

# Pop Warner Little Scholars, Inc.

## 2013 PARTICIPANT CONTRACT AND PARENTAL CONSENT FORM



**Special Note:** This form must be dated after January 1, 2013 and is **APPLICABLE ONLY FOR THE 2013 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.

**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 Mother's Month and Day of Birth \_\_\_\_\_

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



# Payment Contract

## Registration Fee 2013 Season

Please understand that in preparing for your child's participation in the Brawley Pop Warner program, we commit to the purchasing of equipment, uniforms, insurance, etc., as well as the costs of maintaining these purchases. It is not our intent to cause any financial hardship to our members, however in order to control our costs and maintain the affordability of our program, limitations must exist. - 2013 BPW Board

1. **Promise to Pay.** The registration fee of \$200 flag / \$295 football / \$375 cheer (circle one).

I \_\_\_\_\_ (Parent) promises to pay **Brawley Pop Warner** the unpaid balance of \$\_\_\_\_\_ as specified below by **August 1<sup>st</sup>**.

2. **Installments.**

- Parent(s) will pay **weekly/monthly** (circle one) of \$ \_\_\_\_\_ each month.
- Parent(s) will pay one lump payment on \_\_\_\_\_ date.

**\*All payments must be complete (cleared) by August 1<sup>st</sup>, 2013.**

By signing below, I acknowledge the balance due, my installment schedule and the unpaid balance is due by August 1<sup>st</sup>. In the event that I cannot fulfill my promise or need to alter my payment contract, I will notify the **BPW Board** by letter immediately. I understand by not fulfilling my payment obligations may delay the playing status of my child in the program, including receiving his uniform.

Parents Name: (printed) \_\_\_\_\_

Child's Name: (printed) \_\_\_\_\_ Division: \_\_\_\_\_

Address: \_\_\_\_\_

Parent's signature: \_\_\_\_\_

Date: \_\_\_\_\_, \_\_\_\_\_, 2013  
(month) (day)

If you have any questions or concerns regarding this form, feel free to come speak with us  
Thank you for your support,

2013 Brawley Pop Warner Board



# Internet / Photo / Video Release Form

2013 Season

Our program has our own Facebook page *"Brawley Pop Warner"* and website, [www.brawleypopwarnerfootball.com](http://www.brawleypopwarnerfootball.com). We hope through these resources we will be able to keep all our participants and the community up to date with the latest information and game schedule regarding our program.

During the season we may receive videos and photos from parents and/or may take video and photos of our own of participants on game days and at Brawley Pop Warner events. We would like to use these videos and photos on both our Facebook page and website. For these reasons we are asking for your permission to use video and/or photographs of your child on our Facebook page, Website and any publications regarding Brawley Pop Warner.

- I do** hereby grant permission for Brawley Pop Warner to use any video or photographs of me and my child may appear in, on its website and in other publications associated with Brawley Pop Warner without further considerations.
- I do not** grant permission to Brawley Pop Warner to use any video or photographs of me and my child in any publication associated with the Brawley Pop Warner.

Parents Name: (printed) \_\_\_\_\_

Child's Name: (printed) \_\_\_\_\_ Division: \_\_\_\_\_

Parent's signature: \_\_\_\_\_

Date: \_\_\_\_\_, \_\_\_\_\_, 2013  
(month) (day)

If you have any questions or concerns regarding this form, feel free to come speak with us. Please feel free to email us your 2013 season photos to [bpwboard@gmail.com](mailto:bpwboard@gmail.com).

Thank you for your support,

Brawley Pop Warner Board 2013



# FUNDRAISING COMMITMENT FORM

Registration Fee Reduction Plan  
2013 Season

Welcome!

Thank you for joining **Brawley Pop Warner**. We are confident that you and your child will enjoy a great rewarding experience this year. To assist families with the registration fee, you have the option to sell **100 (\$2)** raffle tickets in order to reduce your registration fee by **\$100**. The raffle tickets and money are due by **June 29<sup>th</sup>**; the raffle will take place on **July 12<sup>th</sup>** at Hinojosa Park. The money can be turned in at any one of the registration dates, by contacting a board member, or on June 29<sup>th</sup> at Wiest field office from 10-12 PM. *\*Please note it is the parents' responsibility to turn in their money into a board member, please plan accordingly.*

By filling out your information and signing below, you commit to your obligation to sell all 100 tickets prior to receiving a \$100 credit. In any event that you are not successful in selling ALL the tickets, you will be obligated to pay your full registration fee by **August 1<sup>st</sup>** and return the ticket booklet to the board.

