

Wayne Wildcats Cheer Guidelines 2026

Please review carefully and contact Erin Monast with any questions.

cheer@waynewildcats.com

Season Overview

The Wayne Wildcats Cheer season runs from **late July through early December (or beyond for competition teams)**.

- **Practice begins:** July 28, 2026
- A parent meeting will be held prior to the start of practice
- Practices are typically **Tuesday–Thursday evenings at Wilson Farm Park, 5:30 - 7:30 PM**
- (Tiny Mites may practice 2 nights/week)
- Practice frequency decreases once school begins, based on age and competition level
- Practice nights will also change after Labor Day based on space availability, and the coach's schedule

Commitment

Games

- Cheerleaders must attend **home games**. **There will be some away games in the postseason.**
- Minimum of **8 games required** per Pop Warner rules

Competition

- All cheerleaders (including non-competitive) will participate in **BuxMont Cheer Competition (early October) – required**
- Competitive teams may advance to additional competitions

Team Placement

Teams are based on **Pop Warner age guidelines** and registration numbers: The squads below are subject to change based on registration numbers.

Non-Competitive

- Tiny Mites: Grades K–1

Competitive

- Mighty Mites: Grades 2-3
- Jr. Pee Wee / Pee Wee: Grades 4-5
- Jr. Varsity / Varsity: Grades 6-7–8

What's Included

- Uniform & pom-pom rental

- Season & Breast Cancer Awareness bows
- Insurance
- Indoor practice space (as needed)
- Routine music & signs
- Competition fees (through Regionals)

Additional costs apply if advancing beyond Regionals.

Practice Expectations

- Arrive **10 minutes early**
- Practices are mandatory—missed practices may affect placement
- **August is critical for learning routines**
- 2 weeks of conditioning are required before stunting/tumbling
- Team consistency is essential

Dress Code & Safety

- Athletic sneakers (tied) required, once we move into stunting practice, cheer shoes are required.
- No jewelry, crop tops, spaghetti straps, or jean shorts
- Practice attire is a white T-shirt or tank, black athlete shorts (please no butterfly shorts)
- Hair must be pulled back
- Bring **water or a sports drink**

Transportation & Behavior

- Parents are responsible for **on-time drop-off and pick-up**
- Only authorized individuals may pick up a child
- Respectful behavior is required at all times
- **No cell phone use** during cheer activities

Health & Safety

- Notify coaches of any medical conditions (e.g., asthma, allergies).
- Emergency medications (inhaler, EpiPen, etc.) must be available
- Cheerleaders are released **only when a parent/guardian is present**

Snack Stand

- All families are required to volunteer
- If unavailable, you must **find a replacement**
- Volunteer hours will be tracked

Games

- Arrive **at least 1 hour early** (up to 2 hours for competitive teams)
- Stay for the entire game

- Cheer in all weather conditions
- Parents must be present by the **end of the 3rd quarter**

Uniforms & Accessories

- Uniforms are **rented and must be returned**
- Used only for official events (not costumes)
- Additional required items may include:
 - Cheer sneakers
 - White no-show socks
- Competitive teams may have additional costs or team dues

Competitive Cheer (2026 Season)

- **BuxMont Competition:** Early October
 - Exhibition Comp - TM ONLY - Date TBD
 - Buxmont Comp - All comp teams - Date TBD - Location Souderton HS
- **Regionals:** Early November (Trenton, NJ)
 - Sunday October 25th
 - Saturday November 7th and Sunday November 8th
- **Nationals:** December 2026 – Charlotte, NC
 - December 5-12th

Families should keep the full Nationals week open.

