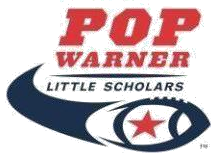


HAGERTY POP WARNER REGISTRATION CHECK LIST

- Original Birth Certificate plus 1 copy
 - *Parents must show the original birth certificate plus provide one copy at Registration*
- Current Year Report Card plus 3 copies
 - *All participants must have a final report card for the current school year (or other scholastic proof) plus 3 copies during the equipment handout*
- Pop Warner Sports Physical Form
 - *The current calendar year Pop Warner physical form must be turned in at equipment*
- Participant Contract and Parental Consent
 - *The current calendar year Pop Warner participant contract and parental consent form must be turned in at onsite registration*
- HPW Football Registration Form (sport specific)
 - *The current calendar year Hagerty Pop Warner football registration form must be turned in at onsite registration*
- HPW Huskies Family Agreement
 - *The current calendar year Hagerty Pop Warner Huskies family agreement form must be turned in at onsite registration*
- HPW Parent and Cheerleader Rules and Regulations (sport specific)
 - *The current calendar year Hagerty Pop Warner parent and cheerleader rules and regulation form must be turned in at onsite registration*
- HPW No Refund Policy
 - *The current calendar year Hagerty Pop Warner no refund form must be turned in at onsite registration*
- HPW COVID Refund Policy
 - *The current calendar year Hagerty Pop Warner COVID no refund form must be turned in at onsite registration*



Pop Warner Little Scholars, Inc.

2021 PHYSICAL FITNESS & MEDICAL HISTORY FORM



Special Note: This form is to be dated after January 1, 2021 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: _____

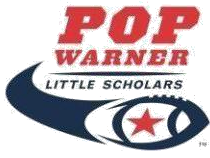
I certify that this information is accurate. I understand that this medical authorization may be voided in the event of injury, illness or accident and my child may not be cleared for participation at such time. Further, I acknowledge that it is my responsibility to inform my child's coach or organization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

2021 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 has no medical condition which would prevent this individual from participating in Pop Warner activities for the 2021 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:

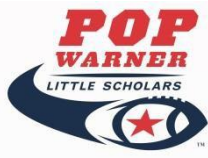
Signature _____ Printed Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax: _____

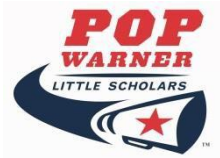
Email/Website: Email _____ (Optional)

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.



Pop Warner Little Scholars, Inc.

2021 PARTICIPANT CONTRACT AND PARENTAL CONSENT FORM



Special Note: This form must be dated after January 1, 2021 and is **APPLICABLE ONLY FOR THE 2021 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 Parent/Guardian 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

2021 Parental/Guardian Permission and Waiver

Participant Name: _____

1. PERMISSION: I am the parent or legal guardian of the above-named participant. I acknowledge that my child is in good health. I give permission 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 permission for, and assume any and all risk of my child's use of various playing surfaces including natural and artificial grass, hard dirt, and under varying conditions, including, dry, wet and muddy, and I hereby understand that any surface may be regular or irregular.

2. RISK INFORMATION: I acknowledge the potential dangers of participation in any sport and I understand that participation in football, cheerleading and/or dance may result in **BODILY INJURY, PARALYSIS, BRAIN INJURY, PERMANENT DISABILITY AND/OR DEATH.** I acknowledge that protective equipment does not prevent all participant injuries, and therefore I release, absolve, indemnify, hold harmless and waive any claim against 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 my child to and from activities, for any injury to my child whether the result of negligence or for any other cause.

3. EMERGENCY MEDICAL AUTHORIZATION: I give permission for emergency medical/dental treatment or first aid to be administered to my child for any illness/injury/accident resulting from participation in Pop Warner activities.

4. EQUIPMENT RESPONSIBILITY: I acknowledge my 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/uniform.

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 acknowledge that my rights, if any, to a refund depends on the local Pop Warner 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 sponsors. I understand that Pop Warner Little Scholars does not sell its contact list. Communications may contain program information or special offers. I may "opt out" by instruction in the communication or by my written request to the Pop Warner National Office. Further, I grant Pop Warner the right and permission to make, reproduce, broadcast or otherwise use in perpetuity my child's name and likeness including photograph, films, videos, recordings, or other depictions or images in any form or media throughout the universe, for promotional material, advertising, editorial, trade or other purpose. To the extent that any benefit may accrue therefrom, I forever waive any interest in or claim to such benefit 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 that it is my responsibility to comply with all rules and regulations of Pop Warner Little Scholars Inc and its affiliated organizations and understand that non-compliance may be cause for discipline and/or dismissal of my child, myself, and/or other persons affiliated with me or my child. I further understand that my child 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 my child's birth certificate 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 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 remainder shall remain in full force and effect.

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: 1/1/2021 PWLS, INC.

