



# SCPW

## CERTIFICATION RECORD

ASSOCIATION: \_\_\_\_\_ YEAR: **2023**

Football ☐ 6U 7U 8U 9U 10U 11U 12U 13U 14U  
Cheerleading ☐ JTM TM MM JPW PW JV V CH  
Flag Football ☐  
Dance ☐

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

### REQUIRED PAPERWORK

PARTICIPANT CONTRACT & PARENTAL CONSENT ☐

BIRTH CERTIFICATE/PROOF OF AGE ☐

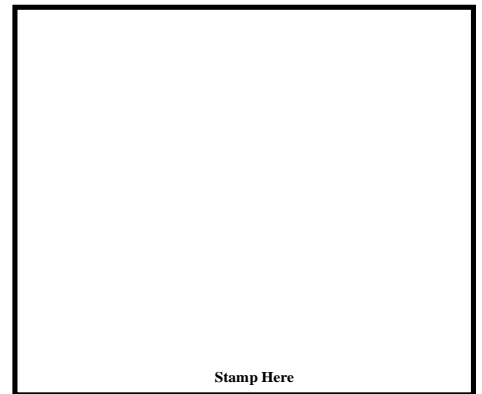
PHYSICAL FITNESS & MEDICAL HISTORY ☐

PICTURE ☐

PROOF OF SCHOLASTICS ELIGIBILITY ☐

TOWN RELEASE (if required) ☐

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

Association Payment Information for Participant Fee:

Amount Paid \_\_\_\_\_ Type of Transaction: Cash Check Credit Card Other \_\_\_\_\_