian Signature



Pop Warner Little Scholars, Inc.
2018 PARTICIPANT CONTRACT AND PARENTAL CONSENT FORM



Special Note: This form must be dated after January 1, 2018 and is **APPLICABLE ONLY FOR THE 2018 SEASON.**

This form must be submitted to your LOCAL 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: _____ Zip: _____

Phone No: _____ Birth Date: _____ Gender: _____ Male _____ Female

Sport: _____ Football _____ Cheer _____ Dance _____ Mother's Month and Day of Birth: _____

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 _____ Zip _____

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.: _____

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. Varsity / Varsity / Unlimited

Weight at Time of Registration (Football Only): _____

Proof of Scholastic Fitness verified? Yes No

2018 Parental/Guardian Permission and Waiver

Participant Name: _____

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. I understand, hereby give my approval for, and assume any and all risk of my child's use of various playing surfaces and conditions, including, but not limited to, dry and wet natural and artificial grass, hard dirt, and/or mud and I hereby acknowledge and understand that said surfaces may be regular or very irregular.

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 coaches, 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.

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 full replacement cost of such equipment.

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 either 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 AND PROMOTIONAL CONSENT: As a condition to my child's participation, 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. Furthermore, I hereby grant to Pop Warner the absolute right and permission to make, reproduce, broadcast or otherwise use participant's name and likeness, any photograph, films, videos, recordings, or other depictions or images in whatever form or media in connection with participation in Pop Warner throughout the universe in perpetuity and in any and all advertising and promotion materials, in any manner or media whatsoever for purposes of art, advertising, editorial, trade or promotion or any other purpose whatsoever. To the extent that any benefit accrues or may accrue to Pop Warner, I hereby and forever waive any interest in or claim to such benefits and acknowledge that Pop Warner is under no obligation to exercise any rights granted herein.

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.

10. ADHERENCE TO POP WARNER RULES AND PROCEDURES: 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 and understand that any non-compliance with any and all rules and regulations may be cause for discipline and/or dismissal of the participant, myself, and/or any spectators or other persons affiliated with the undersigned and the above named participant. I further understand that the participant must meet Pop Warner age and/or weight requirements on their official certification date as established by Pop Warner Little Scholars, Inc. without exception and that the decision of the Weigh Master is final. I agree to furnish an authentic certified copy of a birth certificate of the above-named participant to local Pop Warner officials and understand that valid proof of age, a current calendar year's signed medical release, scholastic fitness form and this form must be presented by date of certification in order to participate further in Pop Warner activities. I/We hereby hold Pop Warner harmless of any financial loss as the result of any disciplinary action.

11. DISPUTE RESOLUTION POLICY SEVERABILITY: I hereby understand and acknowledge that all civil disputes between Pop Warner and any and all affiliated parties will be subject to binding arbitration in the locale of the Pop Warner Little Scholars, Inc. National Office in Langhorne, PA in accordance with Pennsylvania law under the guidelines and rules of the American Arbitration Association. I hereby agree that this binding arbitration shall be in lieu of any litigation by and between myself, Pop Warner and any and all affiliated parties. I also understand and agree that if I contest any decision or ruling of Pop Warner Little Scholars, Inc. and seek other recourse, that I will reimburse Pop Warner for all legal fees and expenses it reasonably incurs. If any portion of this form shall be deemed unenforceable, illegal, and/or invalid, the reminder shall remain in full force and effect.

RULES & REGULATIONS – In consideration of participation in Pop Warner activities and by my signature below, I hereby stipulate that I have read, fully understand and voluntarily agree to be bound by all of the above and that all information provided by me is true and accurate to the fullest extent of my knowledge.

Signature of Parent/Guardian: _____ Print Full Legal Name: _____

Signature of Participant: _____ Print Full Legal Name: _____

Dated: _____

1/24/2018 PWLS, INC.



Pop Warner Little Scholars, Inc.



