

# OCEANWAY SPORTS ASSOCIATION 2015 FOOTBALL REGISTRATION CHECKLIST

The following is a list of items that you will need to complete your registration. **All mandatory forms that need to be completed are attached to this registration packet.** If any of the forms listed below are not attached, you may find them posted on our website at [www.OceanwaySports.com](http://www.OceanwaySports.com) under the FORMS AND LINKS page. If at any time you have any questions regarding your registration you may contact us by e-mail at [info@oceanwaysports.com](mailto:info@oceanwaysports.com). Thank you for your support of Oceanway Sports Association and we look forward to a great year!

## OSA Registration Forms:

- 🍌 The 2015 2-page **Football Registration Contract**. Please make sure all locations where initials are required are complete with parent/guardian initials.
- 🍌 **Medical Release Form** must be signed by a parent listed on Birth Certificate.
- 🍌 Must elect to Volunteer or sign the **Opt-Out Form** which requires a \$50 fee.

## Pop Warner Forms:

- 🍌 The 2-page **Player Contract** must be signed by the parent/guardian AND participant.
- 🍌 Every participant is required to have the 2-page **2015 Physical Form** turned in before they are allowed to participate in the pre-season conditioning, camp(s), or begin practice. This form must be dated after January 1, 2015 and before July 1, 2015; and signed only by the following individuals: MD, DO, Physician Assistants, ARNP, CNS, and Chiropractors (complete list can be found on [www.popwarnerjacksonville.com](http://www.popwarnerjacksonville.com)).

## Required Documents:

- 🍌 An **ORIGINAL CERTIFIED COPY** of the participants **Birth Certificate** is required. Your certified copy will be returned to you after the Pop Warner certification process. We will use last year's Birth Certificate for returning participants as it is already been certified by Pop Warner.
- 🍌 Complete **2014-2015 School Report Card** or Completed Pop Warner Home School Form. Report Cards must be complete with **ALL 4 GRADING PERIODS**. Participant will not begin practice until report card is turned in!
- 🍌 A copy of participant's **health insurance card** is needed for OSA liability insurance.
- 🍌 A copy of **parent/guardian Drivers License**. ID must match parent listed on Birth Certificate or Legal Guardianship papers.

## Payment Information:

- 🍌 Football Registration Fees are \$250 with the addition of \$25.00 for Raffle Ticket Fundraising =Total of \$275.00. New Players with Bag Requirement will be \$305.00
- 🍌 All New Players will be required to purchase a \$30 Equipment Bag. Cost is the same for any returners that may need a new bag. Please let us know at time of registration!
- 🍌 A minimum down payment of \$125 will be accepted but full payment must be made in order to guarantee a spot on a team. Payments will be accepted in cash or credit/debit cards only – sorry, **NO CHECKS!**
- 🍌 All payments must be completed by June 30<sup>th</sup>, 2015.
- 🍌 There will be NO refunds after July 1<sup>st</sup>, 2015. PLEASE BE SURE TO REGISTER YOUR CHILD IN THE CORRECT WEIGHT/AGE DIVISION. Refunds Request must be submitted before June 30<sup>th</sup>. All refunds must be requested in writing (see Refund Request Form). There will be no refund of FULL fees unless division is not fielded. There will be no refunds if your child does not make weight in registered division and we have a spot available in the next division.

**NOTE:** If you are interested in volunteering as a Badged Coach or Team Mom, please see the Volunteer Coordinator. Head Coaches have the last say on their choice of the team's staff members.

**Player cannot begin practice until all forms are turned in!**

# OCEANWAY SPORTS ASSOCIATION

## 2015 PLAYER REGISTRATION DESCRIPTION INFORMATION

Your **\$250 Football Registration Fee + \$25 Raffle Fundraiser/ \$305 for New Players** covers the following:

- 🍌 Brand new custom football jersey with your child's name on the back – your child's to keep after the season
- 🍌 Custom Gameday Football pants – to be returned to the association at the end of the season
- 🍌 Mouth piece – we don't want this back 😊
- 🍌 Practice jersey and practice pants – to be returned at the end of the season
- 🍌 Dri-fit weigh-in shirt and shorts – your child's to keep after the season
- 🍌 Uniform Socks for Game Days – your child's to keep after season
- 🍌 Football helmet, shoulder pads and knee pads issued for your child's use during the season. All equipment must be returned at the end of the season and in good condition to receive the participant's trophy. **Please DO NOT write or inscribe your child's name on any of the equipment.**
- 🍌 Football Camp(s)
- 🍌 Greater Jacksonville Pop Warner Conference fees and patches
- 🍌 Association and Field Maintenance fees
- 🍌 Participant trophy
- 🍌 Player Equipment Bag (**NEW PLAYER'S ONLY**) purchased through OSA – your child's to keep after the season

