

CDPW TEAM BOOK ORDER

- 1) Orange Sportsmanship Card
- 2) Yellow Field Tag Identification Card
- 3) Team Roster
- 4) Skill Progression Checklist (Cheer only)
- 5) Head Coach: ID Card and USA Football/YCADA Cheer Online Certificate
- 6) Asst. Coaches (in alpha order): ID Card and USA Football/ YCADA Cheer Online Certificate

7) Participants in alphabetical order*:

- a. **Football**: Older/Lighter first, then all other participants
- b. **Cheer**: Coach Trainees/ Student Demonstrators (& YCADA Certificates) first, then all other participants

*Football: change to **Jersey #** order after **Weigh-Ins**

Each participant should have all documentation as outlined on following pages.

Participant Documentation Order

Sleeve #1 Birth Certificate



(Notice this is on the **left** side so birthdate can easily be compared to ID Card).

NOTE:

After Book Certification/Weigh-Ins ID Card can be moved **in front** of Birth Certificate so that it is the **first item** for each participant.

Or, ALL ID Cards can be moved to the front of the book (behind Coach ID cards) for easy game day weigh-in/check-in

ID Card - NOT IN SLEEVE


YEAR _____


POP WARNER LITTLE SCHOLARS, INC
TEMPLATE ID CARD
2014 SEASON

<p>PARTICIPANT INFORMATION</p> <p>DIVISION OF PLAY (check one)</p> <p> <input type="checkbox"/> TM <input type="checkbox"/> MN <input type="checkbox"/> JFW <input type="checkbox"/> PW <input type="checkbox"/> JM <input type="checkbox"/> M <input type="checkbox"/> JD <input type="checkbox"/> D <input type="checkbox"/> UNLIMITED <input type="checkbox"/> CHALLENGER </p> <p>Weight at 1st Practice <small>and name, if name is blank</small></p> <p> <input type="checkbox"/> Coach Trainee <input type="checkbox"/> Manager <input type="checkbox"/> Student Demonstrator <input type="checkbox"/> Visitor Day </p> <p> <small>NAME (LAST, FIRST, MIDDLE)</small> <small>DATE BORN</small> <small>ADDRESS (STREET, CITY, STATE, ZIP)</small> <small>PHONE (HOME, CELL)</small> </p>	<p>ATTACH PHOTO HERE PHOTO MAY BE NO MORE THAN TWO YEARS OLD PHOTO MUST HAVE OVERLAPPING OFFICIAL SEAL</p>
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LEAGUE CERTIFICATION OFFICIAL							
League Signature _____				Association Release _____			
DATE OF BIRTH	AGE (AS OF DATE)	ID	WEIGH-IN	OFFICIAL APPOINT. & DUTY	CHECK CERTIFIED SUPPORT DUTY	RECORD OFFICER	HEAD REFEREE DUTY
<small>TO THE BEST OF MY KNOWLEDGE AND BELIEF, I CERTIFY THAT THE INFORMATION ABOVE IS TRUE. SIGNATURE AND DATE OF CERTIFYING OFFICIAL:</small>							

REGULAR SEASON	GAME DATE	WEIGH MASTER'S CERTIFICATION	(T) PASS (F) FAIL (D) DNW	POST SEASON	GAME DATE	WEIGH MASTER'S CERTIFICATION	(T) PASS (F) FAIL (D) DNW
FOOTBALL OR CHIEF JANSORCE			P F D	1 st GAME CHIEF WJ PLAY OTTS 1 st ROUND			P F D
1 st GAME			P F D	18 th GAME			P F D
2 nd GAME			P F D				P F D
3 rd GAME			P F D				P F D
4 th GAME			P F D				P F D
5 th GAME			P F D	SEMI-FINALS			P F D
6 th GAME			P F D	REGIONAL SEMI-FINALS			P F D
7 th GAME			P F D	REGIONAL CHAMPIONSHIP			P F D
8 th GAME			P F D	NATIONAL CHAMPIONSHIP			P F D

See ID Card Guide at end of this Document

(Back of ID Card
NOT IN SLEEVE)

Sleeve #2 Page 1 of Physical Fitness/ Medical History Form



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



2014 PHYSICAL FITNESS & MEDICAL HISTORY FORM

Special Note: This form must be dated after January 1, 2014 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/buffer 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 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 _____

Back of Sleeve #2: Page 2 of Physical Fitness/ Medical History Form



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2014 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 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 2014 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

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: _____ (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.

MUST BE SIGNED BY PHYSICIAN!

1/13/2014 PWLS, INC.

Sleeve #3: Page 1 of Participant Contract/ Parental Consent Form



Pop Warner Little Scholars, Inc.
2014 PARTICIPANT CONTRACT AND PARENTAL CONSENT FORM



Special Note: This form must be dated after January 1, 2014 and is APPLICABLE ONLY FOR THE 2014 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. Midget / Midget / U/L

Weight at Time of Registration (Football Only): _____

Proof of Scholastic Fitness verified? Yes No

1/20/2014 PWLS, INC.

Back of Sleeve #3: Page 2 of Participant Contract/ Parental Consent Form

2014 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, heckle, taunt, ridicule, 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

**MUST BE SIGNED BY
PARTICIPANT AND PARENT!!**

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 _____

Date: _____ 1/20/2014 PWLS, INC

Sleeve #4: June Report Card or Home School Form

Back of Sleeve #4: Scholastic Eligibility Form if GPA below 2.0



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www.popscholarship.com



2014 Scholastic Eligibility Form

This form is to be completed by those participants in the Pop Warner program that have not met the National Scholastic Requirement of 75 percent or 2.8 Grade Point Average (GPA) at the time of certification. This form must be accompanied by a progressing progress report, or a report card to be eligible for play after the October 10, 2014 deadline. That report must be dated between Sep. 10, 2014 and Oct 10, 2014. If no progressing progress report or report card is given in this window then the player shall be found ineligible for the rest of the year.

