

CAPITAL DISTRICT POP WARNER

PHOTO



PLEASE PRINT

SEASON _____

ASSOCIATION _____

TEAM _____

POSITION _____

NAME _____

ADDRESS _____

PHONE _____

I have completed the National Certification training course for the specific sport of which I am a coach. I testify that I will abide by all Rules and Regulations of the Pop Warner Little Scholars, Inc. and its organizations, Eastern Region, League and the Association of which I am a member in good standing.

SIGNATURE _____

DATE _____

ASSOCIATION REPRESENTATIVE SIGNATURE _____

LEAGUE SIGNATURE _____

THIS FORM IS GOOD FOR ONE SEASON