2018 PHYSICAL FITNESS & MEDICAL HISTORY FORM

Special Note: This form must be dated after January 1, 2018 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 any 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: _____

Does primary insured have Medicaid? Yes No Does primary insured have Medicare? Yes No

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 there any history of concussions and/or head injuries? | Yes | No |
| 4. | Is the participant currently under the care of a medical practitioner? | Yes | No |
| 5. | Is the participant currently taking any medications? | Yes | No |
| 6. | Does the participant have any allergies (penicillin, bee stings, etc)? | Yes | No |
| 7. | Does the participant have asthma/require the use of an inhaler? | Yes | No |
| 8. | Is the participant diabetic/require medication for diabetes? | Yes | No |
| 9. | Does the participant carry sickle cell trait/suffer from sickle cell disease? | Yes | No |
| 10. | Does the participant currently require medication? | Yes | No |
| 11. | Does/has the participant have/had seizures? | Yes | No |
| 12. | Does the participant wear glasses or contact lenses? | Yes | No |
| 13. | Does the participant wear a brace or other medical support device? | Yes | No |
| 14. | 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 and/or attach to this form: _____

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 stationery 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 _____



Section II: THIS SECTION MUST BE COMPLETED ONLY BY A LICENSED MEDICAL PROFESSIONAL ON OR AFTER JANUARY 1ST of the CURRENT CALENDAR YEAR.

Name of Participant: _____

(Please check the following if healthy or note otherwise):

Height	Weight	Eyes
Ears	Mouth	Nose & Throat
Respiratory	Cardiovascular	Neurological
Musculoskeletal	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 2018 season. I am therefore clearing this individual for athletic participation without limitation.

Please indicate medical profession (M.D., D.O. R.N., etc.) _____

Are you licensed in your state to perform physical examinations? YES NO

Dated: _____

Please sign and fill out the following information OR place Official Medical Practice Stamp here:

Signature _____ Printed Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax: _____

Email/Website: Email _____ (Optional)

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 any modified/substituted form that MUST be signed in the current calendar year.

Lowell Pop Warner Football Uniform/Equipment Release Form

Team_____

Player Name_____

Address_____

Home Phone #_____Cell Phone #_____

Mother's Name_____

Address_____

Home Phone #_____Cell Phone #_____

Father's Name_____

Address_____

Home Phone #_____Cell Phone #_____

I, the undersigned, agree to the maintenance and full return of the below issued uniform/equipment. If for any reason a child/athlete within the league is terminated, the uniform/equipment will be returned immediately, in good condition minus normal wear and tear. I understand that any intentional misuse and/or damage to the uniform/equipment are my responsibility and damages will be covered by me.

I, undersigned, understand I will be notified when uniform/equipment must be returned, and it is my responsibility to return the equipment at that time.

I, undersigned, understand that failure to comply with these rules and regulation will result in the forfeiture of the \$50.00 deposit and/or possible legal action to be taken against me.

Parent/Guardian Signature_____

League Official Use Only - \$50.00 DEPOSIT

Helmet #_____

Hip Pads (2) Y or N

Home & Away

Shoulder Pads#_____

Tail Bone Pad (1) Y or N

Game Shirt # _____

Practice Pants # _____

Practice Shirt # _____

Knee Pads (2) Y or N

Thigh Pads (2) Y or N

Accessory Package: - \$65.00 NON-REFUNDABLE

Game Pants, Game Jersey, Girdle, Socks, Breast Cancer Package (socks, wristbands, mouth guard), Mouth Guard. Returning players not in need of new Game Day Pants or Game Day Jersey must pay \$10 for their accessories. If you need new game day apparel, please see price list.

Uniform Deposit \$50.00

Accessories Fee \$65.00

Returned Deposit \$ _____

Date_____

Date_____

Date_____

Initials_____

Initials_____

Initials_____

Lowell Pop Warner Volunteer Sign up List

Child/Athlete Name _____ Team _____

Address _____

Home Phone # _____

Mother's Name _____ Cell # _____

Father's Name _____ Cell # _____

Siblings in the League:

Child/Athlete Name _____ Team _____

Child/Athlete Name _____ Team _____

Please select 3 choices from the list below. We will make every effort to assign you to one of your first three choices, simply assign 1, 2, or 3 in the order you would like. We will gladly explain what is required of any of the choices. We will make every effort to assign you to a choice around your child's games either before or after.

