

MORGAN HILL RAIDERS POP WARNER FOOTBALL

Player & Cheerleader Registration Form

Legal First Name		Legal Middle Name		Legal Last Name	
Street Address (Mailing Address)		City, State (Abbreviation)		Zip Code	
Home Phone		Emergency Phone		Parents Email Address	
Birth Date (M/D/Y)		Age (As of 7-31)	Weight	Primary Medical Insurance Carrier	
School Attending This Fall	Grade	Medical Allergies or Conditions		Insurance Number Policy/Group	

REGISTRATION REQUIREMENTS - OFFICIAL USE TO BE COMPLETED AT SIGN-UPS

	Registration Fee-(NON REFUNDABLE) Parent Initial <input checked="" type="checkbox"/>		Division/Team	
	Proof of Age	Volunteer Deposit	Football	
	Physical Examination	Equipment Deposit	Cheer	
	Parent Consent	Report Cards	Weighmaster	

PERMISSION TO PARTICIPATE; I, as parent/guardian of said minor, hereby give permission for minor to participate in any and all of the activities sponsored by the Association, Conference, Region, and Pop Warner Little Scholars Inc., including but not limited to its organizers, supervisors, leaders, participants, officials, coaches and agents or representatives including persons transporting minor, and they shall be held harmless from any and all claims arising out of injury to the above said minor.

INTENT TO INFORM; There have been many improvements made in protective equipment and teaching techniques to reduce injuries. Even so, it is important for you to know that injuries do occur and that some of these injuries can be catastrophic, such as total paralysis and even death. It is possible for this to happen to your child and it is important for you to fully understand this before allowing your child to participate.

INSURANCE; The Conference has group accident insurance for medical and hospital expenses, with a given deductible amount for each accident. The Conference Insurance is considered secondary coverage when there is any other valid insurance provided by the parent/guardian. Maximum coverage provided for any one accident with a given maximum dental coverage for natural teeth. In executing this release, I understand that any claim for medical service, which arises out of injury must be reported within a reasonable time from the date of injury. I have read this release and understand it, and sign it voluntarily. I understand that any registration fee or other sums paid does not constitute a direct premium for insurance.

ELIGIBILITY; I, as parent, understand that candidate must meet Pop Warner age and weight requirements on official certification date, without exception. I further understand that the decision of the weighmaster is final. I understand that proof of age and scholastic fitness must be presented by date of certification in order for candidate to participate further in Pop Warner activities.

SCHOLASTIC VERIFICATION; I, as parent of said candidate authorize school of minor to release school grades for purposes deemed necessary by the Association. I understand that the candidate must be scholastically fit to participate.

FEES; I, as parent of said minor understand that any an all fees assessed are non-refundable if candidate participates in any activity of the Association.

EQUIPMENT RESPONSIBILITY; I, as parent do hereby assume full and complete responsibility for the proper care and maintenance of all equipment, issued by the Association. I understand all equipment is to be used for Association activities. I understand all equipment remains the property of the Association. I agree to reimburse for any equipment that is lost or stolen or damaged for the value stated by the Association, payment due when equipment was to be returned. All equipment will be returned immediately upon the withdrawal from the Association.

RULES & REGULATIONS; I as parent understand that it is the responsibility of the parents to comply with all rules and regulations of said Association, Conference, Region, and National. Any non-compliance shall be cause for disciplinary action being taken against said candidate, parent/guardian, Team, Association, and / or Region.

EMERGENCY MEDICAL AUTHORIZATION; I as parent hereby authorize the Association to obtain all required medical/dental treatment for said minor in case of illness/injury occurring from participation in activities of the Association. This authorization shall remain effective until the end of the season unless sooner revoked in writing delivered to the Association.

By my signature below I attest that I read and understand the above, and hereby grant authorization and consent to emergency medical treatment for said minor candidate.

Parent/Guardian Name (Print)	Parent/Guardian Signature	Date
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I UNDERSTAND THAT POP WARNER HAS A ZERO TOLERANCE POLICY FOR ANY TYPE OF VIOLENT ACTION