**You will need to provide the following for your child:**

- 🍌 Cleats – Predominately black - no other colors except white or royal blue
- 🍌 Compression Girdle with 5 piece pads

### **DATES TO REMEMBER:**

- 🍌 Registration: Returners & Siblings ONLY - April 4<sup>th</sup>, April 30<sup>th</sup>, May 9<sup>th</sup>; Open to New & Returning – May 16<sup>th</sup>
- 🍌 Football Camp hosted by SET Performance – May 30<sup>th</sup>
- 🍌 Season Kick-off Friday Night Football Camp hosted by "City Streets 2 Student Athletes" From 6pm-9pm. FREE TO ALL OSA REGISTERED 2015 PARTICIPANTS
- 🍌 FOOTBALL AND CHEER CAMPS Hosted by JACKSONVILLE SHARKS – DATE TO BE ANNOUNCED
- 🍌 OSA Conditioning Clinic (Optional): Tues & Thursday, July 14<sup>th</sup>, 16<sup>th</sup>, 21<sup>st</sup> & 23<sup>rd</sup> From 6:30 – 8:00pm.
- 🍌 **Pop Warner Season & Official Practice begins: Saturday, August 1<sup>st</sup>**
- 🍌 Equipment Disbursement: August 1<sup>st</sup>
- 🍌 **MANDATORY PARENT MEETINGS @ SHEFFIELD PARK** – FB-TM&MM – Aug 3<sup>rd</sup> @ 6:30, FB- JRPW, PW & JM – Aug 4<sup>th</sup> @ 6:30pm, then CHEER TM & MM @ 6:30PM & 7:00PM -JRPW, PW & JM
- 🍌 **Cecil Field Registration(ALL PARTIPANTS MUST ATTEND): August 7<sup>th</sup> - 9<sup>th</sup>** (specific date & time TBD)
- 🍌 **Jamboree @ FCHS: Saturday, August 15<sup>th</sup> (Game Times TBD)**
- 🍌 **Practice Games: August 22<sup>rd</sup>**
- 🍌 Games begin: August 29<sup>th</sup> and continue for 7 more weekends (Game Schedules will be provided to teams as soon as Pop Warner releases them and are subject to change) NOTE: Your child's team may qualify for post season activities including but not limited to Bowl Games and National football/cheer events. You will be responsible for all travel and room and board expenses. Additional fundraising may be available to minimize these expenses.

### **ASSOCIATION FUNDRAISING AND SPONSORSHIP PROGRAMS**

OSA encourages everyone to participate in the association fundraisers. Funds raised from these activities offset team expenses, significant operating expenses that include building and field maintenance at our new park. No fundraising means more out-of-pocket costs for you! This year's fundraisers include the Opening Day Raffle, Homecoming Bar-B-Q Dinner Sales, Homecoming Carnival, and other various events that maybe announced throughout the season! We also encourage Team Sponsorships up to \$500 with an 80/20 split or Association Corporate Sponsorship Packages at various levels. If you have a business that would like to sponsor OSA, please be sure to see an OSA Board member and ask for our Sponsorship Package.

Thank you for allowing your child to participate in Oceanway Sports Association and Pop Warner. We look forward to a great season! GO BUCS!!



# OCEANWAY SPORTS ASSOCIATION 2015 FOOTBALL REGISTRATION CONTRACT

Date: \_\_\_\_\_

## New Weights in 2015

☐ JR. PW (8,9,10 – 65 to 115 lbs)\*  
(11 (O/L) 65 to 95 lbs)\*\*

☐ TM (5,6,7 – 35 to 75 lbs)

☐ PW (9,10,11 – 80 to 130lbs)\*  
(12 (O/L) – 80 to 110 lbs)\*\*

☐ MM (7,8,9 – 50 to 100 lbs)\*

☐ JR. MID (10,11,12 – 95 to 155 lbs)\*  
(13 (OL) – 95 to 135 lbs)\*\*

☐ RETURNING PLAYER ☐ NEW PLAYER ☐ Equipment Bag? (Required for all! New – Cost \$30 (Returners may purchase if needed))

