

Parents,

Included in this packet are the instructions for completing all the required Pop Warner Paperwork. We know that this is much more intensive than any other sport, but it also helps insure that all players are the appropriate age, weight, are in proper health, and have the appropriate academic standards. This paperwork is foundational to the Pop Warner League

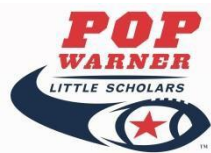
Through the years, we have often seen the below common mistakes. Before submitting your paperwork, please check that each item is correct in the paperwork. **DO NOT TURN IN INCOMPLETE, PARTIAL OR INCORRECT PAPERWORK...it will get rejected and returned**

PLAYERS CANNOT RECEIVE EQUIPMENT OR BEGIN PRACTICE UNTIL ALL PAPERWORK IS COMPLETED. Please make sure the following items are accurate:

- o Ensuring that all forms are completed and included in packet (7-9 Pages Total)
- o Player Contract (2 Pages),
- o Physical Form (2 Pages),
- o Copy of Birth Certificate (1 Page),
- o Copy of Report Card (1-2 Pages)
- o Code of Ethics (1 Page)
- o Parent/Coach Communication Plan (1 Pages)
- o Mother's month and day of birth is filled out on Player contract
- o Both player and parent actually sign the player contract
- o Date of Physical is in **2020 Calendar Year**. Actual Physical can **NOT** have occurred in 2019, even if the medical professional re-signs in 2020
- o Report Card is for entire school year, and not from 2nd or 3rd quarter
- o We know report cards are not available until school ends, so submit paperwork after school year is completed
- o Birth certificate is a COPY and not original

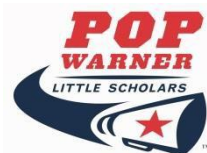
Please re-read the above list and check off each item when completed

Please complete all paperwork as soon as possible to help us reduce the administrative burden. Paperwork is officially due July 15th 2020, but can be submitted as soon as you are registered, paid, and have completed the school year (for the report card piece)



Pop Warner Little Scholars, Inc.

2020 PARTICIPANT CONTRACT AND PARENTAL CONSENT FORM



Special Note: This form must be dated after January 1, 2020 and is **APPLICABLE ONLY FOR THE 2020 SEASON.**

This form must be submitted to your LOCAL organization before the athlete participates in Pop Warner. No other forms are acceptable. Every Pop Warner Association must have a fully completed and signed original of this form before 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):

Traditional Divisions: Flag / Tiny Mite / Mitey Mite / Jr. Pee Wee / Pee Wee / Jr. Varsity / Varsity

Age -Based Division: 5-6 7-8 8-9-10 10-11-12 12-13-14

Proof of Scholastic Fitness verified? Yes No

2020 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. I 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 **PARALYSIS, BRAIN OR OTHER SERIOUS INJURY, PERMANENT DISABILITY AND/OR DEATH.** Further, I fully acknowledge and understand that protective equipment does not prevent all participant injuries, and therefore I 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 grant permission for emergency medical/dental treatment or first aid to be administered to my child 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 my child and I agree to promptly return, upon request, the uniform and other equipment in good condition except for normal wear and tear. If I fail to comply, I will be responsible for the cost of such equipment.

5. INSURANCE DISCLOSURE: I am aware that my local Pop Warner organization carries group accident medical insurance which is secondary or excess to my insurance which is considered primary insurance. Further, I agree to notify in writing my head coach and local Pop Warner organization of any medical claim from participation in Pop Warner as soon as reasonably possible. I understand that the registration fee is not premium for insurance and that deductibles may apply.

6. SCHOLASTIC FITNESS: I confirm that 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. Further, I authorize my child's school to release grades, report cards, and all other scholastic information to the local Pop Warner organization in order to comply with scholastic fitness requirements.

