

Pop Warner Little Scholars, Inc
2009 PARTICIPANT CONTRACT AND PARENTAL CONSENT FORM



Special Note: This form must be dated after January 1, 2009 and is applicable only for the 2009 season. This form must be submitted to your LOCAL Pop Warner organization prior to the athlete participating in Pop Warner. No other forms are acceptable. Every Pop Warner Association must have a fully completed and signed original of this form prior to allowing the athlete to participate.

Legal Name of Participant (must match birth certificate):

Last _____ First _____ Middle _____

Also known as _____

Address _____

City _____ State _____ Zipcode _____

Phone No: _____ Birth date _____

Gender: ___ Male ___ Female

Sport: ___ Football ___ Cheer ___ Dance

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 _____ Zipcode _____

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): Flag / Tiny Mite / Mitey Mite / Jr. Pee Wee / Pee Wee / Jr. Midget / Midget / U/L

Weight at Time of Registration (Football Only): _____

Proof of Scholastic Fitness verified? Yes No

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 by a licensed driver with proof of insurance.

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 **SERIOUS INJURIES, PARALYSIS, PERMANENT DISABILITY AND/OR DEATH**. Furthermore, I fully acknowledge and understand that protective equipment does not prevent all participant injuries, and therefore I do hereby waive, release, absolve, indemnify, and agree to hold harmless the 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 hereby grant my permission for any and all emergency medical/dental treatment and/or first aid to be administered to my child/participant, including authorizing any medical treatment facility/hospital to administer emergency treatment, for any illness/injury/accident resulting from participation in any and all Pop Warner activities. Initial: _____

4. EQUIPMENT RESPONSIBILITY

I agree to assume full responsibility for any and all equipment/uniforms loaned to the above named participant and I agree to promptly return, upon request, the uniform and other equipment issued to the above named participant in as good condition as when received except for normal wear and tear. If I fail to adhere to this policy, I will be responsible for the replacement cost of such equipment. I agree to furnish an authentic certified copy of a birth certificate of the above-named participant to local Pop Warner officials.

5. INSURANCE DISCLOSURE

I am aware that my local Pop Warner organization carries group accident insurance which is considered secondary or excess for medical purposes to any and all valid insurance I possess is considered primary insurance. Furthermore, I agree to notify in writing my head coach and local Pop Warner organization of any medical claim as a result of participation in Pop Warner as soon as reasonably possible. I understand that any registration fee paid does not constitute a direct premium for insurance and that a deductible(s) may apply.

6. SCHOLASTIC VERIFICATION

I hereby stipulate that (check one) ____ 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. Furthermore, I hereby authorize my child's school to release school grades, report card results, and any and all other pertinent scholastic information to the local Pop Warner organization in order to comply with Pop Warner's scholastic fitness requirements.

7. FINANCIAL RESPONSIBILITY

I hereby stipulate 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. COMMUNICATION CONSENT

As a condition to my child's participation in Pop Warner, I hereby consent to receive communications via 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 and communications sent may contain program information as well as special offers and may be opted out of by following the instructions in the email or via written request to the Pop Warner National Office.

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.

9. I understand that my child must meet Pop Warner age and/or weight requirements on their official certification date as established by Pop Warner Little Scholars, Inc. without exception. I further understand that the decision of the Weigh Master is final. I understand that proof of age; (I agree to furnish an authentic certified copy of a birth certificate of the above-named participant to local Pop Warner officials), current year medical release, Participant Contract and Parent Consent and scholastic fitness must be presented by date of certification in order to participate further in Pop Warner activities.

RULES & REGULATIONS

I hereby understand and acknowledge that as a parent/guardian of a Pop Warner participant it is my responsibility to comply with all rules and regulations stipulated, adopted or recognized by Pop Warner Little Scholars Inc. or any of its member organizations, including but not limited to the Adult Code of Conduct, stipulated in Section 8 above and published in the Pop Warner Rulebook. Any non-compliance with any and all rules and regulations may be cause for discipline and/or dismissal of my child/the participant, myself, and/or any spectators or other persons affiliated with the undersigned and the above named participant.