PARTICIPANTS NAME: \_\_\_\_\_

LAST (WILL BE PUT ON JERSEY)

FIRST

MIDDLE

WEIGHT AT REGISTRATION: \_\_\_\_\_ PLAYERS DOB: \_\_\_\_\_ GRADE (next year): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STREET

CITY

STATE

ZIP CODE

PRIMARY PARENT/GUARDIANS NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

CELL #: \_\_\_\_\_ HOME #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SECONDARY PARENT/GUARDIANS NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

CELL #: \_\_\_\_\_ HOME #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PARENT/GUARDIANS DRIVERS LICENSE #: \_\_\_\_\_ MOTHERS DOB (MONTH/DAY): \_\_\_\_/\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

PRIMARY CARE PHYSICIAN: \_\_\_\_\_ PHONE #: \_\_\_\_\_

### PARENTAL AGREEMENT/WAIVER OF LIABILITY & HOLD HARMLESS AGREEMENT

I, the Custodial Parent/Legal Guardian, give my permission for my child's participation in any and all OSA activities during the current season, including post season competition. I am aware that football is a full contact sport and requires strenuous, physical activities. I assume all risks and hazards incidental to such participation including transportation to and from activities and do hereby **WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS Oceanway Sports Association Youth Football, its board members, officers, coaches and volunteers.** INT. \_\_\_\_\_

### PARENTAL MEDICAL TREATMENT AUTHORIZATION

I, the Custodial parent/Legal guardian, give the staff of Oceanway Sports Association Youth Football and Cheerleading permission to administer appropriate emergency medical attention to my child in the event of any accident, illness, or injury which occurred during any scheduled OSA function including the supervised travel to and from said functions. I also authorize any hospital, paramedic and or physician to administer appropriate emergency medical attention for any accident, illness or injury which occur at any scheduled OSA function including the supervised travel to and from said functions. INT. \_\_\_\_\_ Must also complete Pop Warner Physical Form and OSA Medical Release.

### MEDICAL INFORMATION

Does the participant have any serious injury, illness, allergies or any other Medical condition that would prohibit participation in OSA activities?

☐ NO ☐ YES Explain \_\_\_\_\_

Must also complete Pop Warner Physical Form. INT. \_\_\_\_\_

### CONSENTS AND LEGAL PROVISIONS

- I, the Parent/Guardian agrees to be financially responsible for the OSA uniforms and equipment issued on loan to applicant other than the normal wear during practices and games and I will reimburse OSA for the loss and damage of said uniforms and equipment. INT. \_\_\_\_\_
- I, the parent, give permission for my child to be photographed and/or recorded during any Pop Warner and/or OSA activity for recreational, promotional or publicity purposes. INT. \_\_\_\_\_
- I, the Parent/Guardian understand that if my child's team/squad qualifies for post season activities including but not limited to National football and cheer events. I will be responsible for all travel and room and board expenses in which additional fundraising may be available to minimize these expenses. INT. \_\_\_\_\_
- I, the Parent/Guardian understand that my child's specific level of participation will be determined by OSA based on PopWarner guidelines, child's safety and the best interest of the child. INT. \_\_\_\_\_
- I, the Parent/Guardian agree to attend the **Mandatory Parent Meeting** (prior to my child's participation) and abide by the PopWarner Parents Code of Ethics and all other OSA policies set forth in the OSA SOP Manual which can be obtained from an association official. INT. \_\_\_\_\_
- I, the Parent/Guardian attest that my child did not play for another association last season and if he did, understand that a waiver is needed to complete with OSA. INT. \_\_\_\_\_ Waiver Attached: ☐ Yes or ☐ No Association played at last season: \_\_\_\_\_

# OCEANWAY SPORTS ASSOCIATION 2015 FOOTBALL REGISTRATION CONTRACT

## GRIEVANCE POLICY

**If any parent or participant has a concern or complaint the following procedure must be followed:**

1. Talk to the Head Coach about your concern.
2. If the parent is not satisfied the Football Coordinator should be contacted.
3. If the parent is still not satisfied a Vice-President should be contacted.
4. If at this time the parent feels the concern still has not been corrected, the concern should be brought to the President. If the President is unable to resolve the complaint he or she will present the complaint to the Executive Board for further investigation.
5. If at this point the parent is still not satisfied the league President will bring it to the Conference Board. The Conference Board will refer all complaints back to the association if it has not been reviewed by the association first. **INT.** \_\_\_\_\_

