

**Eastern Region Team books for the post season  
shall be setup in the following matter for the  
2011 season:**

1<sup>st</sup> Page: Will be the team roster.

2<sup>nd</sup> Page: Will be the Head Coach ID Form

3<sup>rd</sup> Page: Head Coach's certificate of Education Clinic dated within the last three years.

*Football Books shall be in number order with Older/Lighter's first.*

*Cheerleading Books shall be in Alphabetical order.*

No participant shall be eligible without this proof and if proof cannot be provided said participant will be removed from the roster for the remainder of the season. Teams shall always carry this information with them to all events. Failure to provide any of the above info shall result in said player to be deemed ineligible for the scheduled game.

This way everything is seen without having to pull and replace all the contents.

Each participant is to have four (4) plastic sleeves for after the above info. Samples of each sleeve follows:


## Sleeve #1: (Front) The Official ID form (or the facsimile of the same)

ID FORM.pdf - Adobe Acrobat

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YEAR \_\_\_\_\_

**POP WARNER LITTLE SCHOLARS, INC**

**OFFICIAL ID CARD**



**PARTICIPANT INFORMATION**

☐ CHEER ☐ DANCE ☐ FOOTBALL ☐ FLAG

**DIVISION OF PLAY (check one)** ☐ TM ☐ MM ☐ JPW ☐ PW ☐ JM  
☐ M ☐ JB ☐ B ☐ UNLIMITED ☐ CHALLENGER

☐ Coach Trainee ☐ Mascot  
☐ Student Demonstrator ☐ Water Boy

Weight at 1<sup>st</sup> Practice \_\_\_\_\_

Last Name, First Name Middle Initial \_\_\_\_\_

Address (City, State, Zip Code) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Emergency Phone \_\_\_\_\_

Association / League \_\_\_\_\_ Home Jersey Number & Color \_\_\_\_\_ Away Jersey Number & Color \_\_\_\_\_

ATTACH PHOTO HERE

PHOTO MAY BE NO MORE THAN TWO YEARS OLD

PHOTO MUST HAVE OVERLAPPING OFFICIAL SEAL

**LEAGUE CERTIFICATION OFFICIAL**

League Signature \_\_\_\_\_ Association Release \_\_\_\_\_

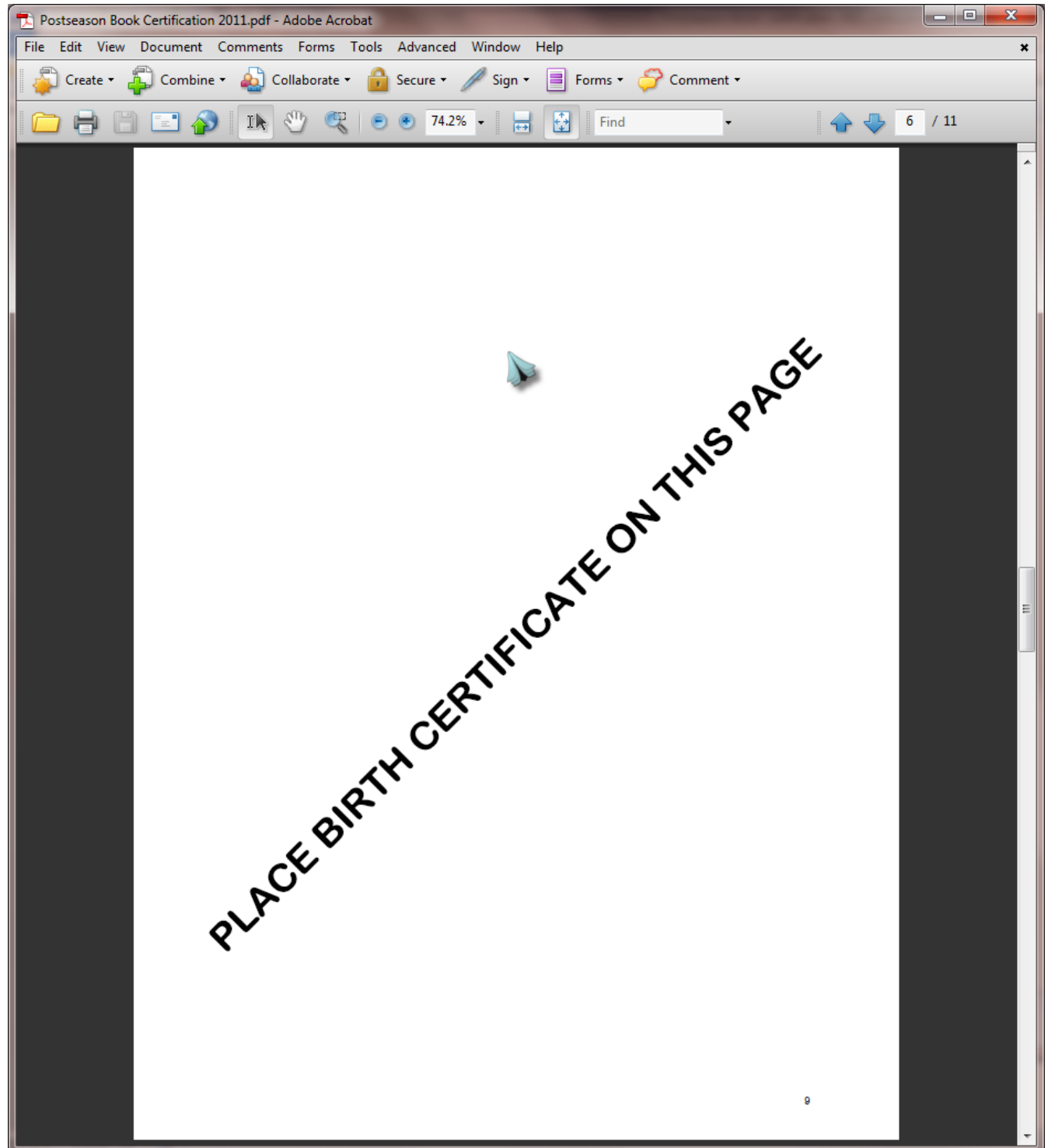
DATE OF BIRTH	AGE AS OF 07/31	OIL	MEDICAL	CERTIFIED WEIGHT & DATE	CHEER CERTIFIED INSERT DATE	SCHOLASTICS	RECLASSIFIED DATE