- _____ Team Parent Will work with teams Head Coach to help communicate practice schedules, practice and game changes or cancellations, will record mandatory play on game days. Assist in taking and delivering attendance to the LPW BOD. You will also work with the LPW BOD to help communicate information about Picture Day, Dispersing Hand Outs and other LPW activities.
- _____ Equipment Handout Help with giving out equipment date TBA.
- _____ Game Day Crew Chains and Down Marker
This will be assigned as a group for all home games.
See all the action up close from the sideline.
- _____ Announcer Announcing game day play action, special announcements from the announcer's booth at all home games only (No 'E' Game)
we will assign one announcer and one spotter.
- _____ Kick off Cookout Help with cookout on 9/8/2018
- _____ Merchandise Selling merchandise (t-shirts, sweatshirts etc.) at the practice fields, and home games.
- _____ Game Day Concession Selling soda, water, and select food items. Set-Up/Clean-Up 2 Home games
- _____ Practice Field Concession Selling soda, water, and select food items. All week.

I, acknowledge by signing this form that if I fail to complete all of my assigned volunteer time and assignments that I will automatically forfeit my uniform return deposit. I am responsible for knowing my assignment, and making sure that my volunteer time has been properly recorded.

_____/_____
Print Name Signature

Statement of Intent

Lowell Pop Warner (LPW) is committed to providing a caring, friendly and safe environment for all players and cheerleaders so they can participate in our program in a relaxed and secure atmosphere. As a community based program, LPW takes bullying seriously. Players and parents should be assured that they will be supported when bullying is reported. Bullying of any kind will not be tolerated in our organization. If bullying does occur, all participants and parents should know that incidents will be dealt with both efficiently and effectively. ***Anyone*** who knows that bullying is happening is **expected** to **report** the incident to either the head coach, assistant coach, team parent, or a Board Member.

What is Bullying?

Bullying is the conscious desire to hurt, threaten, frighten or make someone feel uncomfortable, repeatedly, over a period of time. Bullying is the use of aggression with the intention of hurting another person.

The three main types of bullying are:

1. Physical (hitting, kicking, theft).
2. Verbal (name calling, racist remarks).
3. Indirect (spreading rumors, excluding someone from social groups).

Some examples of bullying can be:

- **Emotional:** being unfriendly, excluding, tormenting (e.g. threatening gestures)
- **Physical:** pushing, kicking, hitting, punching or any use of violence
- **Racist:** racial taunts, graffiti, gestures
- **Sexual:** unwanted physical contact or sexually abusive comments
- **Homophobic:** because of, or focusing on the issue of sexuality
- **Verbal:** name-calling, sarcasm, spreading rumors, teasing
- **Cyber:** All areas of internet, such as email & internet chat room misuse, mobile, text messaging, calls, camera & video

Objectives of this Policy.

The objective of this policy is to ensure that all LPW participant players and cheerleaders learn in a supportive, caring and safe environment without fear of being bullied. Because bullying is an anti-social behavior that affects **everyone**, LPW expects all Board Members, all coaches, all parents, all volunteers and all participant players and cheerleaders to have read, understood, and to abide by the rules of this policy.

Procedural Steps.

1. As mentioned above, ***anyone*** who knows that bullying is happening is **expected to report** the incident to either the coach, assistant coach, team parent, or a Board Member.
2. In all cases, the parents of both the aggressor and the child alleging bullying, should be informed.
3. All bullying behavior or threats of bullying must be investigated and if found, the bullying stopped quickly.
4. **It may be, and we sincerely hope, that a genuine apology solves the problem and that reconciliation may occur merely by getting the parties together. The LPW coaching staff, team parents and Board Members will make every effort to assist the aggressor with a change in his/her behavior.**
5. If a genuine apology or reconciliation fails or is otherwise not appropriate, a discipline committee will be put together (hereinafter the “Panel”) shall meet with the child alleging bullying and his/her parents and his/her head coach, to get details of the allegation. Minutes shall be taken, agreed to and signed by all as a true account.

LOWELL POP WARNER ANTI-BULLYING AND SOCIAL MEDIA POLICY

6. The Panel shall meet with the alleged aggressor and his/her parents and his/her head coach, and present the incident raised to them, to answer and give their view of the allegation. Minutes shall again be taken, agreed to and signed by all as a true account. Consideration shall be given as to whether the Panel should obtain statements from other parties regarding the incident(s).
7. If, after careful consideration, the Panel has determined that bullying has taken place, the aggressor shall be warned and put on notice of any further action (*see Possible Outcomes below*). Consideration shall be given as to whether a reconciliation meeting between the parties is appropriate at this time.
8. All coaches involved with both parties shall be made aware of the concerns and outcome of the process.
9. In cases of serious bullying, the Panel may refer to and/or consult with Eastern Mass Pop Warner.
10. After the incident(s) have been investigated, each case will be monitored by a representative of the Panel to ensure repeated bullying does not take place.

