

March 1, 2013

Dear Parents:

As the returning Pop Warner Tackle Football Board President I want to thank you for your family's involvement in our program for the upcoming season. As a coach in our program for numerous seasons I know the amount of time and effort it takes to prepare a team and a league for play and I would like to thank you in advance for making the commitment to this league and look forward to working with you this season.

Please Take Time to Volunteer

For those of you that do not know, we (as a football board) begin preparation for the upcoming season in January and work all the way through to the end of our current season. I would like to encourage all of our families to become more involved in our program. This is an all volunteer based organization and without parent participation it will be impossible to grow and improve our program. When we ask for your assistance, please help. Parents normally perform gate duty and/or assist with the concession stand. We also need volunteers for various other functions that greatly assist the coaches, the players, and the league overall. Without parent involvement, the league could not exist.

Competitiveness/Playing Time/Positioning

Pop Warner is a very competitive program, not only here locally, but throughout the United States. Although our league and Pop Warner encourages as much playing time as possible, winning is important to the players and to the parents. We coach to improve the skills of all players, but also to win. Coaches are trained to evaluate the players and determine where they can best be suited to help the team. Not all players will perform at the same level or have the same desire to play and perform, but all players will participate. The coaching staff determines which 11 players will start on the field and they will rotate in all others. Some players may be advancing at a slower pace and are rotated into the game accordingly. Parents have to realize that there are players that are playing tackle football for the first time and are unsure if football is the right game for them. Football is a collision sport. Ultimately, it is the head coach (along with the coaching staff) that will determine a child's level of play.

Depending on the size of the team, each player is required to play the Mandatory Playing Requirement (MPR). While the Palm Beach Gardens Pop Warner Football Board accepts and enforces the Pop Warner MPR rules, the Board but will not dictate how many more plays a player will participate in during a game.

Unlike other sports, each player is usually given a position to play. Each position has different demands, skills, and coaching requirements. In order for the child, and likewise the team to improve, players must learn their respective position fully. Unlike other sports, a player cannot simply rotate from position to position and experience every position in football. Each position has different requirements and responsibilities that one can only learn and improve upon with repetitions and experience at that position.

Formation of Teams

Although it may appear that teams are created to be stronger than others; that is simply not the case. Some teams have returning players (color to color) other players have older siblings that are already in our organization and they are placed on the same color team for their age so that families don't typically have to travel to multiple locations on game day. In the past, previous football boards have simply placed players randomly on a team, as well as creating equally talented teams and we have found that you cannot make everyone happy; the teams are either unfair and too competitive or too fair and uncompetitive. To that end we are trying to design a system that over time provides for both fairly created and competitive teams through all age divisions.

Continued Growth

Finally, I would encourage you and all of our coaches to recruit new families into our organization so that we can grow our football family! There is a long history of coaches recruiting players for their teams and that tradition will continue. I am committed to doing what I can to continue to improve what others have done before me and with your help I know we can do it.

We are constantly looking for coaches, so if you are interested in coaching, or if you have any questions, please send me an email at FOOTBALL@PBGYAA.COM and I will respond back to you as soon as possible.

I look forward to serving you in 2013 and helping our children become better football players while keeping our program the one of best in South Florida!

Best wishes for your family. See you on the fields!

Cordially yours,

Christopher Cerniglia
Pop Warner Football President

P.B.G.Y.A.A. Tackle Football

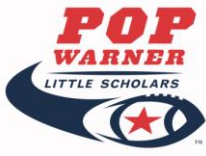
PAPERWORK CHECKLIST

All unchecked items need to be submitted before Equipment is given out and before practice can begin. The forms required were sent via email upon registering.

- _____ Birth Certificate (COPY)
- _____ 3 copies of FINAL report card - front & back (must have all semester/ quarters) Final, as in last report card of this year. Do not send/bring incomplete report cards.
- _____ Picture (Wallet - 2"x2" -no hats - no paper prints, must be actual photo paper).
- _____ Pop Warner Medical Form (page 1 parent completes, page 2 MUST be completed by a physician) (this is the ONLY acceptable physical form- school forms are not acceptable).
- _____ Insurance card (COPY)
- _____ \$100 Fund-raiser fee. This is a MANDATORY fee, which can also be paid on-line at any time prior to the paperwork hand-in/equipment hand-out.
- _____ \$150 Equipment Deposit check made out to PBGYAA Tackle Football (must be a separate check as this check will not be cashed).
- _____ 2 Documents of Current proof of residency.
- _____ Signed Consent Form Pop Warner (participant & adult).
- _____ Signed PBGYAA Volunteer Form.

Player's Name _____

Parent Signature _____



Pop Warner Little Scholars, Inc.

2013 PARTICIPANT CONTRACT AND PARENTAL CONSENT FORM



Special Note: This form must be dated after January 1, 2013 and is **APPLICABLE ONLY FOR THE 2013 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

2013 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 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.