Based on advancement, optional other competitions and post-season competitions will be available,

Dismissal Policy

Cheerleaders may be dismissed (without refund) for:

- Repeated absences or lack of participation
- Unsafe or inappropriate behavior
- Code of Conduct violations (athlete or parent)

Coaching & Volunteers

- All roles are **volunteer-based**
- Coaches & team parents must complete required certifications and clearances
- Head Coaches manage communication, team operations, and compliance
- Team Parents assist with logistics, communication, and fundraising

Financial Assistance

Scholarships are available. Please email:
waynewildcatsfootball@gmail.com



2026-2027 PARTICIPANT CONTRACT AND PARENTAL CONSENT FORM

Special Note: This form must be completed, signed by the youth participant’s parent or legal guardian, and dated after January 1, 2026. The form applies only to the 2026 Fall – 2027 Spring season. It needs to be submitted to your LOCAL Pop Warner organization prior to participation in any programs. **By signing this form, the parent or legal guardian agrees to the terms and conditions outlined below.**

Section I: POP WARNER AFFILIATION

League: Buxmont Association: Wayne Wildcats

Section II: YOUTH PARTICIPANT INFORMATION (must match birth certificate)

Last: _____ First: _____ Middle: _____

Date of Birth: _____ Age: _____ Male Female Sport: Football Cheer/Dance

Section III: PARENT/GUARDIAN INFORMATION

Last: _____ First: _____

Address: _____ City: _____ State: _____ Zip: _____

Mobile Phone No: _____ Alternate Phone No: _____

Email: _____ Relationship to Child: _____

Section IV: EMERGENCY CONTACT INFORMATION (if parent/guardian cannot be reached)

Name: _____ Relationship to Child: _____ Phone No: _____

Section V: PARENT/GUARDIAN PERMISSION AND WAIVER

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 inherent risk and danger of participation in any sport and I understand that participation in football, cheerleading and/or dance may result in **BODILY INJURY, including by not limited to PARALYSIS, BRAIN INJURY, PERMANENT DISABILITY AND/OR DEATH.** I acknowledge that protective equipment does not prevent all participant injuries and Pop Warner makes no representations or warranties regarding the equipment or its fitness for use. 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.



2026-2027 PARTICIPANT CONTRACT AND PARENTAL CONSENT FORM

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, having met the requirement of 2.0/70%, 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. **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 form, 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.
10. **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.



2026-2027 PARTICIPANT CONTRACT AND PARENTAL CONSENT FORM

Section VI: GENERAL CODE OF CONDUCT

Pop Warner Little Scholars, Inc. is committed to cultivating a safe and welcoming environment for its regional and national events and programs that encourages and promotes good sportsmanship by student-athletes, parents, coaches, administrators and other spectators. We ask that event participants and attendees cooperate in being respectful at all practice and competition venues, partner hotels and/or ancillary venues throughout the course of the event. All those involved with the event are expected to refrain from the following behaviors:

1. Acting in a way that is unruly, disruptive or illegal in nature.
2. Intoxication or other signs of impairment that may potentially result in bad behavior.
3. Excessive use of profanities and other vulgar language that that interfere with other attendees' ability to enjoy the event.
4. Using bigoted, demeaning or abusive or other disruptive and intimidating language and/or gestures.
5. Verbal or physical harassment of officials, participants and coaches before, during and following the competition.
6. Disrupting the progress of competition (including physically entering or throwing objects onto the playing field or competition mat).
7. Interfering with or failing to abide by security or emergency procedures or response
8. Displaying signs that contain offensive language, or any graphic art that may be deemed disrespectful.
9. Defacing, destruction or theft of property associated with the event, including property of the opposing team or other participants, including officials, as well as official venues.
10. Violence or threats of violence against other individuals at any official venue.
11. Publicly criticizing or making derogatory statements of an official, opposing teams, event personnel or its policies, or other individuals associated with the event. This includes comments with respect to their conduct, character, competence, integrity or appearance. Note: social media is deemed a public forum.
12. Failing to follow instructions of event personnel.
13. Any behavior which otherwise violates conduct codes set by partner venues, hotels or ancillary venues including but not limited to theme parks, as enforced by those properties.

Failure to abide by these expectations are grounds for removal from competition. Pop Warner reserves the right to remove individuals or the entire team. Depending on the infraction, a one-year ban from Pop Warner events and programs will be considered. A repeat offense of the same infraction may result in a permanent ban. All removals will be without refund.