If you have any questions or concerns regarding this form, feel free to contact us.

*I hereby commit to selling 100 (\$2) raffle tickets by June 29<sup>th</sup> prior to receiving a \$100 credit towards my child's registration fee. I understand that I must sell ALL 100 tickets in order to receive credit.*

Child's Name: \_\_\_\_\_ Division: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (Zip Code)

Telephone Number: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ cell phone

Parent Name (Printed): \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_, 2013

TICKET NO'S: \_\_\_\_\_ Parent Initials: \_\_\_\_\_

**\*All unsold tickets must be returned back to BPW.**

Thank you for your support!



## **AGREEMENT TO CARE FOR AND RETURN FOOTBALL EQUIPMENT**

2013 Season

I acknowledge that while my child is participating in **Brawley Pop Warner (BPW)**, I am expected to take proper care of the equipment issued to us. I understand that upon leaving the program or at the end of the season, I am expected to return all property of **Brawley Pop Warner** in proper working order. This agreement includes, but is not limited to, the following: football helmet, shoulder pads, and the pads for the pants.

I understand that failure to return the equipment by December 30<sup>th</sup> to a **BPW Board Member** OR I will lose my **\$50 deposit**. I also understand that if I choose not to return the equipment at all by the next season, I will be responsible for the cost of new equipment before being allowed to participate again.

If you have any questions or concerns regarding this form, feel free to come speak with us.

Child's Name: \_\_\_\_\_ Division: \_\_\_\_\_

Parent Name (Printed): \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Address: \_\_\_\_\_

**2<sup>nd</sup> Address:** \_\_\_\_\_

Phone Number: (760) \_\_\_\_\_ **2<sup>nd</sup> Phone Number:** (760) \_\_\_\_\_

Date: \_\_\_\_\_, 2013

Thank you for your support,

Brawley Pop Warner Board 2013



**REPORT CARD RELEASE FORM (BESD Students ONLY)**

2013 Season

In the event that you are unable to furnish a current copy of your child’s report card. We ask that you please fill out this form and give Brawley Pop Warner permission to receive a copy on your behalf. Please fill out the necessary information below. Upon acceptance your child’s school will forward us a copy of their report card for the 2012-2013 school year. Report cards are used to determine participation eligibility and are used to determine appropriate recognition by the National Pop Warner All-American Scholars Program. Certain GPA’s may qualify for academic scholarships. Thank you for your support!

If you have any questions or concerns regarding this form, feel free to contact us.

Child’s Name: \_\_\_\_\_ Division: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (Zip Code)

Telephone Number: ( ) \_\_\_\_\_ Child’s Grade: \_\_\_\_\_

School Releasing Records: \_\_\_\_\_

Teacher’s Name: \_\_\_\_\_

*I hereby give permission for my child’s report card to be sent to Brawley Pop Warner, P.O. BOX. 564, Brawley, CA 92227.*

Parent Name (Printed): \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_, 2013 Cell Phone Number: ( ) \_\_\_\_\_

**SCHOOL USE ONLY**

Principal:

Please send a copy of this child’s REPORT CARD by; \_\_\_\_\_, 2013 to;

Brawley Pop Warner  
P.O. Box 564  
Brawley, CA 92227

Thank you for your support,  
Brawley Pop Warner Board 2013



**FOOTBALL SIZING FORM**

2013 Season

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Cubs  Mitey Mites  JR Pee Wee  Pee Wee  JR Midgets  Midgets