TO THE BEST OF MY KNOWLEDGE AND BELIEF, I CERTIFY THAT THE INFORMATION ABOVE IS TRUE.

SIGNATURE AND DATE OF CERTIFYING OFFICIAL: \_\_\_\_\_

REGULAR SEASON	GAME DATE	WEIGH MASTER'S CERTIFICATION	(P) PASS (F) FAIL (D) DNW	POST SEASON	GAME DATE	WEIGH MASTER'S CERTIFICATION	(P) PASS (F) FAIL (D) DNW
FOOTBALL OR CHEER JAMBOREE			P F D	9 <sup>TH</sup> GAME CHEER INV. PLAY OFFS 1 <sup>ST</sup> ROUND			P F D
1 <sup>ST</sup> GAME			P F D	10 <sup>TH</sup> GAME PLAY OFFS 2 <sup>ND</sup> ROUND			P F D
2 <sup>ND</sup> GAME			P F D	PLAY OFFS 3 <sup>RD</sup> ROUND			P F D
3 <sup>RD</sup> GAME			P F D	LEAGUE FB CHAMPIONSHIP			P F D
4 <sup>TH</sup> GAME			P F D	LEAGUE SPIRIT CHAMPIONSHIP			P F D
			P				P

**Sleeve #1: (Back) Original Birth Certificate, Region Stamped Birth Certificate or acceptable alternate.**





## Sleeve #2: (Front): The 2011 Physical Fitness & Medical History form Section I.

Postseason Book Certification 2011.pdf - Adobe Acrobat

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**Pop Warner Little Scholars, Inc.**  
**2011 PHYSICAL FITNESS & MEDICAL HISTORY FORM**


**Special Note:** This form must be dated after January 1, 2011 and then submitted to your LOCAL Pop Warner organization.

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 II must be completed in its entirety ONLY by a Licensed State Examiner (medical doctor, nurse practitioner, etc.)

**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: \_\_\_\_\_

Sport (check one): Cheer \_\_\_\_\_ Dance \_\_\_\_\_ Tackle \_\_\_\_\_ Flag \_\_\_\_\_

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**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?	Yes	No
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 it's my responsibility to obtain written permission from my child's physician on official medical stationery in order to seek permission 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 \_\_\_\_\_

3/1/2011


## Sleeve #2: (Back): The 2011 Physical Fitness & Medical History form Section II.

Postseason Book Certification 2011.pdf - Adobe Acrobat

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Pop Warner Little Scholars, Inc.

2011 PHYSICAL FITNESS & MEDICAL HISTORY FORM



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

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 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 2011 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.) \_\_\_\_\_

Complete this section or the medical professional's stamp may be placed below.

