

Say NO...
to
DRUGS!

SCPW

CERTIFICATION RECORD

ASSOCIATION: _____

YEAR: **2019**

LEVEL OF PLAY

6U 8U MM JPW PW JV Varsity Unlimited

FOOTBALL

CHEERLEADING

DIV3

8U 10U 12U 14U

FLAG

DANCE

NAME _____

ADDRESS _____

CITY _____ ZIP _____

TELEPHONE _____

BIRTHDATE _____



REQUIRED PAPERWORK

PARTICIPANT CONTRACT and PARENTAL CONSENT

PARENT CODE OF CONDUCT

PHYSICAL FITNESS and MEDICAL HISTORY

BIRTH CERTIFICATE

REPORT CARD/ELIGIBILITY

PICTURE

TOWN RELEASE

ICERTIFY THAT THE INFORMATION ON THIS FORM HAS BEEN VERIFIED BY OUR ASSOCIATION AND THE ABOVE PLAYER/CHEERLEADER IS ELIGIBLE UNDER POPWARNER RULES.

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

SCPW use only

Stamp Here

Paperwork reviewed and approved by:

First Name, Last Name

Title

Date

ASSOCIATION PRESIDENT'S SIGNATURE

DATE