



## WELCOME TO THE 2010 FITCHBURG POP WARNER PROGRAM

Fitchburg Pop Warner is a non-profit organization dedicated to providing a structured, athletic, goal and team oriented program for youth, which will instill pride, discipline, self-confidence and leadership in a safe and positive environment. Our staff of committed volunteers are dedicated to provide a worthwhile experience to the youth of Fitchburg and their families.

We'd like to take this opportunity and share some information about our program. We are one of many leagues of the National Pop Warner Little Scholars organization, and are affiliated with the Central Mass Pop Warner association ([www.cmpwfl.com](http://www.cmpwfl.com)). The program's philosophy is to provide an environment for young men and women that combines the importance of education, physical fitness and sportsmanship.

We are a non-profit organization whose expenses are greater than \$30,000 a year. This includes insurance for each participant, playing field maintenance, utilities, uniforms, equipment and much more. We rely heavily on fundraising activities and expect players, cheerleaders and their families to participate.

The pop warner program is designed so **every child participates** provided they meet the requirements set forth by National Pop Warner Little Scholars organization:

### **National Pop Warner Participation & Certification Requirements:**

1. Are between 5 -15 years of age as of August 1st
2. Maintain a 70% scholastic average
3. Meet the **weight/age** requirements (*refer to chart below – weight applies to football only*)

Division	Age	Weight Range	Age (older/lighter)	Weight Range
Tiny-Mite	5 – 6 yrs	35 - 75 lbs		
Mitey-Mite	7 - 8 yrs	45 - 90 lbs		
Jr. Pee Wee	8 – 10 yrs	60 - 105 lbs	11 yrs	60 - 85 lbs
Pee Wee	9 - 11 yrs	75 - 120 lbs	12 yrs	75 - 100 lbs
Jr. Midget	10 - 12 yrs	85 - 135 lbs	13 yrs	85 - 115 lbs
Midget	11 - 14 yrs	105 - 160 lbs	15 yrs	105 - 140 lbs

4. Birth Certificate with **raised seal**.
5. Physical Fitness/Medical History Form *dated after January 1st of current year and signed by physician*
6. Copy of **complete** Year-End report card for current year.
7. Completed and signed Participant Contract & Parental Consent Form
8. Signed FPW Rules and Regulations
9. Photograph - Cheerleaders only (*Football Players have picture taken when they receive their game shirts*)

**All paperwork and fees need to be submitted before child can receive their uniform/equipment.  
CHILD WILL NOT BE ALLOWED TO PRACTICE OR BE ON THE PRACTICE FIELD WITHOUT A COMPLETED MEDICAL FORM.**

### **Practices:**

Both football and cheering begins the first week of August at either Memorial School or Nikitas Field. Practices usually run 3 - 5 nights per week for about 2 - 2½ hours until school starts; then practices are limited to 6 hours per week, 2 or 3 nights. The coach will contact you in July to let you know exactly when your practices will begin. Practices are very important. You should understand that you've made a commitment to a team when you registered which means you're committed to both the practices and games. Coaches require that any absences from practices and/or games be discussed in advance if possible.

### **Games:**

All HOME games are played at Nikitas Field in Fitchburg. Games are usually held every Sunday starting Labor Day weekend through the first weekend of November, (longer if a 1st place team qualifies for football playoffs or cheering regional competitions). Game schedules will be provided once all associations have confirmed their number of teams - late August. **GAME DAYS & TIMES ARE SUBJECT TO CHANGE!**

### **Equipment/Uniforms:**

Will be issued to all participants when ALL forms are completed and ALL fees have been paid in full. These items are to be used for Pop Warner events ONLY. (*Game shirts may be worn to school on Fridays to promote team spirit*).

