



Eastern Region Pop Warner Scholastics Pre-School Academic Report

This form is to be used for any child who is not yet in school to receive a report card

Participant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____ Circle One: Football Spirit

Association: _____ Level: _____

Parent/Guardian Name: _____

**I _____ Parent/ Guardian of said child named above
state that he/she is scholastically fit to participate in the Pop Warner program for
the 2022 season.**

Parent/ Guardian Signature: _____ Date _____