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Telephone \_\_\_\_\_ /Fax Number: \_\_\_\_\_

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.

3/1/2011


### Sleeve #3: (Front) 2011 Participant and Parental Consent Form.

Postseason Book Certification 2011.pdf - Adobe Acrobat

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Pop Warner Little Scholars, Inc.

2011 PARTICIPANT CONTRACT AND PARENTAL CONSENT FORM



**Special Note:** This form must be dated after January 1, 2011 and is applicable only for the 2011 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 \_\_\_\_\_ Zip \_\_\_\_\_

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 \_\_\_\_\_ 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): 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 ☐

3/1/2011

### Sleeve #3: (Back) 2011 Parental/Guardian Permission and Waiver.

Postseason Book Certification 2011.pdf - Adobe Acrobat

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**2011 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 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 either 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 AND PROMOTIONAL CONSENT:** As a condition to my child's participation, 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. Furthermore, I hereby grant to Pop Warner the absolute right and permission to make, reproduce, broadcast or otherwise use participant's name and likeness, any photograph, films, videos, recordings, or other depictions or images in whatever form or media in connection with participation in Pop Warner throughout the universe in perpetuity and in any and all advertising and promotion materials, in any manner or media whatsoever for purposes of art, advertising, editorial, trade or promotion or any other purpose whatsoever. To the extent that any benefit accrues or may accrue to Pop Warner, I hereby and 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 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 and understand that any non-compliance with any and all rules and regulations may be cause for discipline and/or dismissal of the participant, myself, and/or any spectators or other persons affiliated with the undersigned and the above named 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 Little Scholars, Inc. 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 above-named participant to local Pop Warner officials and understand that valid proof of age, a current year's signed medical release, participant contract and parental consent, and scholastic fitness forms must be presented by date of certification in order to participate further in Pop Warner activities.

**11. DISPUTE RESOLUTION POLICY:** I hereby understand and acknowledge that all civil disputes between Pop Warner and any and all affiliated parties will be subject to binding arbitration in the locale of the Pop Warner Little Scholars, Inc. National Office in Langhorne, PA in accordance with Pennsylvania law under the guidelines and rules of the American Arbitration Association. I hereby agree that this binding arbitration shall be in lieu of any litigation by and between myself, Pop Warner and any and all affiliated parties. I also understand and agree that if I contest any decision or ruling of Pop Warner Little Scholars, Inc. 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 or invalid, the remainder shall remain in full force and effect.

**RULES & REGULATIONS** - 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 \_\_\_\_\_ 3/1/2011



Sleeve #4: Will have 1 of the following, 2010 report card

Report Card Sample - Windows Photo Viewer

File Print E-mail Burn Open

John Doe Grade 03

WOODSTOCK ELEMENTARY SCHOOL

Homeroom: Ponte


06-14-2005

GRADING SCALE

A = Outstanding  
B = Above Average  
C = Average  
D = Below Average  
F = Unsatisfactory

CODE FOR EFFORT

1 - Excellent  
2 - Satisfactory  
3 - Unsatisfactory



Attendance

	04-05-2005	Year To
	06-06-2005	06-06-2005
Absences	5.00	16.00
Tardies	1.00	3.00

	1st	2nd	3rd	4th
Reading 3				
• Comprehension	C	C	C+	C+
• Reading Strategies	C	C+	C+	C+
• Effort	B	B	B	B+
Penmanship 3				
• Precursive	C	C+	B	B
• Effort	B	B+	B+	B+
Social Studies 3				
• Social Studies	B	B	B	B
• Effort	B	B	B	B
• Applies Skills/Concepts Through Daily Classroom	B	B	B	B
• Completes Homework on Time	B	B+	B+	B+
• Follows Directions	A-	A-	A-	A-
• Completes Work	A-	A	A	A
• Cooperates w/ Peers	B+	B	B+	B+
Art 3				
• Art	2	2	1	1
Writing 3				
• Editing/Mechanics	C	C	C+	C+
• Writing Fluency	C-	C	C+	B-
• Effort	C+	B-	B-	B-
Mathematics 3				
• Math Tests	B	B	B+	B+
• Applies Skills/Concepts Through Daily Classroom	B-	C+	C+	C+
• Effort	B	B-	B	B+
Work Habits 3				
• Daily Routines Use	2	1	1	1
• Conduct	2	2	2	2
• Completes Homework on Time	A	A	A	A
• Finishes Class Work on Time	2	2	2	2
• Follows Directions	2	2	2	2
• Listens Attentively	2	2	2	2
• Shows Initiative	2	2	1	1
• Shows Pride in Work	2	2	2	1
• Takes Correction Well	2	1	2	2
• Works Well Independently	2	2	2	2
• Works Neatly	2	2	1	1
Music 3				
• Music	1	1	2	1
Spelling 3				
• Daily Usage	C	C	C+	C+
• Spelling Tests	B	C+	C+	B-
• Effort	C	C	B-	B-
Science 3				
• Science	B	B	B	B
• Effort	B	B	B	B
Social Development 3				
• Cooperates w/ Peers	2	2	2	2
• Is Dependable	2	2	2	2
• Polite and Considerate	2	1	1	1
• Respects School/Personal Property	2	1	2	1
• Exercises Self Control	2	2	2	2
PE 3				
• Gym	2	2	2	2

