

CCPW



CERTIFICATION RECORD

STAPLE
PICTURE
HERE

ASSOCIATION: _____

YEAR: **2023**

LEVEL OF PLAY: TM MM JPW PW JV V UL CH

FOOTBALL

☐☐☐☐☐☐☐☐☐

CHEERLEADING

☐

FLAG

☐

DANCE

☐

6U

☐

7U

☐

8U

☐

9U

☐

10U

☐

11U

☐

12U

☐

13U

☐

14U

☐

NAME

ADDRESS

CITY

ZIP

TELEPHONE

BIRTHDATE

REQUIRED PAPERWORK

CERTIFICATION RECORD W/ PICTURE

☐

PROOF OF AGE

☐

PHYSICAL FITNESS & MEDICAL HISTORY

☐

PARTICIPANT CONTRACT & PARENTAL CONSENT

☐

REPORT CARD OR SCHOLASTICS ELIGIBILITY FORM

☐

TOWN RELEASE

☐

CCPW use only

Stamp Here

Paperwork reviewed and approved by:

Print Full Name

Date

Title

I CERTIFY THAT THE INFORMATION ON THIS FORM HAS BEEN VERIFIED BY OUR ASSOCIATION AND THE ABOVE PARTICIPANT IS ELIGIBLE UNDER POP WARNER RULES.

I FURTHER CERTIFY THAT THE MINIMUM PLAY RULE HAS BEEN EXPLAINED TO THIS PLAYER.

ASSOCIATION PRESIDENT'S SIGNATURE

DATE