- **Football Players will be issued:** 1 helmet, 1 mouthpiece, shoulder pads, girdle with tail and hipbone pads, knee and thigh pads, practice shirt and pants, game shirt with name, and game pants. *Players are required to provide an athletic supporter with plastic cup and it's highly recommended they wear rubber cleated sport shoes.*
- **Cheerleaders will be issued:** 1 cheering vest, 1 skirt, 1 cheer brief, 1 crop top and socks. *Cheerleaders are required to purchase sneakers and hair accessory as determined by the coaches. The cost of sneakers usually runs around \$40. You will be notified of the Sneaker Fitting Day; payments are made directly to the vendor on that day.*
- **EQUIPMENT/UNIFORM RETURNS AT END OF SEASON:** *all cheering uniforms, football practice clothes, football game uniforms and helmets and pads need to be cleaned and returned on the designated day, usually held during the week after the last game of the season. Football equipment needs to be re-furbished each season for safety compliance.*

### **ADDITIONAL EXPENSES:**

- **Jamboree/Playoffs/Super bowl** – families are charged a small fee at these events because they are a fundraising opportunity for the host association. Players and Cheerleaders do not pay.
- **Regional Competition** - families are charged a fee should the team advance to regional competition. Players and Cheerleaders do not pay.
- **National Competition** - Teams may advance to the National competitions held at Disney World in Florida. We encourage teams to fundraise aggressively and solicit donations as soon as it is confirmed that they qualify. The balance of the trip cost, less the fundraising and donations collected, is the responsibility of the parent(s), not Fitchburg Pop Warner. It is not mandatory for teams to participate at Nationals. The decision to go to Nationals is made by the coaches and families of said team.

### **Parent Commitment:**

Parents are expected to participate in fundraisers as determined by the league. This includes working in the concession stand for a minimum of one-half of one home game per season. This may vary per the number of participants on a team.

### **Team Parent:**

One parent will be asked to help out their child's team by performing various duties, ie. Establish a schedule for parents working concession stand, make copies of paperwork, organize paperwork for pop Warner certification for each participant on a given team, etc.

### **CONTACT INFORMATION**

*Mailing address:* **Fitchburg Pop Warner, P.O. Box 7086, Fitchburg, MA 01420**  
*E-mail:* **info@fitchburgpopwarner.com**  
*Website:* **www.fitchburgpopwarner.com**

#### **2010 Executive Board Members:**

President:	Gino Diprima	Email: gino.diprima@verizon.net
Vice President, Football:	Victor Cavaco	Email : cavtec@verizon.net
Vice President, Cheering:	Emily Montanez	Email : fpwcheermom@hotmail.com
Secretary:	Julie Valiton	Email: julezhlb@yahoo.com
Treasurer:	Neil Heline	Email : neilheline@hotmail.com

**Auxiliary Members:** Tracey Cavaco, Freeman Shaw, Bruce Eaton, Julianne Marrella, Charmika Merrill, Jessica Valiton, Neil Heline, Joe Iannacone, Gina Gilman, Tunde Aldarondo, Elaine Hartman, Clare Yannacopoulos

If you'd like to find out what you can do to help out, please contact one of our board members or attend one of our Fitchburg Pop Warner board meetings (posted in newspaper and on website – Public is welcome).



# Fitchburg Pop Warner Participant Rules and Regulations



## I. Rules and Policies

The Fitchburg Pop Warner Association is comprised of a group of volunteers and is not funded by the city of Fitchburg. To ensure smooth management and integrity of the program, rules and policies have been implemented.