Please print and fill out completely

Name: _____ Football / Spirit (circle one)

Street: _____

Town / City: _____ State: _____ Zip: _____

League Name: _____

Team / Association: _____

Parent / Guardian: _____ Phone: () _____

As the above named participant has not met the Pop Warner Little Scholars (PWLS) scholastic requirement of a minimum GPA of 2.8/70% or higher, we the undersigned, agree to the terms shown above as a condition to being passed on the National Roster.

Participant Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____

Head Coach Signature: _____ Date: _____

Attach Original Progress Report – PWLS Use Only

Report Card Attached: Yes No **If no, then proof of current enrollment required (e.g. class schedule, letter from the school, etc.) dated on or before Sep. 13th.** Proof of current Enrollment Attached: Yes No
September 10th through October 10th: _____ Satisfactory _____ Unsatisfactory _____ Head Coach Initials _____

By signing below, I certify that the participant above is eligible to participate for the remainder of the 2014 season.

League Representative/Scholastic Coordinator Signature: _____ Date: _____

Scholastic Eligibility Guidelines:

1. The progress report/report card must contain all classes.
2. For the progress report/report card to be used for season eligibility, the participant must be progressing in at least 51% of their classes.
3. The progress report/report card must be an original, not a copy.
4. The progress report must be on the Official School/Regional Progress Report Form. If the form is from the school, it must be on a school letterhead or have a stamp or marking stating it came directly from the school.

Guidelines

1. This form must be completed with all signatures obtained.
2. Original progress report must be turned in by the scheduled date and in participant's book prior to game day certification.
3. If the report card is not attached then the following additional document is required – proof of current enrollment by 9/13.
4. If the progress report/report card is not received, the player is ineligible for the remainder of the year.
5. This form and progress report/report card must be in book at all times.
6. If progressing progress is received in the designated timeframe the player is eligible for the rest of the season.
7. If player is found ineligible and plays the team and coach will be subject to the rules applying to ineligible players.
8. At the end of the designated time period, a League board member or member of the League Scholastic team must certify eligibility for the rest of the season.
9. Head Coach and/or Parent/Guardian will be required to come before the Pop Warner board if found allowing an ineligible child to participate in any game.



Post Season Regional Stamp/Seal of Approval





POP WARNER LITTLE SCHOLARS, INC
TEMPLATE ID CARD
2014 SEASON



PARTICIPANT INFORMATION <input type="checkbox"/> CHEER <input type="checkbox"/> DANCE <input type="checkbox"/> FOOTBALL <input type="checkbox"/> FLAG DIVISION OF PLAY (check one) <input type="checkbox"/> TM <input type="checkbox"/> MM <input type="checkbox"/> JPW <input type="checkbox"/> PW <input type="checkbox"/> JM <input type="checkbox"/> M <input type="checkbox"/> JB <input type="checkbox"/> B <input type="checkbox"/> UNLIMITED <input type="checkbox"/> CHALLENGER <input type="checkbox"/> Coach Trainee <input type="checkbox"/> Mascot <input type="checkbox"/> Student Demonstrator <input type="checkbox"/> Water Boy Weight at 1st Practice _____ <small>Last Name, First Name Middle Initial</small> <hr/> <small>Address (city, State, Zip Code)</small> <hr/> <small>Home Phone</small> _____ <small>Work/Emergency Phone</small> _____ <hr/> <small>Association / League</small> _____ / CDPW <small>Home Jersey Number & Color</small> _____ <small>Away Jersey Number & Color</small> _____	<div style="background-color: yellow; padding: 5px; display: inline-block; margin-bottom: 20px;">Attach Photo</div> <div style="background-color: cyan; padding: 5px; display: inline-block;">League Signature across picture</div>
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LEAGUE CERTIFICATION OFFICIAL							
League Signature _____				Association Release _____			
DATE OF BIRTH	AGE AS OF 07/31	O/L	MEDICAL	CERTIFIED WEIGHT & DATE	CHEER CERTIFIED INSERT DATE	SCHOLASTICS	RECLASSIFIED DATE
						(JUNE REPORT CARD GPA)	
TO THE BEST OF MY KNOWLEDGE AND BELIEF, I CERTIFY THAT THE INFORMATION ABOVE IS TRUE. SIGNATURE AND DATE OF CERTIFYING OFFICIAL:							

REGULAR SEASON	GAME DATE	WEIGH MASTER'S CERTIFICATION	(P) PASS (F) FAIL (D) DNW	POST SEASON	GAME DATE	WEIGH MASTER'S CERTIFICATION	(P) PASS (F) FAIL (D) DNW
FOOTBALL OR CHEER JAMBOREE			P F D	9 TH GAME CHEER INV.			P F D
1 ST GAME							P F D
2 ND GAME							P F D
3 RD GAME							P F D
4 TH GAME			P F D	LEAGUE SPIRIT CHAMPIONSHIP			P F D
5 TH GAME			P F D	REGIONAL SEMI-FINALS			P F D
6 TH GAME			P F D	REGIONAL SEMI-FINALS			P F D
7 TH GAME			P F D	REGIONAL CHAMPIONSHIP			P F D
8 TH GAME			P F D	NATIONAL CHAMPIONSHIP			P F D

ASSOCIATION MUST COMPLETE ALL AREAS HIGHLIGHTED IN YELLOW

LEAGUE COMPLETES ALL AREAS HIGHLIGHTED IN BLUE