



# Brookline Jamaica Plain Patriots 2019 Registration Form



Select Program (please circle one)      *Football or Cheer*

## Participant Information

Youth Name: \_\_\_\_\_

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

City and Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

H: \_\_\_\_\_

C: \_\_\_\_\_

W: \_\_\_\_\_

Email: \_\_\_\_\_

## Parent/Legal Guardian Information

Name \_\_\_\_\_

Phone: \_\_\_\_\_

H: \_\_\_\_\_

C: \_\_\_\_\_

W: \_\_\_\_\_

Email \_\_\_\_\_

## Volunteer Selection

*Brookline-JP Pop Warner is a VOLUNTEER organization. Each family is encouraged to provide assistance. Please select from the choices below (Circle all that apply).*

Game Day Set Up/Break Down

Registration

Field Coordinator

Coach

Fund Raising

Equipment Coordinator

Social Media Manager

Webmaster

Volunteer Coordinator

Team Parent

Other: \_\_\_\_\_

*\*Family discount available for volunteers who complete the season*

## Registration Fees:

1 Child-\$175 \_\_\_\_\_

2 Children-\$275 \_\_\_\_\_

3 or more\*\*-\$375 \_\_\_\_\_

**\*\*Must be verified siblings**

Donation: \_\_\_\_\_

Total Enclosed \_\_\_\_\_

**Make Check or Money Order payable and mail to:**

*Brookline-JP Pop Warner*

*P.O. Box 470625*

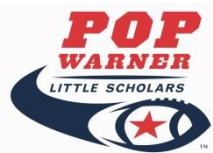
*Brookline Village, MA 02447*

***For questions regarding the 2019 season or volunteering, contact us at BJPPATRIOTS@GMAIL.COM***

I hereby acknowledge that as a parent/guardian of a Pop Warner participant it is my responsibility to provide all necessary documentation and to be financially responsible for all fees. In addition, I agree to participate in the annual raffle fund raiser. Finally, by allowing my child to participate, I am providing permission to the organization to use any photos associated with team events for promotional purposes.

Parent/Legal Guardian Signature

Date



# Pop Warner Little Scholars, Inc.

## 2019 PARTICIPANT CONTRACT AND PARENTAL CONSENT FORM



**Special Note:** This form must be dated after January 1, 2019 and is **APPLICABLE ONLY FOR THE 2019 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. Varsity / Varsity / Unlimited

Weight at Time of Registration (Football Only): \_\_\_\_\_

Proof of Scholastic Fitness verified? Yes ☐ No ☐

## 2019 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 remainder shall remain in full force and effect.

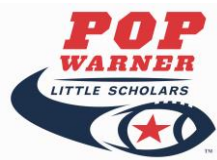
**RULES & REGULATIONS** – In consideration of participation in Pop Warner activities and by my signature below, I hereby stipulate that I have read, fully understand and voluntarily agree to be bound by all of the above and that all information provided by me is true and accurate to the fullest extent of my knowledge.

Signature of Parent/Guardian: \_\_\_\_\_ Print Full Legal Name \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Print Full Legal Name \_\_\_\_\_

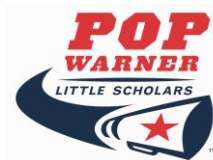
Dated: \_\_\_\_\_

1/3/2019 PWLS, INC.



# Pop Warner Little Scholars, Inc.

## 2019 PHYSICAL FITNESS & MEDICAL HISTORY FORM



**Special Note:** This form must be dated after January 1, 2019 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:

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If you answered yes about concussions, provide the name of the doctor or qualified medical professional who cleared Participant for this activity: \_\_\_\_\_

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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 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 2019 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.**