Narratives

1st: First Quarter Jeff is a good student who has made several gains this marking period. He is listening more attentively and also working neatly. His effort has improved in almost all areas. He will need to work hard to keep his math grades up.

2nd: Second Quarter Jeff's effort has improved this quarter in many areas. He is more willing to try before accepting help. Money and elapsed time were difficult math concepts for Jeff this quarter. He should continue to work on math facts each day at home, as this will help him with his fluency in addition, subtraction, and newly introduced multiplication facts. Reading daily at home will benefit Jeff in many areas.

3rd: Third Quarter Jeff continues to bring an air of excitement to our classroom. He is creative, social and very polite. Inconsistent effort and incomplete assignments have hindered Jeff's progress this quarter. We will continue to address these issues as well as writing fluency. Reinforcement of math concepts at home will build confidence with basic skills.

4th: Fourth Quarter Jeff has made gains in Writing Fluency and Reading Strategies this quarter. We will continue to focus on Writing Fluency and Reading Comprehension so that Jeff will continue to improve. Jeff should work on multiplication facts and reading at home. This will help immediately in the classroom. I am pleased with Jeff's increased participation in class discussions and lessons.





Or the 2011 Scholastic Eligibility form, or Region approved school form

2011 Scholastic Eligibility Form.pdf - Adobe Acrobat

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Pop Warner Little Scholars, Inc.  
586 Middletown Blvd. Suite C-100 • Langhorne • PA • 19047  
Phone: 215-752-2691 • Fax: 215-752-2879  
[www.popwarner.com](http://www.popwarner.com)

### Pop Warner Little Scholars, Inc. 2011 Scholastic Eligibility Form

This form is to be completed by those participants in the Pop Warner program that have not met the National Scholastic Requirement of 70 percent and/or 2.0 Grade Point Average (GPA) at the time of certification.  
***This form must be accompanied by a progressing progress report or report card to be eligible for play after the October 21, 2011 deadline. That report must be dated between Sep. 21, 2011 and Oct 21, 2011.***  
**If no progressing progress report or report card is given in this window then the player shall be found ineligible for the rest of the year.**

**Please print and fill out completely**

Name: \_\_\_\_\_ Football / Spirit (circle one)

Street: \_\_\_\_\_

Town / City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

League Name: \_\_\_\_\_

Team / Association: \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**As the above named participant has not met the Pop Warner Little Scholars (PWLS) scholastic requirement of a minimum GPA of 2.0/70% or higher, we the undersigned, agree to the terms shown above as a condition to being passed on the National roster.**

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Attach Original Progress Report – PWLS Use Only

September 21<sup>st</sup> through October 21<sup>st</sup>: \_\_\_\_\_ Satisfactory \_\_\_\_\_ Unsatisfactory \_\_\_\_\_ Head Coach Initials \_\_\_\_\_

By signing below, I certify that the participant above is eligible to participate for the remainder of the 2011 season.

League Representative/League Scholastic Cord. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Scholastic Eligibility Guidelines:**

1. The progress report must contain all classes taken except for Physical Education
2. For the progress report to be used for season eligibility, the participant must be progressing in at least 51% of their classes
3. The progress report must be an original, not a copy
4. The progress report must be on the Official School/Regional Progress Report Form. If the form is from the school, it must be on school letterhead or have a stamp certifying it came directly from the school.