By my signature below, I hereby stipulate that I have read, fully understand and voluntarily agree to all of the above:

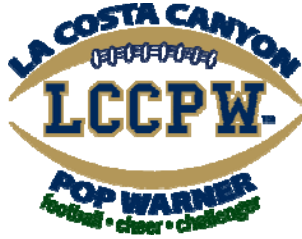
Signature of Parent/Guardian _____

Print Full Legal Name _____

Signature of Participant _____

Print Full Legal Name _____

Date _____



CASH OR CHECK PREFERRED

La Costa Canyon Pop Warner Registration Payment Record

Priority #: Do Not Complete

Participant Name: _____

Parent/Guardian Name: _____

Home Phone: _____ Mobile Phone: _____

Email Address: _____

Payment Amount:

<input type="checkbox"/> \$ 350 Tackle Football	<input type="checkbox"/> \$200 Cheer (uniform not included)
<input type="checkbox"/> \$ 150 Flag Football	<input type="checkbox"/> \$125 Flag Cheer (uniform not included) <input type="checkbox"/> \$ 75 Scholarship Fee

Payment Method:

<input type="checkbox"/> Check#:	Name on Check:
<input type="checkbox"/> Credit card	Name on Card:

Scholarship:	<input type="checkbox"/> Application Received	<input type="checkbox"/> Scholarship Documentation
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<input type="checkbox"/> Cash	Cash Receipt #:
Notes:	

Payment Summary:

Registration fee(s) \$ _____

Cheer uniform \$ _____

Sponsorship \$ _____

Helmet purchase \$ _____

Program Ad \$ _____

LCCPW merchandise \$ _____

Total payment \$ _____



CASH OR CHECK PREFERRED

La Costa Canyon Pop Warner Application to Participate

FOR RETURNING PLAYER ONLY

If not drafted for D1, player would like to:

Track with 2008 head coach if available in D2

Do not track with coach/go into pool (no preference)

Priority #: _____
Do Not Complete

Please check your activity: Football Cheer Squad

School _____ Sibling in LCCPW? _____

Please check your division:

	<input type="checkbox"/> Flag	<input type="checkbox"/> Jr. Mitey Mite	<input type="checkbox"/> Mitey Mite	<input type="checkbox"/> Jr. PeeWee	<input type="checkbox"/> PeeWee	<input type="checkbox"/> Jr. Midget	<input type="checkbox"/> Midget
Ages: As of July 31	6-7	7-8	7-8-9	8-9-10 *11	9-10-11 *12	10-11-12 *13	11-12-13-14 *15
Weight Range:		45-75 lbs	45-90 lbs.	60-105 lbs. *60-85 lbs.	75-120 lbs. *75-100 lbs.	85-135 lbs. *85-115 lbs.	105-160 lbs. *105-140 lbs.

**Older/Lighter Age and Weight Ranges*

Returning Participant?: Yes / No Team/Squad Last Season: _____

Participant Name: _____

Date of Birth: _____	Age on July 31, 2009 _____	Weight: Do Not Complete
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Father name: _____

Mother name: _____

Father Home Phone: _____ Father Mobile Phone: _____

Mother Home Phone: _____ Mother Mobile Phone: _____

Player Primary Home Address: _____

Father Email Address: _____

Mother Email Address: _____

Emergency Contact Name: _____ Phone: _____

By signing this application, you consent to abide by all the rules, guidelines, policies, and directives established by your team/squad, La Costa Canyon Pop Warner, and Palomar Conference.

Parent/Guardian Signature _____ Date _____



La Costa Canyon Pop Warner Parent/Guardian Agreement

Participant Name: _____

Parent/Guardian Name: _____

As the parent or legal guardian of the above named participant I hereby consent to abide, and ensure that the participant will abide, by all the rules, guidelines, policies, and directives established by the participant's team/squad, La Costa Canyon Pop Warner (LCCPW), and Palomar Conference (PAL). I will, to the best of my ability, attempt to ensure that members of my family, my friends, and my relatives who may be directly or indirectly participating in activities will also abide by all the rules, guidelines, policies, and directives established by the participant's team/squad, LCCW, and PAL.

I understand that I may be asked to leave the premises of a team/squad, LCCPW, or PAL activity if in the judgment of a team/squad staff member or LCCPW board member my behavior is deemed to be: inconsistent with the goals and philosophies of the team/squad, LCCPW, or PAL, is not in the best interest of the participants, team/squad staff, game officials, competition judges, or spectators who may be directly or indirectly participating in a team/squad, LCCPW, or PAL activity, or my behavior is abusive, degrading, or may cause harm or injury to people around me.

Further, I agree to the following LCCPW Code of Conduct:

