



Pop Warner Little Scholars, Inc.

2022 PARTICIPANT CONTRACT AND PARENTAL CONSENT FORM



Special Note: This form must be dated after January 1, 2022 and is APPLICABLE ONLY FOR THE 2022 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 _____ Flag _____ Parent/Guardian Birthday (mmddyyyy) _____

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: Proof of Cash _____ Check _____ Credit Card _____ Other (please explain) _____

Age verified? Yes _____ No _____

Birth Certificate _____ Other (please explain) _____

Division of Play (check one):

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

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

Proof of Scholastic Fitness verified? Yes _____ No _____

2022 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, cheer mats, 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. I release, 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: 1/1/2022 PWLS, INC.



Pop Warner Little Scholars, Inc.

2022 PHYSICAL FITNESS & MEDICAL HISTORY FORM



Special Note: This form is to be dated after January 1, 2022 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 stationery 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.
2022 PHYSICAL FITNESS & MEDICAL HISTORY FORM



Section II: THIS SECTION MUST BE COMPLETED INLY 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 2022 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.

Valrico Rams Code of Conduct for Parents and Guardians

As a parent of the Valrico Rams, you will be responsible for maintaining a high standard of respect and courtesy throughout the entire season. The success of our program depends on the standards we have set for our parents. Please read the following and sign below.

As a parent or guardian I agree to abide by the following guidelines. I also understand that should I not follow the guidelines as set forth below, I can be asked to leave the field and/or the league.

- Encourage good sportsmanship by demonstrating positive support for all players, coaches, game officials, and administrators at all times.
- Understand that all coaches and administrators are volunteers who have shown an interest in improving my child's football or cheerleading skills through a fun environment.
- Support the coaches, officials, and administrators in any decision that is made whether I agree with it or not.
- Remember the game is not just about winning, but about learning.
- Treat other players, coaches, game officials, administrators, and fans with respect on and off the field.
- Always be positive and support all players and cheerleaders.
- Always allow the coach to make the final decision.
- Not argue with the opposing team's parents, players, coaches, or officials.
- Not criticize the officials.
- Remain in control of my actions at all times.
- Remember the game is for the children, not the adults.
- Never use abusive or insulting language or gestures at any time.
- Not smoke or use alcohol on the premises at any time (smoking is permitted outside of the gate).
- Participate in all fundraising activities to support the organization.
- My child will have a parent or guardian with them at the field at all times. Dropping off my child is unacceptable for any reason. The authorities will be contacted if necessary.

Financial Information

- No player or cheerleader will be issued a uniform or any associated equipment until ALL registration paperwork and /or fees, of any kind, are satisfied.
- Parents are financially responsible for uniforms and equipment assigned to their child and will be expected to pay replacement costs if lost, stolen, misplaced or not turned in by the designated turn-in day or for any non-game day related damages. A \$30.00 late fee will be charged on a monthly basis until the product is replaced or paid for in full.
- There are additional costs which could be incurred by parents in addition to registration. These include, but are not limited to, credit card processing fees, shoes, gym & competition fees, award banquet ticket(s), yearbooks, dedications and pictures, gate admissions, fundraising projects & Regional/National/Global championship fees.
- Insurance is provided through the conference only as a supplementary policy to your own medical coverage. If it should become necessary, you must file first with your personal insurance company. The Athletic or Cheerleading Director will provide you with a League form if necessary.
- Returned checks will be assessed an additional fee of \$40.00. The check will need to be replaced with cash or cashier's check for that season. After two checks have been returned, only cash or cashier's check will be accepted.
- If legal action is necessary to retrieve Rams property (uniforms or equipment) then all expenses including all legal fees are to be paid by the parent.

Refund Policy

A non-refundable deposit of \$100.00 for Football and \$150.00 for Cheerleading is required. A partial refund may be requested up to 3 weeks after the Fall Season has begun (August 1). A Refund Request Form must be completed and returned to the Treasurer and the Athletic or Cheer Director. A refund will only be given for the following reasons, up to the Jamboree game only and with Board approval. A Refund Request Form must be completed and turned in to the Treasurer prior to the Jamboree. Absolutely no refunds will be issued after the Jamboree.

