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## 2020 Registration Checklist - Football

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Use this checklist to ensure you have all necessary forms and documentation when you register your player for the 2020 season. All requested forms and documentation REQUIRED for participation in the program. Registration dates and location listed below.

**Players MUST be present at registration to be weighed and photographed.**

- ☐ 2020 Player Contract Form (included)
- ☐ 2020 Player Contract Additional Info (included)
- ☐ 2020 Medical Release Form—must be on official Pop Warner Form (included)
- ☐ 2020 Equipment Rental Form (included)
- ☐ 2020 “No Refunds” form (included)
- ☐ Signed Player Team Rules and Parental Expectations (included)
- ☐ Player’s Original Birth Certificate
- ☐ Final 2019-2020 “4 Quarter” Report Card for your player

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### 2020 Registration Dates:

North Phoenix Baptist Church  
9AM—2PM

Saturday June 6th      Saturday July 11th  
*Saturday July 18<sup>th</sup> Late registration \$325*

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### 2020 Registration Costs:

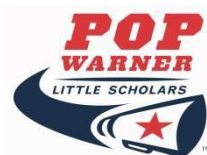
Tackle—\$295  
Cash, Checks, & Credit Cards Accepted  
Payment Plans Available (Online Registration only)





# Pop Warner Little Scholars, Inc.

## 2020 PARTICIPANT CONTRACT AND PARENTAL CONSENT FORM



**Special Note:** This form must be dated after January 1, 2020 and is APPLICABLE ONLY FOR THE 2020 SEASON.

This form must be submitted to your LOCAL organization before the athlete participates in Pop Warner. No other forms are acceptable. Every Pop Warner Association must have a fully completed and signed original of this form before 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):

Traditional Divisions: Flag / Tiny Mite / Mitey Mite / Jr. Pee Wee / Pee Wee / Jr. Varsity / Varsity

Age -Based Division: 5-6 7-8 9-10 11-12 13-14

PP / PIF

Proof of Scholastic Fitness verified? Yes No

## 2020 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. I 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 **PARALYSIS, BRAIN OR OTHER SERIOUS INJURY, PERMANENT DISABILITY AND/OR DEATH**. Further, I fully acknowledge and understand that protective equipment does not prevent all participant injuries, and therefore I 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 grant permission for emergency medical/dental treatment or first aid to be administered to my child 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 my child and I agree to promptly return, upon request, the uniform and other equipment in good condition except for normal wear and tear. If I fail to comply, I will be responsible for the cost of such equipment.

**5. INSURANCE DISCLOSURE:** I am aware that my local Pop Warner organization carries group accident medical insurance which is secondary or excess to my insurance which is considered primary insurance. Further, I agree to notify in writing my head coach and local Pop Warner organization of any medical claim from participation in Pop Warner as soon as reasonably possible. I understand that the registration fee is not premium for insurance and that deductibles may apply.

**6. SCHOLASTIC FITNESS:** I confirm that 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. Further, I authorize my child's school to release grades, report cards, and all other scholastic information to the local Pop Warner organization in order to comply with scholastic fitness requirements.

**7. FINANCIAL RESPONSIBILITY:** I confirm 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. COMMUNICATIONS, PROMOTIONS, AND CONSENT:** As a condition to my child's participation, I consent to receive communications by 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. Communications may contain program information or special offers and may be "opted out" by instruction in the email or by written request to the Pop Warner National Office. Further, I hereby grant Pop Warner the right and permission to make, reproduce, broadcast or otherwise use participant's name and likeness including photograph, films, videos, recordings, or other depictions or images in any form or media throughout the universe in perpetuity for promotion materials, advertising, editorial, trade or other purpose. To the extent that any benefit or may accrue therefrom, I 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 understand and acknowledge that as a parent/guardian of a Pop Warner participant it is my responsibility to comply with all rules and regulations of Pop Warner Little Scholars Inc. or any of its member organizations and understand that non-compliance may be cause for discipline and/or dismissal of the participant, myself, and/or other persons affiliated with the undersigned and the 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 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 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 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 understand and acknowledge that all disputes with Pop Warner and all affiliated parties will be subject to binding arbitration in Langhorne, PA in accordance with Pennsylvania law. I hereby agree that this binding arbitration shall be in lieu of any litigation. I also understand and agree that if I contest any decision or ruling of Pop Warner 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, 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 confirm 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.

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

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

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

2/10/2020 PWLS, INC.



## North Central Pop Warner Association Additional Information

Participants Name: \_\_\_\_\_

Returning from 2019 season: Yes No Previous Team: \_\_\_\_\_

Do you want to remain on this team? Yes / No

***If new participant, how did you hear about us:***

Word of Mouth / School Flyer / Advertising / Facebook / Website / Other \_\_\_\_\_

Siblings in Program: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Please note: Email is primary method of communication in the association. Please provide.**

### **Pop Warner Official Use Only:**

Uniform Sizes:

Helmet: \_\_\_\_\_ Shoulder Pads: \_\_\_\_\_ Jersey: \_\_\_\_\_ Pants: \_\_\_\_\_



## NORTH CENTRAL POP WARNER – 2020 SEASON

# NO REFUNDS – NO GUARANTEES!!!!

There are no guarantees that your child will be on a specific team. This season, the boundaries may be different and your child may not practice on the same field as last year.