1. I will not criticize, belittle, or question the ability or authority of any team/squad staff member, LCCPW, or PAL.
2. I will in no way criticize, demean, belittle, mock, taunt, or attempt to communicate with any game official or competition judge before, during, or after a game or competition except to offer genuine praise and thanks for performance as would be expected in, and recognized as, a showing or example of good sportsmanship.
3. I will control my emotions at games, competitions, and events. I will not yell at or criticize participants, team/squad staff members, spectators, games officials, or competition judges.
4. I will not use foul language while on the premises of team/squad, LCCPW, or PAL events or activities.
5. If minor participants are present, I will not smoke or use tobacco products or partake of alcoholic beverages while on the premises of a team/squad, LCCPW, or PAL event or activity.
6. Coach/Parent Relationship:
 - a. I will not put pressure on a coach to:
 - i. Play the participant at a certain position.
 - ii. Play the participant more than is required by the "Mandatory Play Rule."
 - iii. Alter their coaching style, technique, or philosophy.
 - iv. Question a game official's or competition judge's judgment or overall officiating ability.
 - b. I will:
 - i. Support the decision of the participant's coach to play the participant at any position the coach sees fit.
 - ii. Ensure that the participant is on time for all games, practices, and team activities.
 - iii. Attempt to control any negative behavior of the participant as pointed out by their coach or team/squad, LCCPW, or PAL official.
 - iv. Encourage the participant to play any position their coach recommends they play.
7. All grievances, problems, and questions will be discussed with a team/squad, LCCPW, or PAL official outside the presence of minor participants or preferably accomplished off the premises in a personal meeting or telephone conversation.
8. I will respect a team/squad, LCCPW, or PAL official's right NOT to communicate with me "on the spur of the moment" about issues that may be potentially controversial, or, under the circumstance, not in the immediate best interests of the minor participants.
9. Whenever possible, I will volunteer my time and talents to support the team/squad, LCCPW, or PAL activities.
10. I understand that all team/squad, LCCPW, or PAL games, competitions, practices, and activities function under a "Recreational Philosophy", stressing sport as a FUN, HEALTHY activity to be participated in for enjoyment.
11. I will support the method and result of team formation within LCCPW and PAL and understand that the decision of the participant's placement on a team by LCCPW or PAL is final.

Parent/Guardian Signature

Date

La Costa Canyon Pop Warner Zero Tolerance Policy

Participant Name: _____

Parent/Guardian Name: _____

La Costa Canyon Pop Warner (LCCPW) has a Zero Tolerance Policy regarding violations of the LCCPW Code of Conduct by spectators at LCCPW games, competitions, and practices and those in attendance at team/squad and LCCPW events and activities.

The LCCPW Code of Conduct is specified in the LCCPW Parent/Guardian Agreement. All families in the LCCPW program must read, understand, and agree to the terms in the LCCPW Parent/Guardian Agreement as a condition of participation.

The Zero Tolerance Policy:

- An individual that violates the LCCPW Code of Conduct will be notified by a LCCPW team/squad staff member or board member that they must immediately leave the premises of the game, competition, practice, event, or activity due to their violation of the LCCPW Code of Conduct.
- Subsequently, the individual will be notified by the LCCPW board of directors that they are not permitted to attend LCCPW games, competitions, practices, events, and activities for the remainder of the season.
- Failure to leave the premises of, or subsequently attending, a LCCPW game, competition, practice, event, or activity will result in the removal of that individual from the premises by the San Diego Sheriff Department or local law enforcement agency.
- Further, LCCPW board members have the authority to stop a football game and declare a win for the other team if a LCCPW spectator causes a disruption on the playing field. Spectators, including those filming, are not allowed within the team area, coaching box, and the limit line. Only individuals with Palomar Conference badges, the chain gang, checkers, and spotters are allowed within the team area, coaching box, and limit line.

I HAVE READ, UNDERSTAND, AND AGREE WITH THE TERMS OF THE LCCPW ZERO TOLERANCE POLICY:

Parent/Guardian Signature

Date



La Costa Canyon Pop Warner Dispute Resolution Policy

Participant Name: _____

Parent/Guardian Name: _____

Disputes may arise in the way a member parent, child, or coach has been treated in the administration of the league or in the context of a team. It is strongly encouraged that all parties work together to informally work out their disputes and resolve them before the dispute has an impact on a child, a team, or the Board. In the case a dispute cannot be worked out informally, the following steps must be followed in order for the Board to address and resolve the dispute.

- A. The President shall preside over all disputes unless he delegates this duty to the Vice President or another Board member. All formal complaints will be heard in front of a Dispute Committee that shall consist of at least five Board members including the President and the Vice President and three other members appointed by the President. All decisions made by the dispute committee must be by majority vote.
- B. A written complaint must be provided to the President of the LCCPW Board of Directors either via US Mail or e-mail. In order to be considered, the complaint must identify, the person(s) making the complaint, the nature of the dispute, and a request for the relief the complainant is seeking. If the complaint does not provide ALL of these elements, it will not be heard.
- C. A copy of the written complaint will be provided to the person(s) being complained about and that person or persons shall be provided 14 days to respond to the complaint against him/her in writing to the Board.
- D. Once the Board receives a complaint and an answer, it may at its discretion call a hearing. If a hearing is called, the Board will notify the parties of a date and time that is within 20 days of the date the written answer to the complaint was received. If, in the judgment of the Dispute Committee, a hearing is not required, the Committee may make a decision on the complaint based on the writings filed by the parties. If a hearing is called, each party will be given 10 minutes to present their case to the Dispute Committee. The Dispute Committee then has the right to ask as many questions as it deems necessary to help it understand the issues.
- E. The Dispute Committee is required to render its decision within 10 days of a hearing or within 20 days of receipt of the answer to a complaint when a hearing is not required.
- F. The Dispute Committee will make all of its decision based on the welfare and stated goals of Pop Warner Football and Cheer.
- G. Copies of all complaints will be contained in the minutes of the meetings for LCCPW.