1. School is priority. Homework should be done before practice. If participant is absent from school, they should not take part in practice sessions or games. Discretion is up to the Parent/Guardian.
2. Parental Consent (Registration) Form must be signed by Parent/Guardian and on file with Fitchburg Pop Warner to participate in the program.
3. Medical Form must be signed by physician, dated after January 1st of current year and on file with Fitchburg Pop Warner prior to the first practice or child will not be able to participate. **NO EXCEPTIONS!**
4. All participants must be scholastically fit according to National Pop Warner requirements or they will not be able to participate.
5. Equipment/Uniforms are to be cleaned before each game. All participants must be in full uniform to play in or cheer at a game. Each participant is responsible to return all equipment or uniforms issued to them in acceptable condition or reimbursement to Fitchburg Pop Warner will be due at current replacement cost.
  - Football uniforms include: helmet, pads, game pants, belt, and game shirt, mouthpiece with strap, athletic supporter, sneakers or rubber cleats.
  - Cheering uniforms as determined by coaches. Make-up, nail polish, glitter lotion is not allowed. Shoulder length hair must be tied back; metal barrettes not allowed.
6. Jewelry of any type is prohibited except medical medallions, which must be covered by the player's uniform.
7. Practice Attire for FOOTBALL players includes helmet, practice pants, practice shirt, pads, belt, athletic supporter, mouthpiece, sneakers or rubber cleats.  
Practice Attire for Cheerleaders includes t-shirts long enough to tuck in, comfortable/loose fitting pants, and laced up sneakers with good support. Jeans are not allowed.
8. The wearing of headgear under a helmet is prohibited. This includes, but is not limited to skullcaps, stocking caps or wraps of any kind.
9. Attending practices, games and team meetings is mandatory. Exceptions are allowed if coach is notified, otherwise participation will not be allowed at next game.
10. The following behaviors are unacceptable and may result in disciplinary action:  
Repeated tardiness, Theft, Fighting, Destruction of private/public property or equipment, Insubordination, Intimidation, Threats, Obscene language, Bodily harm, Physical force, Abuse/misuse of Pop Warner equipment, Lying and Cheating.
11. Chewing gum during practices or games is not allowed. It is suggested that participants eat something light before practices and games. Always bring water or Gatorade type of drink to practices and games, SODA or glass bottles are NOT allowed. Each participant is responsible for picking up after themselves at end of practices and games.
12. Smoking is not allowed in the vicinity of practice or game fields.
13. Any participant under the influence of alcohol or drugs will be instructed to turn in their equipment/uniform immediately.
14. **Friends or siblings are not allowed at practices or games unless supervised by an adult, other than a coach.**
15. Participants should not be dropped off at practices or games unless a member of their coaching staff is present. Participants should be picked up promptly after each practice or game.
16. Provide coach with medications or other items required by participant appropriately.
17. Parents/Guardians attending any football games are not allowed on the football field or in cheering lines during games. Children are only excused after notifying their coach.
18. All participants, parents and/or guardians are expected to help with all league fundraising events which include working at the concession stand during home games.

## II. Disciplinary Procedures

1. All disciplinary actions will be communicated to the participant and Parent/Guardian immediately, as well as to the Fitchburg Pop Warner Board of Directors.
2. The Board of Directors approves all suspensions/expulsions before becoming final.
3. Participants and Parents/Guardians have the right to request an appeal of any disciplinary actions to the Fitchburg Pop Warner Board of Directors, then Central Mass. League Board.

I, by my signature below, have read, understand and agree to abide by the Fitchburg Pop Warner Association Rules and Regulations.

Participant's Printed Name: \_\_\_\_\_ Parent/Guardian Printed Name: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_ Date Signed: \_\_\_\_\_



**FITCHBURG POP WARNER  
2010  
FOOTBALL / CHEERLEADING  
REGISTRATION PACKET**



The items listed below are National Pop Warner participation requirements:

- Participant Contract & Parental Consent Form**
- Parental/Guardian Permission & Waiver Form**
- Physical Fitness Form**
  - must be dated after January 1<sup>st</sup> and be signed by MD, DO, NP *only*
  - original signature and date - (*faxed copies not accepted*)
  - physician office stamp
- Medical History Form**
- Original Birth Certificate with raised seal** – *if first time participant*
- 4<sup>th</sup> Quarter Report Card** – a copy showing all 4 quarters for 2008-2009 school year
- Fitchburg Pop Warner Rules & Regulations**
- Wallet-Sized PHOTO** – CHEERLEADERS only (football player pictures are taken when assigned game jerseys)

**Participation Fees:**

	1 Child	2 Children	3 or more
Registration Fee	\$90	\$140	\$190
Fundraiser	\$50	\$75	\$75
<b>Total</b>	<b>\$140</b>	<b>\$215</b>	<b>\$265</b>

