

Pop Warner Little Scholars, Inc. 2016 PARTICIPANT CONTRACT AND PARENTAL CONSENT FORM



Special Note: This form must be dated after January 1, 2016 and is APPLICABLE ONLY FOR THE 2016 SEASON.

This form must be submitted to your LOCAL 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.

Last	First Middle		Also known	Also known as	
Address					
City	StateZip_				
Phone No:	Birth date		Gender:Male	Female	
Sport:FootballChe	erDance	Mother's Month and	Day of Birth		
School:		Grade Level:			
Grade Point Average:	Alternative Fo	rm Participant:			
(must meet Scholastic Fitness Requirem	ent of 2.0/70% or else fill	out the Scholastic Eligi	pility Form or Home School I	Eligibility Form).	
Mailing Address if different from above	:				
Name of Parent/Guardian		Relationsl	nip to Athlete:		
Address (if different from above)					
City	State	Zip			
Telephone No:	Email A	Address:			
Emergency Contact Information (if the					
Name	R	Relationship to Athlete_			
Home Telephone No:		Cell or work No.:			
Pop Warner Official Use Only:					
Registration Number:	Witnesse	ed By:			
Participant Fees					
Amount Paid \$					
Type of Transaction:Cash	Check	Credit CardC	other (please explain)		
Proof of Age verified? Yes No					
Birth Certificate Other (ple	ase explain)				
Division of Play (circle one): Flag /	Tiny Mite / Mitey Mite	/ Jr. Pee Wee / Pee	e Wee / Jr. Varsity / Var	sity / Unlimited	
Weight at Time of Registration (Footba	l Only):				
Proof of Scholastic Fitness verified?	Yes No				
3/29/2016 PWLS, INC.					