## Or the 2011 Home School Form

2011 Home School Form.pdf - Adobe Acrobat


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**Pop Warner Little Scholars, Inc.**  
 586 Middletown Blvd, Suite C-100 • Langhorne • PA • 19047  
 Phone: 215-752-2691 • Fax: 215-752-2879  
[www.popwarner.com](http://www.popwarner.com)



### Pop Warner Little Scholars, Inc. 2011 Home School Form (HSF)

This form is to be completed by those participants in the Pop Warner program that are enrolled in home school.  
*This form must be accompanied by a progressing progress report or report card from an accredited governing body to be eligible for play after the October 21, 2011 deadline. That report must be dated between Sep. 21, 2011 and Oct 21, 2011.*  
If the progress report or report card isn't received within the dates noted above the player shall be found ineligible for the rest of the season.

**Please print and fill out completely**

Name: \_\_\_\_\_ Football / Spirit (circle one)

Street: \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ Grade for 2011-2012 (5<sup>th</sup>, 6<sup>th</sup> etc.): \_\_\_\_\_

League Name: \_\_\_\_\_

Team/Association: \_\_\_\_\_

**As the above named participant is enrolled in home school we, the undersigned, agree to the terms shown above as a condition to being passed on the National roster.**

Participants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Attach Original Progress Report - PWLS Use Only -**

September 21<sup>st</sup> through October 21<sup>st</sup>: Satisfactory \_\_\_\_\_ Unsatisfactory \_\_\_\_\_ Head Coach Initials \_\_\_\_\_

By signing below, I certify that \_\_\_\_\_ is eligible to participate for the remainder of the 2011 season.

League Representative/League Scholastic Cord. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guidelines  
 1. This form must be completed in full and all signatures must be obtained  
 2. One acceptable original progress report must be turned in during the time frame specified above and in participant's book prior to game day certification

**SCHOLASTICS:** If a child USED a 2011 Scholastic Eligibility Form for the 2011 season they must have a progress report or report card to be eligible for Regional Play. THAT REPORT MUST BE DATED BETWEEN SEPTEMBER 15TH 2011 AND OCTOBER 15TH 2011. IF NO PASSING PROGRESS REPORT OR REPORT CARD DATED BETWEEN THOSE DATES IS GIVEN BY THE FIRST WEIGH-IN OR COMPETITION FOR THAT TEAM. THAT PLAYER WILL BE INELIGIBLE FOR THE REST OF THE SEASON.

**INJURY PROCEDURES** If any participant is injured during the game or competition and then removed by Emergency personnel or any Licensed State Examiner; (i.e. Medical Doctor, Registered Physician Assistant, Registered Nurse Practitioner, etc.), said participant must have a medical release to return to participate with the team. In addition, if the absentee form has the participant listed as injured in a prior week the participant must also provide a medical release before being allowed to continue to play with the team.

#### **S1-PARENTAL CONSENT**

***The National Participant Contract and Parental Waiver form needs***

to be completed by either parent or the legal guardian, stating that the child has his or her permission to play, cheer or dance. .

#### **S2-MEDICAL EXAMINATION**

A signed statement from any Licensed State Examiner dated after ***January 1st of the current year;*** (i.e. Medical Doctor, Registered Physician Assistant, Registered Nurse Practitioner, etc.) that the candidate is physically fit and there are no observable conditions which would contra-indicate him playing football or her cheer/dance. Note: If regular school medical examination was performed after January 1 of the current year, and the results are releasable to parents, a copy of such a report may be used in lieu of a new examination. **SPECIAL NOTE:** A person with a loss of limb may participate provided that the individual has a signed statement of approval from an examining physician and that the use of the artificial limb is no more dangerous to players than the corresponding human limb, and does not place an opponent at a disadvantage.

### **S3-PROOF OF AGE**

***\*\*this is different than the Regular season requirement in the Rule Book.***

Each participant shall provide their original Birth Certificate and a certified copy of the same and it will be verified at the team's first book check for the post season. After the initial check the originals will be returned for the remainder of the post season.

Passports and Military ID cards are also acceptable. Certified wallet-size certificates issued by a state or commonwealth are acceptable. Any other alleged "proof of birth date," including photo copies of "originals," are to be accepted only upon the willingness of the team administration to have its schedule forfeited should fraudulent application later be determined.

### **S4-SCHOLASTIC FITNESS**

Proof of satisfactory progress in school is required. A 2.0/70% or the equivalent shall be the minimum grade point average acceptable to participate. In cases of doubt, conflict of opinion, or if a valid report card is not submitted, the nationally published scholastic eligibility form shall be used and deemed final.

NOTE: This rule as it relates to scholastic grades may not be made more stringent by any team, association, or league, as other rules may be. No local team/squad may be allowed to participate in Regional/National sponsored championships or bowl games if it has not met the nationally published scholastic requirements.