7. FINANCIAL RESPONSIBILITY: I confirm 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. COMMUNICATIONS, PROMOTIONS, AND CONSENT: As a condition to my child's participation, I consent to receive communications by 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. Communications may contain program information or special offers and may be "opted out" by instruction in the email or by written request to the Pop Warner National Office. Further, I hereby grant Pop Warner the right and permission to make, reproduce, broadcast or otherwise use participant's name and likeness including photograph, films, videos, recordings, or other depictions or images in any form or media throughout the universe in perpetuity for promotion materials, advertising, editorial, trade or other purpose. To the extent that any benefit or may accrue therefrom, I 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 understand and acknowledge that as a parent/guardian of a Pop Warner participant it is my responsibility to comply with all rules and regulations of Pop Warner Little Scholars Inc. or any of its member organizations and understand that non-compliance may be cause for discipline and/or dismissal of the participant, myself, and/or other persons affiliated with the undersigned and the 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 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 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 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 understand and acknowledge that all disputes with Pop Warner and all affiliated parties will be subject to binding arbitration in Langhorne, PA in accordance with Pennsylvania law. I hereby agree that this binding arbitration shall be in lieu of any litigation. I also understand and agree that if I contest any decision or ruling of Pop Warner 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, the reminder shall remain in full force and effect.

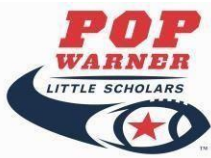
RULES & REGULATIONS – In consideration of participation in Pop Warner activities and by my signature below, I confirm that I have read, fully understand and voluntarily agree to be bound by all of the above and that all information provided by me is true and accurate.

Signature of Parent/Guardian: _____ Print Full Legal Name _____

Signature of Participant: _____ Print Full Legal Name _____

Dated: _____

5/1/2020 PWLS, INC.



Pop Warner Little Scholars, Inc.

2020 PHYSICAL FITNESS & MEDICAL HISTORY FORM



Special Note: This form is to be dated after January 1, 2020 and then submitted to your LOCAL Pop Warner organization. No other forms are acceptable. Section II must be completed in its entirety ONLY by a Licensed State Examiner (medical doctor, nurse practitioner, etc.). Section II is modified or substituted ONLY to comply with local and/or state laws or 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 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:

If you answered yes about concussions, provide the name of the doctor or qualified medical professional who cleared Participant for this activity: _____

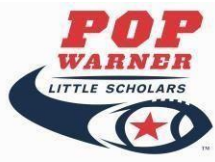
I certify that this information is accurate. I understand that this medical authorization may be voided in the event of injury, illness or accident and my child may not be cleared for participation at such time. Further, I acknowledge that it is my responsibility to inform my child's coach or organization 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 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 _____



Pop Warner Little Scholars, Inc.

2020 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 participating in Pop Warner football, cheer or dance programs. I hereby attest that this individual is physically fit and I have found no medical reason which would prevent this individual from participating in Pop Warner activities for the 2020 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

Today's 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: 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.

**PLEASE REPLACE THIS PAGE WITH A COPY OF
YOUR CHILD'S BIRTH CERTIFICATE**

(DO NOT SEND ORIGINALS)

**PLEASE REPLACE THIS PAGE WITH A COPY OF
YOUR FINAL 2019/2020 REPORT CARD**

(When school year is complete)

**(NO PARTIAL YEAR REPORT CARDS CAN BE
ACCEPTED)**

MARA FOOTBALL - CODE OF ETHICS

Parents - I hereby pledge to provide positive support, care, and encouragement for my child participating with the MARA FOOTBALL teams by following this code of ethics.

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and referees at every game, practice or tournament.
- I will refrain from making derogatory remarks while on MARA property.
- I will place the emotional and physical well-being of my child ahead of any personal desire to win.
- I will remember that the game is for the children and not for the adults.
- I will make sure my child treats other players, coaches, fans, and referees with respect regardless of race, sex, creed, or ability.
- I will promise to help my child enjoy the FOOTBALL experience by being supportive of the coaches and referees/referees, being a respectful fan, and assisting in whatever manner I am able.
- I will promise to share in the responsibilities of performing player monitor duties for my team during games.
- I will promise to share in the responsibilities of closing the field down whenever my team plays the last game of the night at MARA.
- I will assist the coaching staff by refraining from "coaching" my child from the stands/sidelines during a game. Instead, I will be encouraging and affirming whenever possible.
- I will do my best to make FOOTBALL fun for my child.
- I will insist that my child play in a safe and healthy environment.
- I will demand a drug, alcohol, and smoke-free sports environment for my child and agree to assist by refraining from their use at all FOOTBALL games and practices.
- I understand that it is now considered a Felony (in NC) to verbally abuse or touch a referee.

* I understand that if I am ejected from a game by a Referee/referee for improper actions, I will be asked to leave the Park that day and will also be suspended for the next scheduled game.