IN CONSIDERATION OF THE PAYMENT FOR OUR CHILD TO PARTICIPATE IN LCCPW, WE AGREE TO AVAIL OURSELVES TO THE DISPUTE RESOLUTION POLICY PROVIDED FOR IN THE REGISTRATION PACKET AND AGREE TO ABIDE BY THE DECISION MADE BY THE LCCPW HEARING BOARD AS THE EXCLUSIVE REMEDY. WE WAIVE OUR RIGHTS TO PURSUE ANY DISPUTE WITH LCCPW AND ITS VOLUNTEERS OUTSIDE OF THE DISPUTE RESOLUTION PROCESS.

Parent/Guardian Signature

Date



**La Costa Canyon Pop Warner
Helmet Warning**

Participant Name: _____

Parent/Guardian Name: _____

Do not strike an opponent with any part of this helmet or facemask. This is a violation of football rules and such use can result in severe brain or neck injury to your opponent.

Severe brain or neck injury may also occur accidentally while playing football.

NO HELMET CAN PREVENT ALL SUCH INJURIES.

YOU USE THIS HELMET AT YOUR OWN RISK.

I HAVE READ AND COMPLETELY UNDERSTAND THE HELMET WARNING:

Participant Signature

Date

Parent/Guardian Signature

Date



**La Costa Canyon Pop Warner
Permission to Use Pictures**

Participant Name: _____

Parent/Guardian Name: _____

I hereby give La Costa Canyon Pop Warner (LCCPW) permission to publish, copyright, and use pictures in which the above named participant may be included in whole, or in part, for purposes which would be considered reasonable for an association of its type. Pictures may be retouched in character or form.

Purposes which would be considered reasonable include, but are not limited to, publishing game, competition, and team pictures on the LCCPW web site, LCCPW marketing materials, team maintained web site, professional sports photographer web site, and newspapers.

Parent/Guardian Signature

Date



La Costa Canyon Pop Warner Season Volunteer and Sponsorship Interest

Participant Name: _____

Parent/Guardian Name: _____

Best Way To Reach Me: _____

The La Costa Canyon Pop Warner (LCCPW) program is operated by volunteers who accept positions for an entire season. These volunteers handle responsibilities such as coaching, team organization, game administration, fundraising, and flag football officiating. If someone in your family may be interested in a season volunteer role, please let us know.

Please check your areas of interest:

- | | |
|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Head Football Coach:
<i>overall responsibility for team</i> | <input type="checkbox"/> Cheer Squad Coach:
<i>overall responsibility for squad</i> |
| <input type="checkbox"/> Assistant Football Coach:
<i>assists head coach</i> | <input type="checkbox"/> Team Parent:
<i>team communications, organization</i> |
| <input type="checkbox"/> Team Business Manager:
<i>roster, game recordkeeping</i> | <input type="checkbox"/> Fundraising:
<i>sponsorships, event planning</i> |
| <input type="checkbox"/> Other: <i>help any way you like</i>
_____ | <input type="checkbox"/> Flag Football Referee:
<i>officiating for 5-6-7 year olds</i> |

Please check the division you would like to volunteer in:

	<input type="checkbox"/> Flag	<input type="checkbox"/> Jr. Mitey Mite	<input type="checkbox"/> Mitey Mite	<input type="checkbox"/> Jr. PeeWee	<input type="checkbox"/> PeeWee	<input type="checkbox"/> Jr. Midget	<input type="checkbox"/> Midget
Ages: <i>As of July 31</i>	6-7	7-8	7-8-9	8-9-10 *11	9-10-11 *12	10-11-12 *13	11-12-13-14 *15
Weight Range:		45-75 lbs	45-90 lbs.	60-105 lbs. *60-85 lbs.	75-120 lbs. *75-100 lbs.	85-135 lbs. *85-115 lbs.	105-160 lbs. *105-140 lbs.

**Older/Lighter Age and Weight Ranges*

LCCPW is very grateful for the financial support we've received from our community in the past. If your family, business, or employer may be interested in sponsorship opportunities this season, please let us know.

Please check if you would like to be contacted regarding LCCPW sponsorship opportunities:

- Yes, I'm interested in sponsoring LCCPW!