## ZERO TOLERANCE RULE

The Oceanway Sports Association supports the zero tolerance rules of Pop Warner. The position of the OSA board is that abusive or excessive behavior by any OSA coach, participant or any family member will not be tolerated. All associated with the OSA must understand that situations will arise during the course of the season, which might upset them; however, we must set an example for the entire organization and the sport of football and cheerleading through our own conduct. Any violation of this rule constitutes conduct detrimental to the sport and makes the player, parent, coach, team, or family member subject to disciplinary action. The minimum mandatory suspension of one game for first time offenders will be imposed if a violation is found justified. A 2nd violation of this rule will result in an indefinite suspension. **INT.** \_\_\_\_\_

**I further understand that this Zero Tolerance Rule includes conduct of any OSA Coach, Volunteer, participant or any family member, on all Social Media Sites including FACEBOOK, TWITTER OR BLOGS. Any statement made that is found offensive, derogatory, or detrimental to any member of OSA will be subject to disciplinary action. We will not tolerate disparaging or harassment in any form. **INT.** \_\_\_\_\_**

## VOLUNTEER PROGRAM

OSA cannot provide an exceptional program and facility without parent/volunteer participation. We require a minimum of 4 hours of volunteer time per participant or (new this year) we are offering an opt-out program. Please see Buccaneer Cheer & Football Parent Volunteer Opt-Out Form. If you choose not to opt-out and do not show up for your volunteer responsibility your child will be mandated to sit out for one full game during the regular season.

**INT.** \_\_\_\_\_ **Must also complete OSA Opt-Out Form.**

## SPONSORSHIP/ FUNDRAISING PROGRAMS

It is imperative for all participants to take part in Fundraising events. OSA offers a Fundraising and Sponsorship Programs to help reduce registration fees, team party fees, post-season participation costs, etc. Please see Fundraising and Sponsorship Packages for more information. I have received, read and understand the need and availability of OSA's Fundraising and Sponsorship Programs. **INT.** \_\_\_\_\_

## 2015 REGISTRATION INFORMATION AND DEADLINES

**Regular Registration Fee is \$250.00 + \$25.00 Raffle Fundraiser = \$275.00 & Equipment Bag is \$30.00**

**\*Equipment bags are mandatory for all OSA football players. Please see the Registration Description Information.**

The minimum down payment is \$125.00 per player and no player will be reserved a spot on a team until the registration fee is **paid in full by June 30<sup>th</sup>**. **INT.** \_\_\_\_\_

Players must be registered and **paid in full** by July 1st to reserve a place on a team. **Anyone registering after June 1<sup>st</sup> must pay in full at the time of registration** and will be assigned to a team based on age and space availability. It is the parent's responsibility to have all fees paid by the deadlines stipulated above. Our teams fill up fast so please be sure to complete payment as soon as possible.

**All new participants must submit a proof of address per a copy of a JEA bill, cable bill, or mortgage payment along with a copy of the parent's Drivers License (this must be a parent listed on the child's birth certificate). A copy of participant's health insurance coverage must also be provided.**

**THERE WILL BE NO REFUNDS AFTER JULY 1<sup>ST</sup>**. If you request a refund prior to June 30<sup>th</sup>, there will be a \$50 registration processing fee retained by OSA. All refund requests must be submitted in writing (see Refund Request Form available on the OSA website).

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**PLAYERS WILL NOT BE ISSUED UNIFORMS UNTIL PAID IN FULL AND ALL DOCUMENTS ARE RECEIVED!**

**OCEANWAY SPORTS ASSOCIATION  
2015 MEDICAL RELEASE FORM**

I, the undersigned, as parent or legal guardian of \_\_\_\_\_ (print name of child) hereby consent to the following in the event my child is injured during his or her participation in any practice and/or game during the Oceanway Sports Association (OSA) season.

**Section 1**

Agents or officials of OSA, and/or coaches or officials of my child's team and/or organization may administer first aid or arrange for transportation to a medical facility if the agent or official deems there to be an emergency. At that time medical treatment may be given to my child included but not limited to anesthesia and emergency surgical treatment as deemed necessary by a qualified physician at the medical facility. *Due to liability issues the OSA does not provide EMT's at their fields relying instead on the use of the State and local government 911 EMT processes.*

**Section 2**

I further understand that serious accidents occur during youth sports activities, and at times participants may sustain serious personal injuries and/or death as a consequence thereof. I understand that OSA holds a 2nd tier Accident Insurance policy that only covers limited costs for medical expenses resulting from an injury that occurs in practice and/or games during the OSA season, following coverage by the participants own health insurance policy. In the event a participant/child does not have their own health insurance policy OSA, its officers, agents or employees are NOT responsible for ANY costs associated with an accident that occurs in practice and/or games during the OSA season.