Parents Name: \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

<b>JERSEY</b>	<b>PANTS</b>	<b>HELMET SIZE</b>	<b>SHOULDER PADS</b>	<b>OTHER/NOTES</b>
	<b>YXS</b>			
<b>YS</b>	<b>YS</b>	<b>XXS</b>	<b>XXS</b>	
<b>YM</b>	<b>YM</b>	<b>XS</b>	<b>XS</b>	
<b>YL</b>	<b>YL</b>	<b>S</b>	<b>S</b>	
<b>YXL</b>	<b>YXL</b>	<b>M</b>	<b>M</b>	
		<b>L</b>	<b>L</b>	
<b>AS</b>	<b>AS</b>	<b>XL</b>	<b>XL</b>	
<b>AM</b>	<b>AM</b>			
<b>AL</b>	<b>AL</b>			
<b>AXL</b>	<b>AXL</b>			
<b>AXXL</b>	<b>AXXL</b>			

I have reviewed the sizes selected for my child and understand that it is my responsibility to bring my child back before JUNE 1<sup>st</sup> if I feel my child may need a different size.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_, 2013

Thank you for your understanding and patience's.  
-2013 BPW Board

\_\_\_\_\_  
Board Member Signature





1st Annual



# FOOTBALL CAMP

SPEED AGILITY STRENGTH ATHLETIC FUNDAMENTALS SKILLS

*Hosted by Brawley Pop Warner*  
along with dedicated Coaches and Parents

# MAY 18<sup>TH</sup>

Boys & Girls, ages 5-15



# \$25

## 9 AM - 2 PM

## WARNE FIELD

Registration at 8:00 AM

Participants will receive lunch  
and a camp t-shirt

To register Email US: Name, Age, Address, Phone No, T-shirt size

Mail Fee: P.O. Box 564, Brawley, CA 92227

bpwboard@gmail.com

www.brawleypopwarnerfootball.com

(760) 679-7451

(760) 960-0951

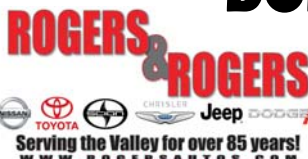


Caliber's

Katie Santillan



JORDAN / CENTRAL  
Implement Co.



**DONUT PLUS**



**Rosanna Bayon-Moore**

George A. Nava  
Real Estate Broker







**Pop Warner Little Scholars, Inc.**  
 586 Middletown Blvd. Suite C-100 ▪ Langhorne ▪ PA ▪ 1904  
 Phone: 215-752-2691 ▪ Fax: 215-752-2879  
[www.popwarner.com](http://www.popwarner.com)



## 2013 SEASON AGE/WEIGHT MATRIX

DIVISION & WEIGHT	AGES	INCLUSIVE BIRTH DATES
<b><u>FLAGS</u></b>	5, 6 & 7 year olds	8/1/05 - 7/31/08
<b><u>TINY-MITE</u></b> (35-75 lb. Regular) <b>No Older/Lighter</b>	5, 6 & 7 year olds	8/1/05 - 7/31/08
<b><u>MITEY-MITE</u></b> (45-90 lbs.) <b>No Older/Lighter</b>	7, 8, & 9 year olds	8/1/03 - 7/31/06
<b><u>JR. PEE WEE</u></b> (60-105 lbs.) (60-85 lb. Older/Lighter)	8, 9 & 10 year olds 11 year olds	8/1/02 - 7/31/05 8/1/01 - 7/31/02
<b><u>PEE WEE</u></b> (75-120 lbs.) (75-100 lb. Older/Lighter)	9, 10 & 11 year olds 12 year olds	8/1/01 - 7/31/04 8/1/00 - 7/31/01
<b><u>JR. MIDGET</u></b> (90-145 lbs.) (90-120 lb. Older/lighter)	10, 11 & 12 year olds 13 year olds	8/1/00 - 7/31/03 8/1/99 - 7/31/00
<b><u>MIDGET</u></b> (105-170 lbs.) (105-140 lb. Older/Lighter)	12, 13, & 14 year olds 15 year olds	8/1/98 - 7/31/01 8/1/97 - 7/31/98
<b><u>UNLIMITED</u></b> (105+ lbs.) <b>No Older/Lighter</b>	11,12,13 & 14 year olds	8/1/98 - 7/31/02