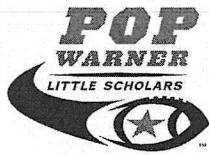
11. DISPUTE RESOLUTION POLICY SEVERABILITY: I hereby understand and acknowledge that all civil disputes between Pop Warner and any and all affiliated parties will be subject to binding arbitration in the locale of the Pop Warner Little Scholars, Inc. National Office in Langhorne, PA in accordance with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

2013 PHYSICAL FITNESS & MEDICAL HISTORY FORM



Special Note: This form must be dated after January 1, 2013 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:

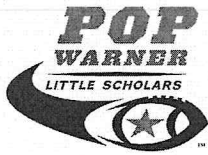
I hereby certify that this information is accurate to the best of my knowledge. I understand that this medical authorization may be voided in the event of injury, illness or accident and my child may not be cleared for participation at such time. Furthermore, I hereby acknowledge that it is my responsibility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



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
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 2013 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

Dated: _____

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.



P.B.G.Y.A.A. Tackle Football
Volunteer Contract

**In order for the league to benefit the children of our community,
we need your support!**

**I promise to volunteer for the PBG Gators Tackle football league
for a minimum of four (4) hours per family for the current football
season.**

Name _____

Signature _____

Date _____

Division _____

If you would prefer to make a donation of \$100 instead of
volunteering, we will accept your donation instead!!!!

For use in the event of donation instead of volunteer hours

Check# _____



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



MEMORANDUM

TO: Association Contacts
Cc: League Contacts
Regional Administrators
FROM: Wynn Jessup, Chairman, National Board of Directors, Pop Warner Little Scholars, Inc.
DATE: January, 2013
SUBJECT: Parental Behavior

The National Board of Directors of Pop Warner has discussed with increasing concern the number and severity of incidents of parental violence and misbehavior in youth sports.

We unanimously endorse parent meetings and parental education in all local Pop Warner Associations. We strongly recommend that every Pop Warner Association have at least one pre-season, or early season, meeting with parents of all participants.

Pop Warner Leagues, and their member Associations, should make clear what types of behavior are unacceptable, and that there are consequences for such inappropriate actions. At the minimum, unacceptable behavior includes profanity, obscene gestures, verbal threats and physically threatening action.

We have all seen and heard in the media numerous stories of verbal and physical attacks. None of us want to see any violent or profane occurrences in Pop Warner. If not already detailed, each Pop Warner League should include in their By-Laws one or more policies that specify possible penalties for unacceptable behavior. Such penalties may include banning from practices and competitions of any parent(s) or other adult guilty of unacceptable behavior. In some rare cases, it may be necessary to prohibit participation of a child in Pop Warner due to repeated instances of inappropriate actions or words by a parent, guardian or family member.

Several states have enacted laws that elevated any act of violence at a youth sports event to felony level. On the one hand, it's encouraging that laws can help protect our volunteers, but, on the other hand, it's extremely disturbing that those laws are necessary.

As a Board of Directors, we want all of you to be proactive in dealing with this inflammatory and potentially dangerous issue. Let us all make our best efforts to allow the children in Pop Warner to have fun without rude or intimidating interruptions from parents and adults.

The appropriate language for enforcement can be found in the National Rule Book under "Adult Code of Conduct."

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, **will be removed from a Pop Warner event.** The member organization may issue a written warning to the individual regarding the misbehavior and the adult's children may also be removed from the event. Any adult who commits one **or more** of the above stated offenses a second time, will be banned from any and all Pop Warner events for a minimum 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 or verbally assaults an official, coach, volunteer, staff member or participant or threatens grave bodily harm may be banned from any and all Pop Warner events at a minimum 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.



Members Code of Conduct

All Pop Warner volunteers and participants will abide by a Code of Conduct which includes the following provisions. If any of these rules are broken, the League, Region and/or National Pop Warner shall have the authority to impose a penalty **including permanent removal from the program**. Members shall:

S1: Not smoke and/or use smokeless tobacco on the field.

S2: Not criticize players/spirit participants in front of spectators, but reserve constructive criticism for later, in private, or in the presence of team members if others might benefit.

S3: Accept decisions of the game officials and judges on the field and in competitions as being fair and called to the best ability of said officials.

S4: Not criticize an opposing team, its players, spirit participants, coaches, or fans by word of mouth or by gesture.

S5: Emphasize that good athletes strive to be good students and that both are physically and mentally alert.

S6: Strive to make every football and spirit activity serve as a training ground for life, and a basis for good mental and physical health.

S7: Emphasize that winning is the result of good teamwork.

S8: Not engage in excessive sideline coaching and shall not leave the bench area to shout instructions from the sidelines.

S9: Together with team officials, be jointly responsible for the conduct and control of team fans and spectators. Any fan who becomes a nuisance and out of control will be asked to leave.

S10: Not use abusive or profane language at any time.

S11: Not “pile it on;” not encourage their team to get a commanding lead and raise the score as high as it can. In these instances, every effort shall be made to let all players play.

S12: Not receive any payment, in cash or kind, for services as a coach in Pop Warner Football/Spirit. This includes any coach, expert, consultant or choreographer, regardless of his/her roster status.

S13: Not permit or encourage “sweating down” tactics in order for a player to make the team weight.

S14: Not recommend or distribute any medication, controlled or over the counter, except as specifically prescribed by participant’s physician.

