

Parents,

Included in this packet are the instructions for completing all the required Pop Warner Paperwork. We know that this is much more intensive than any other sport, but it also helps insure that all players are the appropriate age, weight, are in proper health, and have the appropriate academic standards. This paperwork is foundational to the Pop Warner League

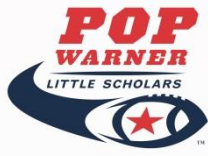
Through the years, we have often seen the below common mistakes. Before submitting your paperwork, please check that each item is correct in the paperwork. **DO NOT TURN IN INCOMPLETE, PARTIAL OR INCORRECT PAPERWORK...it will get rejected and returned**

PLAYERS CANNOT RECEIVE EQUIPMENT OR BEGIN PRACTICE UNTIL ALL PAPERWORK IS COMPLETED. Please make sure the following items are accurate:

- o Ensuring that all forms are completed and included in packet (7-9 Pages Total)
- o Player Contract (2 Pages),
- o Physical Form (2 Pages),
- o Copy of Birth Certificate (1 Page),
- o Copy of Report Card (1-2 Pages)
- o Code of Ethics (1 Page)
- o Parent/Coach Communication Plan (1 Pages)
- o Mother's month and day of birth is filled out on Player contract
- o Both player and parent actually sign the player contract
- o Date of Physical is in **2019 Calendar Year**. Actual Physical can **NOT** have occurred in 2018, even if doctor re-signs in 2019
- o Report Card is for entire school year, and not from 2nd or 3rd quarter
- o We know report cards are not available until school ends, so submit paperwork after school year is completed
- o Birth certificate is a COPY and not original

Please re-read the above list and check off each item when completed

Please complete all paperwork as soon as possible to help us reduce the administrative burden. Paperwork is officially due July 15th 2019, but can be submitted as soon as you are registered, paid, and have completed the school year (for the report card piece)



Pop Warner Little Scholars, Inc.

2019 PARTICIPANT CONTRACT AND PARENTAL CONSENT FORM



Special Note: This form must be dated after January 1, 2019 and is **APPLICABLE ONLY FOR THE 2019 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

2019 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.

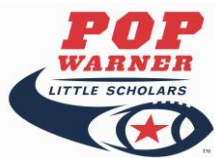
11. DISPUTE RESOLUTION POLICY SEVERABILITY: I hereby understand and acknowledge that all civil disputes between Pop Warner and any and all affiliated parties will be subject to binding arbitration in the locale of the Pop Warner Little Scholars, Inc. National Office in Langhorne, PA in accordance with 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: _____



Pop Warner Little Scholars, Inc.

2019 PHYSICAL FITNESS & MEDICAL HISTORY FORM



Special Note: This form must be dated after January 1, 2019 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:

If you answered yes about concussions, provide the name of the doctor or qualified medical professional who cleared Participant for this activity: _____

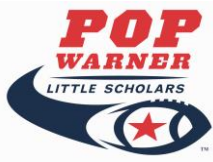
I hereby certify that this information is accurate to the best of my knowledge. I understand that this medical authorization may be voided in the event of injury, illness or accident and my child may not be cleared for participation at such time. Furthermore, I hereby acknowledge that it is my responsibility 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 _____



Pop Warner Little Scholars, Inc.

2019 PHYSICAL FITNESS & MEDICAL HISTORY FORM



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 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 2019 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

Today's Date: _____

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.

**PLEASE REPLACE THIS PAGE WITH A COPY OF
YOUR CHILD'S BIRTH CERTIFICATE**

(DO NOT SEND ORIGINALS)

**PLEASE REPLACE THIS PAGE WITH A COPY OF
YOUR FINAL 2018/2019 REPORT CARD**

(When school year is complete)

**(NO PARTIAL YEAR REPORT CARDS CAN BE
ACCEPTED)**

MARA FOOTBALL - CODE OF ETHICS

Parents - I hereby pledge to provide positive support, care, and encouragement for my child participating with the MARA FOOTBALL teams by following this code of ethics.

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and referees at every game, practice or tournament.
- I will refrain from making derogatory remarks while on MARA property.
- I will place the emotional and physical well-being of my child ahead of any personal desire to win.
- I will remember that the game is for the children and not for the adults.
- I will make sure my child treats other players, coaches, fans, and referees with respect regardless of race, sex, creed, or ability.
- I will promise to help my child enjoy the FOOTBALL experience by being supportive of the coaches and referees/referees, being a respectful fan, and assisting in whatever manner I am able.
- I will promise to share in the responsibilities of performing player monitor duties for my team during games.
- I will promise to share in the responsibilities of closing the field down whenever my team plays the last game of the night at MARA.
- I will assist the coaching staff by refraining from "coaching" my child from the stands/sidelines during a game. Instead, I will be encouraging and affirming whenever possible.
- I will do my best to make FOOTBALL fun for my child.
- I will insist that my child play in a safe and healthy environment.
- I will demand a drug, alcohol, and smoke-free sports environment for my child and agree to assist by refraining from their use at all FOOTBALL games and practices.
- I understand that it is now considered a Felony (in NC) to verbally abuse or touch a referee.

