



SCPW

CERTIFICATION RECORD

ASSOCIATION: _____

YEAR: **2021**

LEVEL OF PLAY: TM MM JPW PW JV V UL CH

FOOTBALL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHEERLEADING	<input type="checkbox"/>							
DIV3	<input type="checkbox"/>	6U	8U	10U	12U	14U		
FLAG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
DANCE	<input type="checkbox"/>							

NAME _____

ADDRESS _____

CITY _____ ZIP _____

TELEPHONE _____

BIRTHDATE _____

REQUIRED PAPERWORK

PICTURE AND PARTICIPANT CONTRACT ☐

PROOF OF AGE ☐

PHYSICAL FITNESS & MEDICAL HISTORY ☐

PARTICIPANT CONTRACT & PARENTAL CONSENT ☐

PROOF OF SCHOLASTICS ELIGIBILITY ☐

TOWN RELEASE ☐

SCPW use only

Stamp Here

Paperwork reviewed and approved by:

Print Full Name Date

Title

I CERTIFY THAT THE INFORMATION ON THIS FORM HAS BEEN VERIFIED BY OUR ASSOCIATION AND THE ABOVE PARTICIPANT IS ELIGIBLE UNDER POP WARNER RULES.

I FURTHER CERTIFY THAT THE MINIMUM PLAY RULE HAS BEEN EXPLAINED TO THIS PLAYER.

ASSOCIATION PRESIDENT'S SIGNATURE

DATE