I realize that my failure to abide by this code of ethics may directly affect my child's status on the team.

Players - I hereby pledge to be positive about my MARA FOOTBALL experience and accept responsibility for my participation by following this code of ethics.

- I will abide by the rules from Pop Warner and MARA local rules.
- I will encourage good sportsmanship from fellow players, coaches, referees, and parents at every game and practice by demonstrating good sportsmanship.
- I will attend every practice and game that I can, and will notify my coach if I cannot.
- I will do my best to listen and learn from my coaches.
- I will treat all coaches, players, referees and parents with respect and I will expect to be treated that way.
- I will remember that FOOTBALL is an opportunity to learn and have fun.
- I deserve to have fun during my FOOTBALL experience and will alert parents and coaches if it stops being fun.
- I will encourage my parents to be involved with my team in some capacity because it is important to me.
- I will do my very best in school.
- I will expect to receive a fair amount of playing time.

Parent Signature

Player Signature

Date

Date

Matthews Athletic & Recreation Association (MARA)

Parent / Coach Communication Plan -

Home of the [Colts](#)

Parent / Coach Relationship

Parents and coaches are important role models for children; they both provide necessary guidance to young people in their development and in their understanding of the world in which they will live and work as adults. By understanding and respecting each other, parents and coaches, working together, can greatly benefit children. When your children become involved with the football program at Matthews Athletic & Recreation Association (MARA), you as parents, have a right to understand the expectations that will be placed upon them. Clear communication between parents and coaches will facilitate this understanding.

The following information is intended to be used as guidelines to establish an environment in which open communication and mutual respect are fostered.

Communication You Should Expect From Your Child's Coach

1. Philosophy of the coach
2. Locations and times of all practices and contests
3. Explanation of MARA Colts Football Program rules and regulations
4. Team requirements (i.e., special equipment, fees, behavior expectations, conditioning recommendations)
5. Procedures if your child is injured during participation
6. Explanation of excused and unexcused absences from practice / contests and their consequences
7. Discipline that results in denying your child a participation opportunity

Communication Coaches Expect From Parents

1. Concerns expressed directly to the coach
2. Notification of any schedule conflicts well in advance of the conflict
3. Specific concerns regarding a coach's philosophy and/or expectations

As your children become involved in the MARA Colts Football Program, they will experience some very rewarding moments. It is important to understand that there also may be times when things do not go the way your children wish. At these times, discussion with the coach is encouraged.

Appropriate Concerns to Discuss With Coaches

1. The treatment of your child – mentally and physically
2. Ways to help your child improve
3. Concerns about your child's behavior

It is very difficult to accept that your child may not play as much as you would like. Although the coaches are volunteers, they are also professionals. They make judgment decisions based on what they believe is best for all involved. As you have seen from the list above, certain things can be discussed with your child's coach. Other things must be left to the discretion of the coach.

Issues Not Appropriate to Discuss With Coaches

1. Playing time (immediately following game)
2. Play calling
3. Other children

There are situations that may require a conference between the coach and the parent. These conferences are encouraged. It is important that both parties involved have a clear understanding of the other's position. When conferences are necessary, the following procedure should be followed to help promote a resolution to the issue of concern.

Procedure to Follow When You Discuss a Concern with a Coach

1. Contact coach to set appointment
2. If the coach cannot be reached, contact the Football Commissioner - A meeting will be set up for you.
3. Please **do not** confront a coach before or after a contest or practice without setting up an appointment. These can be emotional times. Meetings of this nature do not promote resolution.

What Can A Parent Do If The Meeting With The Coach Did Not Provide A Satisfactory Resolution?

1. Contact and set up an appointment with the Football Commissioner, Deon Boswell, to discuss the situation.
2. At this meeting, the appropriate next step can be determined.

Since research indicates a student involved in extracurricular activities has a greater chance of success in adulthood, the football program was established to teach competition and other life skills. Many of the character traits required to be a successful participant are exactly those that will promote a successful life after high school.

Rules & Regulations - By my signature below, I hereby stipulate that I have read, fully understand, and voluntarily agree to all of the steps, processes, procedures, rules, and regulations of the parent/coach communication plan:

Signature of Parent/Guardian _____ Print Full Legal Name _____

Signature of Participant _____ Print Full Legal Name _____

Date _____