**It is possible that your children will have to practice on different fields.**

There ~~will be~~ NO RELOCATING of any players or cheerleaders to different teams or divisions.

A player's age and weight determines what Division they will play. Your participant must be within the appropriate age/weight range for their division or they must be moved at first practice to the appropriate division. In the event they fail to meet the weight requirements by certification, they must be moved to the appropriate division or will be dropped from the team, and there will be no refunds.

Division	Required Weight range	Weight Range at first practice	Parent Initials
Tiny Mite	5 - 7 yrs      35- 75lbs	35 – 80 lbs.	
Mitey Mite	7 - 9 yrs      45–100 lbs	42 – 96 lbs	
Jr PeeWee	8-10 yrs      60–115 lbs 11              60–95 lbs	57 -111 lbs 57 – 91 lbs	
PeeWee	9-11 yrs 75-130 lbs 12 yrs 75-110 lbs	72-126 lbs 72-106 lbs	
Jr Varsity	10-12 yrs 90-155 lbs 13 yrs 90-135 lbs	87-151 lbs 87-131 lbs	
Age Based	5-6      7-8      9-10 11-12    13-14	Not applicable	

**If you or your participant decide not to participate at any time, there are no refunds, regardless of the reason. \_\_\_\_\_ initial**

**Parent or Legal Guardian Signature:** \_\_\_\_\_

**Print Participant Name:** \_\_\_\_\_

# NORTH CENTRAL POP WARNER ASSOCIATION 200 PLAYER EQUIPMENT RENTAL AGREEMENT

ITEM	Repl Cost	ITEM	Repl Cost
Helmet	\$125.00	Girdle	\$10.00
Shoulder Pads	\$50.00	Thigh Pads	\$ 2.00
Game Jersey	\$30.00	Tail Pad	\$ 2.00
Practice Jersey	\$15.00	Hip Pads	\$ 4.00
Game Pants	\$20.00	Knee Pads	\$ 3.00
Practice Pants	\$15.00	Belt	\$ 4.00
<b>TOTAL COST \$280.00</b>			

**All equipment is the property of North Central Pop Warner Association.**

**Rental of all above required equipment is included in the registration fees.**

**This agreement *must* be signed by a parent/guardian and accompany the registration application for a player to be eligible to play in North Central Pop Warner Association.**

	Initial:
I understand that the North Central Pop Warner Association agrees to rent the above listed football equipment to or the 2020 season only. I understand and agree that should any of the above listed equipment be lost or destroyed during the *rental period, it will be my responsibility to pay the replacement cost of such equipment as set forth herein.	
Should my child leave his assigned team for any reason during the season, ALL equipment shall be returned immediately to the Head Coach, or payment of the full replacement cost value shall be due to the Association. The original of this agreement shall remain on file with the Association.	
Any equipment not returned to the Association at the end of the season and in NO event later than the team banquet or other year end function, shall be deemed lost and the full replacement cost value for said equipment will be due to the Association by the undersigned.	

I have read, understand and agree to abide by this Equipment Rental Agreement and understand that by signing I acknowledge all terms and conditions contained herein.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 2020.

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN

I agree to keep the equipment rented to me in the best possible condition and will return all the equipment and uniform at the end of the season.

\_\_\_\_\_  
PLAYER/PARTICIPANT

**\*Rental period shall be the period between receipt of equipment and return of assigned equipment at the schedule date set by a designated member of the assigned team or the separation date, should the player/participant leave the team prior to the end of the season.**