\_\_\_\_\_ *I do not hold a family health insurance policy for my child* - By checking this box and my signature below I understand that OSA is hereby released from all responsibilities for costs associated from an injury that occurs in practice and/or games during the OSA season. This release, discharge, waiver, and assumption of risk is to be binding on me and my child's heirs, executors, administrators and assigns.

\_\_\_\_\_ *I hold a family health insurance policy for my child* - By checking this box and my signature below I verify that my child is covered under my own family health insurance plan. I understand that OSA Accident Insurance policy is a 2nd tier Accident Insurance policy that only covers limited costs for medical expenses resulting from an injury that occurs to my child in practice and/or games during the OSA season, following my own health insurance policy's full and complete coverage of the primary costs. I understand that the OSA Accident policy does not pay for my child's primary health insurance policy's deductibles, but only for the expenses that are not covered by my family health insurance policies primary coverage. I further understand that the OSA policy has a per incident deductible and a limited payment per incident amount, as well as clearly stipulated items that are and are not covered. I hold OSA, its officers, employees and agents, and the owners and maintainers of any facility used for the activities, from any and all liability arising out of or connected in any way with my child's participation in practice, pre game, or game tournament activities, other than what is stipulated in the OSA 2nd tier Accident policy.

\_\_\_\_\_  
Parent or Guardian Name (Signature)

\_\_\_\_\_  
Parent or Guardian Parent Name (Printed)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_\_\_  
1<sup>st</sup> Witness (OSA Board Member) Name and signature

\_\_\_\_\_  
2<sup>nd</sup> Witness Name and Signature



## OCEANWAY SPORTS ASSOCIATION

Sheffield Regional Park • 3659 New Berlin Road • Jacksonville, Florida 32226

[www.OceanwaySports.com](http://www.OceanwaySports.com)

### **Buccaneer Cheer & Football** **Parent Volunteer Opt-Out Form**

Cheerleader/Player's Name: \_\_\_\_\_ Age in Fall: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

\_\_\_\_\_ I have chosen to donate \$50 to the Oceanway Sports Association (O.S.A.) to forgo my four (4) hours of parent volunteering that the association requires per participant, in activities that require parent volunteers to assist and support the association. This is for one fall season.

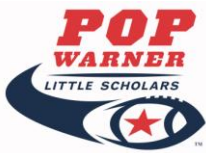
\_\_\_\_\_ I have chosen not to opt-out of my volunteer requirements and understand I will need to sign up for a volunteer position or be assigned one. I also understand that it is my responsibility to show up for my assigned volunteer position or find a replacement. I understand that my replacement must be over the age of 18 to volunteer in my place. If, I or my replacement fail to show up for my assigned position, my child's Head Coach and Coordinator will be notified and my child will have to sit out the next game.

By Signing Below, I understand that I have read, acknowledged and initialed the paragraph in the participant registration form listed under "VOLUNTEER PROGRAM". I agree to the option that I have chosen above on this Parent Volunteer Opt-Out Form. I also understand the consequences and the opt-out option that is stated in both areas of the registration paperwork.

Parent's Signature: \_\_\_\_\_

*Must Be Signed By Parent or Guardian Responsible For The Child – Not Grandparent or Relative Registering Child to Play.*

ASSOCIATION USE ONLY: PARTICIPANT ASSIGNED TO COACH: \_\_\_\_\_



# Pop Warner Little Scholars, Inc.

## 2015 PARTICIPANT CONTRACT AND PARENTAL CONSENT FORM



**Special Note:** This form must be dated after January 1, 2015 and is **APPLICABLE ONLY FOR THE 2015 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



## 2015 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 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 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: \_\_\_\_\_

1/6/2015 PWLS, INC.





# Pop Warner Little Scholars, Inc.



## 2015 PHYSICAL FITNESS & MEDICAL HISTORY FORM

**Special Note:** This form must be dated after January 1, 2015 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 1<sup>ST</sup> 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 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 2015 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.**