



## 2026 Preschool Form

This form is strictly for athletes who are not of age to attend school and obtain a report card.

Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Circle One:    Football       Spirit

Association: \_\_\_\_\_ Level: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

I \_\_\_\_\_ Parent/Guardian of said child named above state that he/she is scholastically fit to participate in the Pop Warner program for the 2026 season.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_