- Injury
- Relocation – Family relocates out of Hillsborough County (new address must be provided).
- Made High School Football or Cheerleading Team.
- Act of God.

Volunteer Commitment

All parents or guardians will be required to perform a minimum of 16 total hours per family (4 practice and 12 game day). Teenagers 16 and older may complete volunteer hours, excluding money handling positions (concessions, gate, and fundraising). Volunteer duties for practice and game days include but are not limited to: field maintenance, front gate, fundraising, concession, set-up and tear-down on game days, janitorial services and as needed duties assigned by the Executive Board. Volunteers will be required to find their own replacements should they not be able to fulfill their scheduled time slot for any reason, with their team parent/coach's approval. There is a buyout program for parents who are unable to volunteer. The cost to buyout of the volunteer hours is \$250.00. For more details, please contact the Volunteer Director at volunteer@valricorams.org.

ANY PARENT/GUARDIAN THAT DOES NOT PARTICIPATE IN THE VOLUNTEER PROGRAM WILL BE
SUBJECT TO PENALTIES ESTABLISHED BY THE ORGANIZATION AND/OR THE LEAGUE.

Parent Name _____

Parent Signature _____

Player(s) Name(s) _____

Date _____

INFORMED CONSENT AND GENERAL RELEASE

I hereby acknowledge and give permission to the Valrico Rams Youth Sports, Inc. ("Valrico Rams") and any of their designees, to take still photographs, video and audio recordings of my child(ren) and/or myself in the course of games, competitions, practices and other activities, and therefore grant the Valrico Rams the right to use our names, likenesses or sounds in connection with the exhibition, advertising, fundraising, selling or publicizing of any pictures, video/ and or audio sound. I agree that I will not assert or maintain any claim, action, suit or demand of any kind against the Valrico Rams or their designees including but not limited to those based upon invasion of privacy, rights of publicity or other civil rights, or for any other reason in connection with the Valrico Rams' use of our names, likenesses and/or sounds.

I further agree to indemnify and hold harmless the Valrico Rams or any of their designees, for any loss, liability, damage, cost or expense which may incur as a result of any injury or property damage I or my child may sustain while participating in any activity.

I agree to comply with the Valrico Rams' customary terms and conditions for participation according to the Valrico Rams.

☐ I agree

☐ I do not agree

I have read this INFORMED CONSENT AND GENERAL RELEASE, and fully understand its terms, that I give up substantial rights by signing it, and sign it voluntarily.

First athlete's name

Second athlete's name

Third athlete's name

Parent/Guardian Name

Parent/Guardian Signature

Date: _____

HEADS UP CONCUSSION

This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

HOW CAN I SPOT A POSSIBLE CONCUSSION?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

OBSERVATIONS BY PARENTS OR COACHES

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (even briefly).
- Shows mood, behavior, or personality changes.
- Can't recall events prior to or after a hit or fall.

SYMPTOMS REPORTED BY CHILDREN AND TEENS

- Headache or "pressure" in the head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not "feeling right," or "feeling down."

WHAT ARE SOME MORE SERIOUS DANGER SIGNS TO LOOK OUT FOR?

In rare cases, a danger is blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil is larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away. Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

WHAT SHOULD I DO IF MY CHILD OR TEEN HAS A CONCUSSION?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your child or teen's health cTalk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
4. Ensure that they follow their coach's rules for safety and the rules of the sport.are provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.
5. Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often Show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.
6. The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

HOW CAN I HELP KEEP MY CHILDREN OR TEENS SAFE?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
- Work with their coach to teach ways to lower the chances of getting a concussion.
- Tell your children or teens that you expect them to practice good sportsmanship at all times

When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.

Student/Athlete Signature

Student/Athlete Name (printed)

Date

Parent/Guardian Signature

Parent/Guardian Name (printed)

Date

To learn more go to... JOIN THE CONVERSATION @ www.facebook.com/cdcheadsup