Possible Outcomes

Once the Panel has determined that bullying has taken place, LPW will initiate disciplinary proceedings based on the severity of the action. The aggressor shall receive a written warning and be put on notice of the following (potential) further action(s):

1. The aggressor/aggressors may be asked to genuinely apologize; and/or
2. Temporary suspension from practice(s); and/or
3. Temporary or permanent suspension from game(s) *including post-season*; and/or
4. Temporary or permanent suspension from Cheer Competitions; and/or
5. Permanent suspension for the current season.

LOWELL POP WARNER ANTI-BULLYING AND SOCIAL MEDIA POLICY

We have read and acknowledge the Anti-Bullying Policy put forth by Lowell Pop Warner and understand that violation in part or whole of this policy may result in my suspension from participation in the organization for the 2018 season.

Player _____ Date _____

Parent _____ Date _____

LOWELL POP WARNER ANTI-BULLYING AND SOCIAL MEDIA POLICY

Lowell Pop Warner Social Media Policy

Lowell Pop Warner (LPW) recognizes the importance of the Internet in shaping the public's perception of our organization. LPW also recognizes the importance of our Board members, coaching staff, volunteers, parents/guardians and participant in leading and setting the tone of social media interactions in a manner that advances LPW's mission and goals.

Mission Statement

LPW is dedicated to the development of well-rounded youth through positive sports competition. We strive to develop fundamental skills through active participation of our players and to promote good sportsmanship from our players, coaches, and parents.

Applicability

This Social Media Policy applies to all Board members, all coaching staff, volunteers, parents/guardians and LPW participant. This Social Media Policy applies to all social media content posted by LPW Member in their professional and person capacity to the extent such content is related to LPW

Aspirations

LPW strives to create a positive and inclusive organization that is dedicated to helping young athletes reach their potential. In furtherance of this goal, LPW aspires to engage members of the Lowell Community in a positive, honest, transparent, and knowledgeable dialogue about LPW through social media. LPW views social media as an important tool for communicating its successes and opportunities for athletic and individual development.

Guidelines

All LPW Board members, all coaching staff, volunteers, parents/guardians and participant shall abide by the following guidelines when using social media:

1. Be positive and respectful, and always take the high road. When disagreeing with others' opinions, remain appropriate and polite. If you find yourself in a situation online that is becoming antagonistic, ask the LPW President for advice on how to disengage from the dialogue in a polite and respectful manner that reflects well on LPW.
2. Do not post content that would harm LPW or damage LPW reputation. Remember that even while you are on your own personal time, you are a representative (Board member, coach, volunteer and/or parent/guardian and participant) of LPW.
3. Use good judgment when posting comments on any official LPW sites. Bear in mind that our comments can create liability for LPW. If you are unsure whether a comment is

LOWELL POP WARNER ANTI-BULLYING AND SOCIAL MEDIA POLICY

appropriate to post, either do not post it or obtain prior approval from LPW President.

4. Encourage others to engage in positive interactions on social media. If you are concerned about any LPW Member's use of social media, please bring your concerns to LPW President.
5. Personally, identifiable information (information, such as name and date of birth and/or a street address which taken together, can identify a particular individual) should not be disclosed in any manner on official LPW social networking sites without the approval of LPW President.

Violations of the Social Media Policy:

LPW shall have the authority to monitor and enforce this Social Media Policy. The LPW Board of Directors, and any individual appointed by the Board of Directors, shall have the authority to remove any inappropriate or offensive comments from official LPW sites (including Facebook) and block any individual or organization from posting on any official LPW social media platform if they determine, in their sole discretion, that such removal or block is the best interest of LPW.

The failure of any LPW Board members, coaching staff, volunteers and/or parents/guardians and participant to adhere to this Social Media Policy shall be considered a violation of the LPW Code of Conduct, and any LPW Member who fails to adhere to this Social Media Policy shall be subject to disciplinary actions, up to and including termination of such individual's involvement in LPW, in accordance with LPW disciplinary procedure.

Print Name

Print Child's Name, if applicable

Signature

Date