Section VII: PARENT/GUARDIAN AUTHORIZATION

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: _____ **Date:** _____



2026-2027 YOUTH PARTICIPANT MEDICAL HISTORY FORM

Special Note: This form must be completed thoroughly and honestly, and signed by the youth participant's parent or legal guardian. It is to be completed and dated after January 1, 2026. This form applies to the 2026 Fall – 2027 Spring season and needs to be submitted to your LOCAL Pop Warner organization. This form and its contents will be available to authorized Pop Warner personnel and kept confidential. **By signing this form, the parent or legal guardian agrees to the terms and conditions outlined below.**

Section I: POP WARNER AFFILIATION

League: Buxmont Association: Wayne Wildcats

Section II: YOUTH PARTICIPANT INFORMATION (must match birth certificate)

Last: _____ First: _____ Middle: _____
Date of Birth: _____ Age: _____ Male Female Sport: Football Cheer/Dance

Section III: PRIMARY AND SECONDARY CONTACT

Primary Contact: Parent or Guardian

Last: _____ First: _____
Address: _____ City: _____ State: _____ Zip: _____
Mobile Phone No: _____ Alternate Phone No: _____
Email: _____ Relationship to Child: _____

Secondary Contact:

Last: _____ First: _____
Mobile Phone No: _____ Alternate Phone No: _____
Email: _____ Relationship to Child: _____

Section IV: INSURANCE INFORMATION

Primary Insurance Company: _____ Primary Group/Policy #: _____ / _____
Does primary insured have Medicaid? Yes No Does primary insured have Medicare? Yes No
Family Doctor Name: _____ Doctor Phone No: _____

Section V: MEDICAL HISTORY OF THE YOUTH PARTICIPANT

Please identify and elaborate on any medical conditions which we should be aware of (if none, write none):



2026-2027 YOUTH PARTICIPANT MEDICAL HISTORY FORM

Please list any medications currently being taken (if none, write none):

In the past 24 months, has the participant been tested, diagnosed and/or treated for a concussion: Yes No

If yes, provide the specific date and detail on the diagnoses/treatment and the outcome:

List any known allergies (if none, write none):

Date of last Tetanus Toxoid Booster: _____

The purpose of the above information is to ensure that medical personnel have details of any issues which may interfere with or alter medical treatment.

Section VI: PARENT/GUARDIAN CONSENT AND MEDICAL RELEASE

Recognizing the possibility of serious injury, illness or death, and in consideration for Pop Warner Little Scholars, Inc. and its members accepting my child as a participant in its official programs, I consent to my child participating in Pop Warner tackle football, flag football, cheer and / or dance. Further, I hereby release, discharge, and otherwise indemnify Pop Warner, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by or on behalf of my child as a result of participating in the Pop Warner programs.

My child has received a physical examination by a licensed health care provider within the past two years and has been found physically capable of participating in the sport of football and/or cheerleading & dance. I have provided written notice, which is submitted in conjunction with this release and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that my child has or that may impact my child's participation in the programs. I give my consent to have an athletic trainer and/or licensed health care provider, including a medical doctor or dentist, provide my child with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and/or treatment.

Signature of Parent/Guardian: _____ **Date:** _____



Pop Warner Little Scholars, Inc.

2026 PHYSICAL FITNESS & MEDICAL HISTORY FORM



Special Note: This form is to be dated after January 1, 2026 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 in the event of injury, illness or accident my child may not be cleared for participation. I acknowledge that it is my responsibility to inform my child's coach or organization official in writing if there is any change in my child's medical condition. I also understand it is my responsibility to obtain written permission from my child's physician on official medical stationary to resume participation after any and all injury, illness or accident.

Signature of Parent or Legal Guardian: _____

Print Name: _____

Relationship to Participant: _____



Pop Warner Little Scholars, Inc.

2026 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.

This form 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).

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 2026 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 _____ (Optional)

Note to Pop Warner participants: If you're uploading this signed document directly into your participant profile within the Sports Connect roster system, please make sure each page includes a proper signature. It will not be accepted without signatures. Documents can be scanned as PDF files from your smartphone or tablet. CLICK HERE to learn how.

