



P.B.G.Y.A.A. Tackle Football

PAPERWORK CHECKLIST

All unchecked items need to be submitted by June 27, 2008

- _____ Birth Certificate (COPY)
- _____ Final report card (4 COPIES all Semesters)
- _____ Picture (Wallet - 2X2)
- _____ Medical History (on POP WARNER FORM)
- _____ Insurance card (COPY)
- _____ PBGYAA registration w/parent signature (2 pages)
- _____ \$100 for Gator Cards
- _____ Parent signature on Pop Warner card (BACK)
- _____ Signed Consent Form Pop Warner (participant & adult)
- _____ Signed PGGYAA Volunteer Form

Player's Name _____

Parent Signature _____

P.B.G.Y.A.A. REGISTRATION

Players Name: _____ Date: ____/____/____
 Address: _____ Birthdate: ____/____/____
 City: _____ Zip: _____ Phone (____)-____-_____

Parent's Name: _____
 Address (if different): _____
 Home Phone: (____)-____-_____ Work Phone: (____)-____-_____

I volunteer for: Manager Coach Team Mother Sponsor Other Weigh-Master

ACTIVITY REGISTERING FOR:

CIRCLE SIZES

<input type="checkbox"/> Hockey	Last Year's Team:	SHIRT	YS	YM	YL	AS	AM	AL	AXL
<input type="checkbox"/> Baseball	League:	SOCKS	YS	YM	YL	AS	AM	AL	AXL
<input type="checkbox"/> Softball	Position	SHORTS	YS	YM	YL	AS	AM	AL	AXL
<input type="checkbox"/> Lacrosse	Position	PANTS	YS	YM	YL	AS	AM	AL	AXL
<input type="checkbox"/> Basketball	Left/Right Handed:								
<input type="checkbox"/> Other _____									

***** PLEASE READ CAREFULLY *****

Palm Beach Gardens Youth Athletic Association is a non-profit organization with volunteer officers and coaches. All members must read and abide by the rules and guidelines for each activity. They must respect, maintain and return all equipment issued by the PBGYAA to their children. Violation will preclude future registration. Keep in mind that our intent is the development of good character, citizenship and sportsmanship through sports. Your child's health and safety is of the utmost importance. We strongly recommend that each registrant have medical approval. No parent shall register any child whose physical capabilities or general health precludes participation in or may be impaired by, involvement in a program conducted by the PBGYAA.

MEDICAL CARE: I, the parent or guardian of the above name participant, agree to the above PBGYAA rules and further do hereby give approval to his/her participation in any and all of the PBGYAA programs. I do hereby grant permission to PBGYAA to obtain medical care for the player named herein at such times as I cannot be contacted. This authorization shall include all league activities, including the period required to travel to and from those activities and to do hereby waive, release, absolve, indemnify and hold harmless PBGYAA., the organizers, supervisors, participants and persons transporting the player to and from those activities for any claim arising out of an injury to the player.

I have received and read the "PBGYAA Code of Conduct and disciplinary Guidelines" and agree to abide by its requirements.

Photo Release: I hereby give permission for the PBGYAA, it's divisions or designees to use my child's photograph, video image, writing, voice recording, name, division level, league name, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, awards received, in program booklets, league productions, web sites, etc. and/or similar PBGYAA-or Divisional-sponsored publications or in PBGYAA or Divisional-approved news media interviews and photographs. The PBGYAA, its divisions or designees shall have the right to sell, duplicate, reproduce or make other use of such rights transferred as PBGYAA, its divisions or designees so desire. This agreement is given with free knowledge of the rights transferred to the PBGYAA, its divisions or designees. This agreement is made without restrictions or time limits.

Refund Policy: PBGYAA, Non-Resident and Blue Sombrero Fees are non-refundable after registration. Each sport division within the PBGYAA has their own refund policy concerning the participant fees.