Payment status:

HAGERTY HUSKIES FOOTBALL REGISTRATION

Participant's Name _____

Street Address _____

City _____ Zip _____

Parent's Names _____

E-mail Address _____

Home Phone _____ Cell Phone _____

Receive Text Message:
Yes No

Birth date: Year _____ Month _____ Day _____

Name of Participant's School (Upcoming Fall) _____ Grade Level (Upcoming Fall) _____

THIS SECTION TO BE COMPLETED BY HAGERTY POP WARNER ASSOCIATION OFFICIAL

Team assignment:

6U 8U 10U 12U 14U

<u>Equipment</u>	<u>Size</u>	<u>Number</u>	<u>Initial Received</u>	<u>Initial Return</u>
Helmet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice Jersey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White Game Jersey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black Game Jersey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I have reviewed all of the information above and agree that it is correct and accurate, furthermore;

1. I understand that all amounts paid are non-refundable.
2. I understand that my child cannot be on a competitive football team during our Pop Warner season.
3. I understand that: the football helmet, shoulder pads, game jerseys (2) and practice jersey are part of the Association issued equipment and must be returned timely at the end of the season. My child and I will care for and maintain this equipment and return it in the same condition as it was issued. I understand that I am financially responsible for any equipment damaged or lost beyond reasonable wear for Association sponsored events. I understand that I will have to pay for any damages or missing equipment – **Non Return Fee of \$ 250.**
4. All checks written to Hagerty Pop Warner will be assessed \$35.00 if returned from the bank/credit union.

Parent or Legal Guardian _____ Date _____

Participants Name:

_____ *Last Name, First Name (Please Print)*

THE HUSKIES FAMILY AGREEMENT

Hagerty Huskies Youth Football and Cheer is a family phenomenon, which requires both volunteer work and financial support.

During the season, parents and participants agree to do their share in all team events, such as concession stand duty, fundraising activities, sponsorship drive, after-game cleanup, team moms and dads, etc.

The cost of each cheerleader is \$300.00 (includes shoes) and football player is \$250.00. Participant will not be issued equipment or be allowed to begin practice until he/she has submitted all the required forms and fees.

Pop Warner football rules require that every participant who fully cooperates and participates in practice will play a minimum number of plays during each game. The Huskies philosophy is to give every participant equal attention during practice. In football, the actual number of plays, above the minimum, in any given game, will be at the coach's discretion; determined by such things as the participant's attitude and skill, the game situation and what is best for the team as a whole.

Football and cheerleading require extensive practice and teamwork. Participants are expected to be at each practice and game. Missing a practice normally reduces the amount of time a participant will play in the next game. If a participant (football or cheerleading) misses more than one practice in a week, the coach, at his discretion, may withhold the participant from that week's game. This is necessary so that his or her absence from practice will not penalize the rest of their teammates during the game.

Mid-Florida and National Pop Warner rules require a minimum scholastic average of a "C" for participation in postseason events. If a participant falls below a "C" average, the Hagerty Huskies will suspend the participant from practice of further play unless his/her teacher provides a statement that the participant is performing to the maximum of his/her ability. A suspended participant will be reinstated when he/she provides a school report that indicates he/she has achieved a "C" average.

Any disagreements with coaching philosophy or procedures will not be addressed on the game or practice field. They may be discussed with the coach in private, after a game or practice session. If the matter or discussion is not adequately resolved at that time, it may be addressed via the Hagerty Huskies Youth Football Chain of Command. The Hagerty Huskies Commissioner will decide the final resolution. Abusive language and use of drugs and alcohol on the field or in the stands by anyone, is not acceptable in the Hagerty Huskies Pop Warner Program. Hagerty Pop Warner has a zero tolerance policy for participants involved in the use, distribution or possession of drugs or alcohol (by a minor) on or off the field. Any participant involved in these activities will be removed immediately from the program. In addition, anyone who verbalizes or through their actions acts in a way that is negative towards the Hagerty Huskies Pop Warner Program or its Board Members, Coaches, or Volunteers, will result in their child being removed from the program and forfeiture of all fees paid.

Participant: _____

Date: _____

Parental Guardian: _____

Date: _____

HAGERTY HUSKIES

Refund Notice

NO REFUNDS!!!

NO EXCEPTIONS!!!

I understand that if my child/children decide(s) not to play, or they quit, or for any reason do not participate in football and/or cheerleading after registration, I **WILL NOT** RECEIVE A REFUND.

I UNDERSTAND THAT THERE WILL BE NO EXCEPTIONS.

Parent or Legal Guardian _____

Date _____

Participant name (Please print) _____

**Registration is not complete until payments are made to cashier
and this form is collected.**

Hagerty Pop Warner
COVID 19 Refund Notice
2021 Season

This refund policy is related to any cancellations due to COVID 19 as directed by local government. This policy is not replacing the Hagerty Huskies No Refund Policy.

I understand that due to the COVID 19 situation, that the following refund policy is in place.

100% Refund – If we do not start practice and the season is cancelled.

50% Refund – If the season is cancelled from the start of practice to the day before the 1st game.

0% Refund – If we have played our first game.

All refunds for returning participants will be forwarded to your child's registration for the 2022 Hagerty Pop Warner Season.

Participant Name: _____

Parent or legal guardian signature: _____

Date: _____