## NORTH CENTRAL POP WARNER TEAM RULES - PLAYER

1. **Safety first!** Players must be in proper uniform at all times. Proper uniform includes helmet, mouthpiece, shoulder pads, jersey, 7 piece pads set (if not integrated into pants), compression shorts or jock strap, pants, socks, belt, and cleats. Forgetting any of these will prevent practice or game play. **DO NOT** wear jewelry during practice or game play. Wearing of jewelry is not permitted.
2. **Take care of your equipment!** Do not sit on or throw helmets or shoulder pads. Respect it, it protects you! Also, keep away from pets! You will be required to pay for any damage to your equipment.
3. **Be on time to practice!** On time means 10-15 minutes before practice so you are ready to start practice at 6pm. If you will be late or miss practice or a game, notify the head coach immediately. No call/no show will result in loss of additional playing time.
4. **Be on time on game day!** Arrive to assemble with your team 90 minutes before game time. You need to warm up and do a walk-through of the game plan, and you can't do that if you are not there! If you arrive after the start of the game, you will weigh in at the half.
5. **Respect yourself and others!** Back talking, profanity, or any form of disrespect to any adult or other player will result in disciplinary action, including but not limited to loss of playing time or suspension. "Disrespect" includes not listening or talking to others while being spoke to, not following directions, or being sarcastic or rude.
6. **Do your homework and behave!** You must have a 70% or better grade average to play. Parents can ask the head coach to hold you out for disciplinary reasons if you are not doing your work or being disrespectful at home or school.
7. **Show up ready to play and pay attention!** Do not clown around. No horseplay before or during practice or games. Lack of focus can cause injuries.
8. **Stay with your team!** Players may not leave the bench area during games to talk to anyone. Focus on the game, talk later!
9. **Do not argue with a coach or referee!** Do as you are told, and if there is a problem, talk to your head coach. Arguing with or showing disrespect towards a referee can get your team a penalty.
10. **Show sportsmanship and class!** You are representing yourself, your team, and your family. Help your opponent up, hand the ball to the referee, no showboating, spiking the ball, end zone dances, etc. A player who displays bad sportsmanship will receive disciplinary action. Bad sportsmanship includes name calling, profanity, arguing with a referee or player, failing/refusing to shake hands at the end of the game.
11. **Respect your teammates and opponents!** No fighting, hitting, striking, stepping on, trash talking or otherwise abusing an opponent or team mate. Such behavior will NOT be allowed under any circumstances and can result in disciplinary action and even suspension.

Player Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Head Coach Signature: \_\_\_\_\_

**NORTH CENTRAL POP WARNER**  
**PARENTAL EXPECTATIONS**  
A few quick words on civility and good sportsmanship....

If a few boo birds are watching the game and start to flock together, they seem to feed off each other and tend to stay negative to the referees, coaches, and even players, and the louder they get, the lower the kid's heads go.

***Please show support for your players!***

What happens and what is said from the stands and sidelines affects the players. ***It really does!*** The kids work HARD, and they take this game to heart, so please remember;

**Be supportive** - cheer, encourage, hoot, holler, ring a bell, stomp your feet, lift the kids up, don't tear them down. Voices carry, and ***they can hear you.***

**Be kind** - don't be negative! No cursing, shouting down to the staff or referees, don't complain. Voices carry, and ***the kids can hear you!***

**Be supportive** - cheer, encourage, hoot, holler, ring a bell, stomp your feet, lift the kids up, don't tear them down. Voices carry, and ***they can hear you.***

**Be patient** - one play can turn things around, so be patient!

1. **First and foremost, these are kids, and this is FUN!** The referees are human and may make a mistake or two along the way.
2. **Be supportive!** Some kids will have experience, but many are new to laying tackle football. Skills are gained through experience and it takes time to learn the game. Don't be critical of what they miss, praise what they do right!
3. **Please let the coaches coach your player.** It may be tempting to coach from the sidelines, but seriously, this just confuses the kids. If you have suggestions or concerns, take them to the head coach.
4. **Please have your player to practice on time.** On time means 10-15 minutes before practice so they are ready to start practice at 6pm. If you will be late or miss practice or a game, notify the head coach immediately. No call/no show can result in loss of additional playing time.
5. **We prefer that you remain at practice with your child.** Parents must ensure that players are picked up immediately after practice. Make sure your head coach and business manager have a phone number for you.
6. **Please have your player to game on time as well.** Arrive to assemble with your team 90 minutes before game time. They need to warm up and do a walk-through of the game plan, and they can't do that if they are not there! If you arrive after the start of the game, your player will weigh in at the half.
7. **Do not argue with a coach or referee!** Do not yell at the referees. They do their best, but they are not perfect. If they made every single call, the game would be 3-4 hours long. Dissing or yelling at referees does not inspire them to call a better game, and can get your team a penalty, and can even get you ejected from the game and premises. So, please, just don't.
8. **Please do not bring pets or animals of any kind, for any reason, to practice or games.** Pets on school campuses are expressly forbidden and can cause us to lose our contract for use of the facilities.
9. **No use of alcohol, drugs, tobacco products, or vaping is permitted.** Weapons are also not permitted. These items are illegal on school campuses and can cause us to lose our contract for use of the facilities.

Parent Signature: \_\_\_\_\_

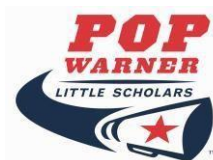
Date: \_\_\_\_\_

Player Name/Team: \_\_\_\_\_



# Pop Warner Little Scholars, Inc.

## 2020 PHYSICAL FITNESS & MEDICAL HISTORY FORM



**Special Note:** This form is be dated after January 1, 2020 and then submitted to your LOCAL Pop Warner organization.

No other are acceptable. Section II must be completed in its entirety ONLY by a Licensed State Examiner (medical doctor, nurse practitioner, etc.). Section II is modified or substituted ONLY to comply with local and/or state laws or 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 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 certify that this information is accurate. 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. Further, I 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 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 \_\_\_\_\_



# Pop Warner Little Scholars, Inc.

## 2020 PHYSICAL FITNESS & MEDICAL HISTORY FORM



**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 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 participating in Pop Warner activities for the 2020 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.**