Signed: _____ Date: ____/____/____

Relationship: _____ Witness: _____

EMERGENCY NOTIFICATION:

NAME: _____ Phone#: (____)-_____

YAA Fee: _____
 Donation: _____
 Reg. Fee: _____
 Sponsor: _____
 NON-Res: _____
 Amt Pd.: _____
 Check Cash
 Check # _____

Father's Name: _____
 Employer: _____
 Home # (____)-____-_____
 Work # (____)-____-_____
 Mother's Name: _____
 Employer: _____
 Home # (____)-____-_____
 Work # (____)-____-_____
Mother's Birthday (MM/DD): ____/____

Last Name:		First Name:		M.I.:	
Member ID:				Prevent Reg?:	
Birth Date:		Play Age:		Gender:	
Grad Year:		BC Verified By State:		Players Weight at Registration:	
US Born:		Birth Country:	_____	1st Year In US:	_____
Medical Condition:		Emergency Contact:		Emergency Contact Phone:	() -
		Doctor:		Doctor Phone:	() -
Updated:		Updated By:		Created:	02/19/08

FAMILY INFORMATION

Primary Guardian: Father

Last:		First:		Birthday (MMDD)	___/___
Address:		Address 2:			
City:		State:	FL	Zip:	
Home Phone:	() -	Mobile Phone:	() -	Fax:	() -
Bus. Phone:	() -	Email:		Pager:	() -
Company:		Occupation:			

Other Guardian: Mother

Last:		First:		Birthday (MMDD)	___/___
Address:		Address 2:			
City:		State:	FL	Zip:	
Home Phone:	() -	Mobile Phone:	() -	Fax:	() -
Bus. Phone:	() -	Email:		Pager:	() -
Company:		Occupation:			

REGISTRATION HISTORY

Fall 2008

Billable

Club: City of Palm Beach Gardens

Reg Status: Active

Reg Type: Primary

Division: Division II

Age Group:

Reg Dt: 2/19/2008 (Manual)

Team:

Req Prior Team:



Pop Warner Little Scholars, Inc.



2008 PHYSICAL FITNESS & MEDICAL HISTORY FORM

Note: This form must be dated after January 1, 2008 and then submitted to your LOCAL Pop Warner organization. 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 the 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 on Policy _____

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 the participant currently under the care of a medical practitioner? Yes No
4. Is the participant currently taking any medications? Yes No
5. Does the participant have any allergies (penicillin, bee stings, etc)? Yes No
6. Does the participant have asthma/require the use of an inhaler? Yes No
7. Is the participant diabetic/require medication for diabetes? Yes No
8. Does the participant currently require medication
9. Does/has the participant have/had seizures? Yes No
10. Does the participant wear glasses or contact lenses? Yes No
11. Does the participant wear a brace or other medical support device? Yes No
12. 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:

I hereby certify that this information is accurate to the best of my knowledge. 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. Furthermore, I hereby 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 is my responsibility to obtain written permission from my child's physician on official medical stationary in order to seek permission for my child to resume participation after any and all such injury, illness or accident.

Signed _____

Print Name _____

Relationship to Participant _____

Dated _____



Pop Warner Little Scholars, Inc.



Section II: THIS SECTION IS TO BE COMPLETED ONLY BY A STATE LICENSED MEDICAL PROFESSIONAL

Participant's Name: _____
(Please check the following if healthy or note otherwise):

Height	Weight	Eyes
Ears	Mouth	Nose & Throat
Respiratory	Cardiovascular	Neurological
Muskoskeletal	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 involved in participating in Pop Warner football, cheer or dance programs. I hereby swear and attest that this individual is physically fit and I have found no medical reason which would prevent this individual from safely participating in Pop Warner activities for the 2008 season. I am therefore clearing this individual for athletic participation without limitation.

Please place medical professional stamp here or fill out the following:

Signed _____ Date: _____

Print Name _____

Please indicate medical profession (M.D., D.O. R.N., etc.) _____

Address _____ City _____ State _____

Telephone _____

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 the modified/substituted form.



Pop Warner Little Scholars, Inc
2008 PARTICIPANT CONTRACT AND PARENTAL CONSENT FORM



Special Note: This form must be dated after January 1, 2008 and is applicable only for the 2008 season. This form must be submitted to your LOCAL Pop Warner organization prior to the athlete participating in Pop Warner. Every Pop Warner Association needs 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 Alternative Scholastic Form).

Mailing Address if different from above:

City _____ State _____ Zip _____

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:

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

2008 Parental/Guardian Permission and Waiver:

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.

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 [PLEASE CIRCLE EITHER (a) OR (b)] (a) my child is scholastically fit, or (b) that I have completed the scholastic 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. 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.

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 _____