DATE OF BIRTH	POSSIBLE TEAM ASSIGNMENT <i>(depending upon weight)</i>
Between 8/1/05 and 7/31/08	Flag, Tiny-Mite
Between 8/1/05 and 7/31/06	Tiny-Mite, Mitey-Mite
Between 8/1/04 and 7/31/05	Mitey-Mite, Jr. Pee Wee
Between 8/1/03 and 7/31/04	Mitey-Mite, Jr. Pee Wee, Pee Wee
Between 8/1/02 and 7/31/03	Jr. Pee Wee, Pee Wee, Jr. Midget
Between 8/1/01 and 7/31/02	Jr. Pee Wee O/L, Pee Wee, Jr. Midget or Unlimited
Between 8/1/00 and 7/31/01	Pee Wee O/L, Jr. Midget, Midget or Unlimited
Between 8/1/99 and 7/31/00	Jr. Midget O/L, Midget or Unlimited
Between 8/1/98 and 7/31/99	Midget or Unlimited
Between 8/1/97 and 7/31/98	Midget O/L



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## **HELMET CARE**

2013 Season

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### **What to Use to Clean the Inside of a Football Helmet**

#### **Mild Detergent**

Dissolve a teaspoon or so of mild detergent in a large bowl of warm water. Dip a soft, lint-free cloth into it and wring the cloth out so that it is barely damp. Wipe down the inside of the football helmet, making sure to remove all visible stains as well as getting into any hidden spaces. Soak a clean cloth in clear, warm water and use this to wipe away all traces of the detergent. Let the inside of the helmet air dry.

#### **Hydrogen Peroxide**

Mix a teaspoon of hydrogen peroxide in a gallon of water and either spritz it throughout the inside of the helmet and wipe it dry with a clean cloth, or soak a cloth in the solution, wring it out and then wipe down the inside of the helmet. Let it air dry either way. Hydrogen peroxide is a known bacteria fighter, so this offers an extra level of cleanliness.

#### **Disinfectant Spray**

Hold a can of disinfectant spray at least 6 to 8 inches away from the inside of the football helmet and give it light but thorough spray. Do not soak the inside of the helmet, but do make sure that you cover it evenly and thoroughly. Let the helmet air dry so that the disinfectant spray can work to destroy mold and bacteria.

Thank you for your support,

Brawley Pop Warner Board 2013



**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)



March 25, 2013

Mr. Alberto Bustamante  
President  
Imperial Valley Pop Warner

VIA: Email  
RE: Travel across U.S./Mexican Border

Dear Alberto:

Since April 2009, Pop Warner has continued to monitor travel across the U.S./Mexican border and based on the U.S. State Department and Department of Homeland Security websites and Pop Warner will allow travel across the border for the 2013 season.

Pop Warner permitted games/travel last season between Mexicali & Baja California Mexico and to date no incidents have been reported to our office. It is required by Pop Warner Little Scholars Inc. that all Pop Warner Associations at the local, regional and national level honor and continue play against all associations affiliated with Pop Warner Little Scholars Inc.

The U.S. State Department advisory will be monitored closely by Pop Warner Regional/League Staffs for any major changes which are directly related to Mexicali & Baja California Mexico. In addition, National Pop Warner will monitor the situation closely and review this decision on an annual basis.

If you have any questions, please feel free to contact our office.  
Respectfully,