WAYNE WILDCATS FOOTBALL AND CHEER
Parental Requirements Form

Child's Name: _____

The Wayne Wildcats is a successful organization due to the dedication and involvement of countless individuals who unselfishly give their time, talents and enthusiasm. We do require all parents to volunteer their time and service to the organization in, but not limited to, the following areas for football and cheer (where applicable):

Announcer	Chain Gang	Clock	Game Snacks	Clean Up
Play Counter	Snack Bar	Spirit Wear	Videographer	Special Events

Every family is required to assist in these assignments. The assignments will be different for flag, tackle and cheer families. Your team parent will share sign-ups for the different areas of volunteering. Once you have signed up for a particular assignment and you are unable to fulfill your time slot, it is your responsibility to find a replacement and to inform your team parent of the changes. The team parent is responsible for tracking volunteers and reaching out to those families who still need to fulfill requirements during the season.

I understand that the Head Coach is responsible for the actions of all the youth participants, coaching staff and parents that are involved in the events for the team in which my child participates.

I understand that it is my responsibility as a parent/guardian of the above named child, to advise any individual(s) who I invite or bring to a team event of all the rules and regulations. While in attendance at a team event, I will be held accountable for their conduct.

I hereby understand that disciplinary action of a warning, written reprimand or a suspension of two weeks or less will not be appealed by contacting my association league representative and the following procedures in accordance with Pop Warner Little Scholars guidelines.

My signature below will confirm that I understand and accept the above as conditions to my child's participation in the Bux-Mont Youth football league and the policy of Wayne Wildcats volunteer requirements.

I acknowledge that I have read and understand the participant code of conduct. Each parent/guardian must sign this form. No team roster will be certified without this completed form.

Parent/Guardian (print): _____ Date: _____

Parent/Guardian (signature): _____

WAYNE WILDCATS FOOTBALL AND CHEER
Emergency Treatment Authorization Form

Child's Name: _____

To Whom It May Concern: As a parent and/or guardian of, _____, a minor, I hereby authorize the treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger my child's life, cause disfigurement, physical impairment or undue discomfort if delayed.

This authority is granted only after a reasonable effort has been made to reach me. The release is granted for the dates including the beginning of the practice season through the end of the season.

This release form is completed and signed of my own free will for the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Parent/Guardian (print): _____ Date: _____

Parent/Guardian (signature): _____

**Wayne Wildcats Cheerleader & Parent
Code of Conduct 2026:**

I hereby understand and agree to the following:

- I will abide by the rules, guidelines, and policies as set forth by the Wayne Wildcats
- Football & Cheer Organization and applicable League and National rules as set forth by Bux-Mont and Pop Warner.
- I understand that cheerleading is a team sport and that all individuals are treated equally.
- It is my responsibility to be a contributing /responsible team member by:
 - Attending ALL practices and arriving on time;
 - Doing well in school academically;
 - Giving 100% and participating to the best of my ability during games and practices; and
 - Showing loyalty and dedication to my team.
 - Understanding that every Cheerleader is important to the success of the team, and
 - I will learn my routines/cheers to the best of my ability and effort, and I will practice extra if needed.
- I will be responsible for caring for the Cheerleading equipment issued to me.
- I will always bring all of my cheerleading equipment to practice and games unless instructed otherwise by the coach.
- I will avoid all unnecessary “fooling around” and unsafe behavior at practices and on the sidelines during games.
- I will show respect for my coaches, teammates, football players, cheerleaders, officials, my opponents, volunteers, and myself at all times.
- I will not engage in any unsportsmanlike conduct toward any official, coach, teammate, cheerleader, opponent, volunteer, spectator, or parent, such as booing, taunting, or refusing to shake hands.
- I will not use profanity, abusive language, or obscene gestures.
- I will refrain from fighting with any person. Fighting will NOT be tolerated.

I agree and understand that if I fail to abide by the above rules and guidelines, or engage in any other conduct that my coach or the WW Board deems to be detrimental to my team or the organization, I will be subject to disciplinary action, which could include, but is not limited to the following:

- Verbal warning by the coach, official, Director of Cheerleading, and/or Board President;
- Cheerleader game or games suspension, and/or removal from participating in the competition, with written documentation of the incident kept on file with the WW Board;
- Cheerleader season suspension (full or part) as determined by the WW Board; and/or expulsion from the organization as determined by the Wayne Wildcats Board.

Cheerleader PRINTED Name: _____

Cheerleader Signature: _____ Date: _____

Parent Signature: _____ Date: _____