



SCPW

CERTIFICATION RECORD

ASSOCIATION: _____ YEAR: **2022**

CIRCLE LEVEL OF PLAY:

FOOTBALL ☐
CHEERLEADING ☐
FLAG ☐
DANCE ☐

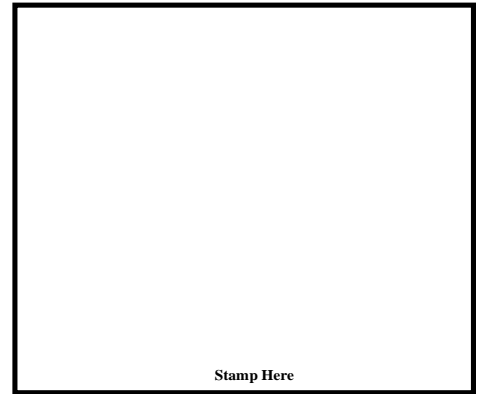
JTM TM MM JPW PW JV V CH
6U 8U 9U 10U 11U 12U 13U 14U

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



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