Sam Mutz  
National Football Commissioner

CC: Wescon Region Staff  
Southwest Region Staff



## 2013 Calendar of Events

1	Registration & Fittings & Coaches Applications Lion's Center Conference Room	April 13, April 20, May 4, May 11, June 1 <sup>st</sup>
2	Cesar Chavez Event at Cattle Call (drinks)	April 20 <sup>th</sup>
3	Taking Back Main St. at the Plaza	April 27 <sup>th</sup> 2 – 7 pm
4	League One & Scholastics Training	May 4 <sup>th</sup>
5	80's Dance – Hidalgo Hall \$15	May 24 <sup>th</sup>
6	Annual Banquet – Hidalgo Hall \$100	May 3 <sup>rd</sup>
7	BPW "kids" Dance \$3	March 22, June 7
8	Coaches Applications	Application deadline: May 1 <sup>st</sup> Board's deadline: June 1 <sup>st</sup>
9	BPW Football Camp at Warne Field \$25	May 18 <sup>th</sup>
10	Football & Cheer Uniform Roster Deadline	June 1 <sup>st</sup>
11	Parent Registration Raffle (\$2) Location: Hinojosa Park *Free hot dogs, chips, drinks	Friday, July 12 <sup>th</sup> at 6:00 p.m. <i>(TURN IN TICKETS JUNE 29<sup>th</sup> at Wiest Field Office from 10-12 PM)</i>
12	Coaches Clinic (3 days, hands-on & workshop) Location: Central High School	June 28, 29, and 30 <sup>th</sup> (Mandatory, 3 coaches)
13	BPW Coaches Meeting	July 29 <sup>th</sup> August 12 <sup>th</sup> (w/Team moms) August 26 <sup>th</sup>
14	First Day of Practice at 6:30 PM	August 1 <sup>st</sup>
15	Parent Orientation at Lion's Center	August 2 <sup>nd</sup>
16	FREE Snow Cone Day	August 9 <sup>th</sup>
17	Certification (Mandatory for all)	August 18 <sup>th</sup> August 25 <sup>th</sup> (Make Up IVEXPO)
18	FREE Nacho's and Drinks Night at Snack Bar	August 16 <sup>th</sup>
19	Uniform Distribution	Week of August 19 <sup>th</sup>
20	Association BBQ Fundraiser at Lion's Center	August 25 <sup>th</sup>
21	BPW Pep Rally Night at Wiest Field	August 30 <sup>th</sup>
22	First Game	August 31 <sup>st</sup>
23	Cheer Camp in Yuma, AZ (Mandatory)	August 31 <sup>st</sup>
24	BPW "kids" Dance \$3	September
25	BPW Picture Day by Letty Guerra at Warne Field	September 15 & 22
26	Pop Warner Night	October 11 <sup>th</sup>
27	Cheer Competition at Southwest High	October 20 <sup>th</sup>
28	Cubs Classic at Calexico	October 26 <sup>th</sup>
29	Cattle Call Parade float	November 9 <sup>th</sup>
30	MM Dust Bowl Lettuce Bowl	November 9 <sup>th</sup> November 16 <sup>th</sup>
31	Regional Cheer Competition	November 24 <sup>th</sup>
32	Equipment Return	November 11 <sup>th</sup> , 18 <sup>th</sup> , 23 <sup>rd</sup> (tentative)
33	Board Elections	November 20 <sup>th</sup> or 21 <sup>st</sup> (tentative)

Any ideas, or donations you may have that will help our events and fundraisers, please contact us. Any help is much appreciated.



Pop Warner Little Scholars, Inc.

2013 PHYSICAL FITNESS & MEDICAL HISTORY FORM



Special Note: This form must be dated after January 1, 2013 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 any 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: \_\_\_\_\_

Does primary insured have Medicaid? Yes No Does primary insured have Medicare? Yes No

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 there any history of concussions and/or head injuries? Yes No
4. Is the participant currently under the care of a medical practitioner? Yes No
5. Is the participant currently taking any medications? Yes No
6. Does the participant have any allergies (penicillin, bee stings, etc)? Yes No
7. Does the participant have asthma/require the use of an inhaler? Yes No
8. Is the participant diabetic/require medication for diabetes? Yes No
9. Does the participant carry sickle cell trait/suffer from sickle cell disease? Yes No
10. Does the participant currently require medication? Yes No
11. Does/has the participant have/had seizures? Yes No
12. Does the participant wear glasses or contact lenses? Yes No
13. Does the participant wear a brace or other medical support device? Yes No
14. 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 and/or attach to this form:

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

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 \_\_\_\_\_





Pop Warner Little Scholars, Inc.

2013 PHYSICAL FITNESS & MEDICAL HISTORY FORM



**Section II: THIS SECTION MUST BE COMPLETED ONLY BY A LICENSED MEDICAL PROFESSIONAL ON OR AFTER JANUARY 1<sup>ST</sup> of the CURRENT CALENDAR YEAR.**

Name of Participant: \_\_\_\_\_

(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 2013 season. I am therefore clearing this individual for athletic participation without limitation.**

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

Are you licensed in your state to perform physical examinations? YES NO

Dated: \_\_\_\_\_

**Please sign and fill out the following information OR place Official Medical Practice Stamp here:**

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax: \_\_\_\_\_

Email/Website: Email \_\_\_\_\_ (Optional)

**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 any modified/substituted form that MUST be signed in the current calendar year.**