* I understand that if I am ejected from a game by a Referee/referee for improper actions, I will be asked to leave the Park that day and will also be suspended for the next scheduled game.

I realize that my failure to abide by this code of ethics may directly affect my child's status on the team.

Players - I hereby pledge to be positive about my MARA FOOTBALL experience and accept responsibility for my participation by following this code of ethics.

- I will abide by the rules from Pop Warner and MARA local rules.
- I will encourage good sportsmanship from fellow players, coaches, referees, and parents at every game and practice by demonstrating good sportsmanship.
- I will attend every practice and game that I can, and will notify my coach if I cannot.
- I will do my best to listen and learn from my coaches.
- I will treat all coaches, players, referees and parents with respect and I will expect to be treated that way.
- I will remember that FOOTBALL is an opportunity to learn and have fun.
- I deserve to have fun during my FOOTBALL experience and will alert parents and coaches if it stops being fun.
- I will encourage my parents to be involved with my team in some capacity because it is important to me.
- I will do my very best in school.
- I will expect to receive a fair amount of playing time.

Parent Signature

Player Signature

Date

Date

Matthews Athletic & Recreation Association (MARA)

Parent / Coach Communication Plan -

Home of the **Colts**

Parent / Coach Relationship

Parents and coaches are important role models for children; they both provide necessary guidance to young people in their development and in their understanding of the world in which they will live and work as adults. By understanding and respecting each other, parents and coaches, working together, can greatly benefit children. When your children become involved with the football program at Matthews Athletic & Recreation Association (MARA), you as parents, have a right to understand the expectations that will be placed upon them. Clear communication between parents and coaches will facilitate this understanding.

The following information is intended to be used as guidelines to establish an environment in which open communication and mutual respect are fostered.

Communication You Should Expect From Your Child's Coach

1. Philosophy of the coach
2. Locations and times of all practices and contests
3. Explanation of MARA Colts Football Program rules and regulations
4. Team requirements (i.e., special equipment, fees, behavior expectations, conditioning recommendations)
5. Procedures if your child is injured during participation
6. Explanation of excused and unexcused absences from practice / contests and their consequences
7. Discipline that results in denying your child a participation opportunity

Communication Coaches Expect From Parents

1. Concerns expressed directly to the coach
2. Notification of any schedule conflicts well in advance of the conflict
3. Specific concerns regarding a coach's philosophy and/or expectations

As your children become involved in the MARA Colts Football Program, they will experience some very rewarding moments. It is important to understand that there also may be times when things do not go the way your children wish. At these times, discussion with the coach is encouraged.

Appropriate Concerns to Discuss With Coaches

1. The treatment of your child – mentally and physically
2. Ways to help your child improve
3. Concerns about your child's behavior

It is very difficult to accept that your child may not play as much as you would like. Although the coaches are volunteers, they are also professionals. They make judgment decisions based on what they believe is best for all involved. As you have seen from the list above, certain things can be discussed with your child's coach. Other things must be left to the discretion of the coach.

Issues Not Appropriate to Discuss With Coaches

1. Playing time (immediately following game)
2. Play calling
3. Other children

There are situations that may require a conference between the coach and the parent. These conferences are encouraged. It is important that both parties involved have a clear understanding of the other's position. When conferences are necessary, the following procedure should be followed to help promote a resolution to the issue of concern.

Procedure to Follow When You Discuss a Concern with a Coach

1. Contact coach to set appointment
2. If the coach cannot be reached, contact the Football Commissioner - A meeting will be set up for you.
3. Please **do not** confront a coach before or after a contest or practice without setting up an appointment. These can be emotional times. Meetings of this nature do not promote resolution.

What Can A Parent Do If The Meeting With The Coach Did Not Provide A Satisfactory Resolution?

1. Contact and set up an appointment with the Football Commissioner, Deon Boswell, to discuss the situation.
2. At this meeting, the appropriate next step can be determined.

Since research indicates a student involved in extracurricular activities has a greater chance of success in adulthood, the football program was established to teach competition and other life skills. Many of the character traits required to be a successful participant are exactly those that will promote a successful life after high school.

Rules & Regulations - By my signature below, I hereby stipulate that I have read, fully understand, and voluntarily agree to all of the steps, processes, procedures, rules, and regulations of the parent/coach communication plan:

Signature of Parent/Guardian _____ Print Full Legal Name _____

Signature of Participant _____ Print Full Legal Name _____

Date _____