**Refunds:**

- 100% before July 1<sup>st</sup>
- 100% if we can not field a team
- No refunds after September 1st

**Uniform/Equipment Issue:**

- All paperwork and registration/fundraiser participation fees need to be submitted before child can receive their uniform and/or equipment. NO EXCEPTIONS.
- Child MUST BE present to be fitted for uniforms & equipment for both football and cheering.
- Each participant is to come with their team at their assigned time – *exception*: families with more than one child participating may come together at one of the assigned times.
- Dress appropriately for uniform/equipment fitting - Private dressing areas are not available.
  - Cheerleaders – wear garments such as bike shorts & sports bra for skirt and vest sizing.



**Pop Warner Little Scholars, Inc.**  
 586 Middletown Blvd. Suite C-100 ▪ Langhorne ▪ PA ▪ 19047  
 Phone: 215-752-2691 ▪ Fax: 215-752-2879  
[www.popwarner.com](http://www.popwarner.com)



**2010 PARTICIPANT CONTRACT AND PARENTAL CONSENT FORM**

**Special Note:** This form must be dated after January 1, 2010 and is applicable only for the 2010 season. This form must be submitted to your LOCAL Pop Warner 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

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. Midget / Midget / U/L

Weight at Time of Registration (Football Only): \_\_\_\_\_

Proof of Scholastic Fitness verified? Yes No

**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.

**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 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 replacement cost of such equipment. I agree to furnish an authentic certified copy of a birth certificate of the above-named participant to local Pop Warner officials.

**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 year's signed medical release, participant contract and parental consent, and scholastic fitness forms must be presented by date of certification in order to participate further in Pop Warner activities.

**11. DISPUTE RESOLUTION POLICY**

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 or invalid, the remainder shall remain in full force and effect.



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## **RULES & REGULATIONS**

By my signature below, I hereby stipulate that I have read, fully understand and voluntarily agree to all of the above:

Signature of Parent/Guardian \_\_\_\_\_

Print Full Legal Name \_\_\_\_\_

Signature of Participant \_\_\_\_\_

Print Full Legal Name \_\_\_\_\_

Date \_\_\_\_\_

2/10/2010



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**2010 PHYSICAL FITNESS & MEDICAL HISTORY FORM**

**Special Note:** This form must be dated after January 1, 2010 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 the 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: \_\_\_\_\_

Sport (check one): Cheer \_\_\_\_\_ Dance \_\_\_\_\_ Tackle \_\_\_\_\_ Flag \_\_\_\_\_

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**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 the participant currently under the care of a medical practitioner?          | Yes | No |
| 4.  | Is the participant currently taking any medications?                            | Yes | No |
| 5.  | Does the participant have any allergies (penicillin, bee stings, etc)?          | Yes | No |
| 6.  | Does the participant have asthma/require the use of an inhaler?                 | Yes | No |
| 7.  | Is the participant diabetic/require medication for diabetes?                    | Yes | No |
| 8.  | Does the participant currently require medication?                              | Yes | No |
| 9.  | Does/has the participant have/had seizures?                                     | Yes | No |
| 10. | Does the participant wear glasses or contact lenses?                            | Yes | No |
| 11. | Does the participant wear a brace or other medical support device?              | Yes | No |
| 12. | 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:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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 stationary 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 \_\_\_\_\_



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**Section II: THIS SECTION IS TO BE COMPLETED ONLY BY A MEDICAL PROFESSIONAL**

Name of Participant: \_\_\_\_\_

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

Height	Weight	Eyes
Ears	Mouth	Nose & Throat
Respiratory	Cardiovascular	Neurological
Muskoskeletal	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 2010 season. I am therefore clearing this individual for athletic participation without limitation.**

**Please place medical professional stamp here or fill out the following:**

Signed \_\_\_\_\_ Date: \_\_\_\_\_

Print Name \_\_\_\_\_

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

Complete this section or the medical professional's stamp may be placed below.

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Telephone \_\_\_\_\_ /Fax Number: \_\_\_\_\_

**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 the modified/substituted form.**