S15: Not permit an ineligible player or spirit participant to participate in a game.

S16: Not deliberately incite unsportsmanlike conduct.

S17: Not possess or drink alcoholic beverages and/or use illegal substance(s) on **either** the game **or** practice fields.

S18: Remove from a game or practice any participant when even slightly in doubt about his/her health, whether or not as a result of injury, until competent medical advice is available.

S19: Be responsible for and control their fans at all times.

S20: Uphold all rules and regulations, National, Regional & Local, regarding Pop Warner Football, Cheerleading and Dance.

S21: Refrain from engaging in any action within or outside Pop Warner which in **PWLS’s sole & absolute discretion** reflects negatively upon, or causes embarrassment to, the PW program.

Pop Warner Little Scholars, Inc.

2013 Official Volunteer Application (Complete BOTH Pages) Do NOT use forms from previous years.

PLEASE NOTE: A copy of a valid government-issued photo identification must be attached to this application.

Name: _____ Date: _____ Special professional training, skills, hobbies: _____

Prior/Maiden Names or Aliases: _____

Address: _____ Community affiliations (Clubs, Service Organizations, etc.): _____

Telephone: _____ Email: _____

City: _____ State: _____ Zip: _____ Previous/current volunteer experience (e.g. baseball/softball and years): _____

Mailing Address (if different): _____

Do you have children in the program? YES _____ NO _____

Previous states resided in the past 5 years: _____ If yes, at what level? _____

Date of Birth: _____
(mm / dd / yyyy) Special Certification (i.e. CPR, Medical, etc.): _____

Have you ever been charged with or convicted of a felony? YES _____ NO _____

Social Security Number: _____ If yes, provide your current legal status (parole, etc.) _____

Occupation: _____ Have you ever been convicted of **any** crime involving or against a minor?

Employer: _____ YES _____ NO _____

Address: _____ Have you ever plead guilty to, been convicted of or involved with any other type of crime?

YES _____ NO _____

Do you have a valid driver's license? YES _____ NO _____ Have you ever been refused participation in any other youth programs?

Driver's License#: _____ State: _____ YES _____ NO _____

If YES to ANY of the above, explain:

In which of the following would you like to participate? ("X" one or more.)

League Official: _____ Head Coach: _____ Board Member: _____ Equipment Manager: _____ Assist. Coach: _____

Team Mom: _____ Coach Trainee: _____ Trainer: _____ Student Demo: _____

Other: _____

Association Name: _____

Privacy Policy: Your privacy is important to us. PWLS does not sell or release contact information to any non-affiliated organization. However, Pop Warner and its partners may contact you with essential program information as well as special offers and promotions. Please be advised that partners are not permitted to retain your information for non-Pop Warner use unless you specifically grant them permission. Please contact the PWLS National Office in writing for opt out information.

Pop Warner Little Scholars, Inc.

Official 2013 Volunteer Application. (Page 2) Do NOT use forms from past years. (Complete BOTH Pages)

PLEASE NOTE: A copy of a valid government-issued photo identification must be attached to this application.

<u>Name:</u>	<u>Nature of Relationship:</u>	<u>Phone #:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby swear and attest that all information provided on this application is true and complete to the fullest extent of my knowledge. If I am accepted as a volunteer, Pop Warner may end the relationship immediately if I have made any false statements or material misrepresentations, written or verbal. As a condition of volunteering, I hereby grant permission to Pop Warner to conduct a background check on me, which may include a review of database records including but not limited to sex offender registries, child abuse and criminal history records in compliance with Pop Warner's child protection policy. I understand and agree that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the local Pop Warner, Pop Warner Little Scholars, Incorporated, the officers, employees and volunteers thereof, and/or any other person or organization that may provide such information.

I also understand that, regardless of previous appointments, Pop Warner is not obligated to appoint me to a volunteer position. I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors for any and all violations of Pop Warner policies or principles. Furthermore, I hereby attest that all contact information provided herein is up to date and I hereby grant Pop Warner Little Scholars, Inc. and its partners permission to utilize such contact information for communications and promotions during my tenure as a volunteer.

Binding Arbitration Policy:

If appointed, I hereby understand and agree that any and all civil disputes by and between myself, 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. If any portion of this application shall be deemed unenforceable or invalid, this arbitration agreement shall still remain in full force and effect.

_____	_____
Applicant Signature	Date
Applicant Name (Print or Type): _____	

NOTE: Pop Warner Little Scholars, Inc. will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

For Local Use Only. Below please print the **legal name** of the individual who performed the background check on the applicant and name of the local organization.

Background check completed by Association officer: _____
or _____

Background check completed by League officer: _____
or _____

completed by: _____ Date Completed: _____

System(s) used for background check (minimum of one must have "X"):

Online multistate database: _____ State/Federal Criminal History Records: _____ FEDERAL Sex Offender Registry _____ Other (please explain): _____
(Choicepoint, etc.)

****NOTE:** A State Sex Offender Registry check alone is NOT sufficient to comply with Article 21 and MUST be supplemented by one or more of the above.

LEAGUES: You must maintain copies of background check results at the league level for the duration of the volunteer's service.