



Brookline Jamaica Plain Patriots 2023 Registration Form



Select Program (please circle one) **Football or Cheer**

Participant Information

Youth Name: _____
Address: _____
City and Zip: _____
Phone: H: _____ C: _____ W: _____
Email: _____

Parent/Legal Guardian Information

Name: _____
Phone: H: _____ C: _____ W: _____
Email: _____

Volunteer Selection

Brookline-JP Pop Warner is a VOLUNTEER organization. Each family is encouraged to provide assistance. Please select from the choices below (Circle all that apply).

Game Day Set Up/Break Down	Registration	Field Coordinator
Coach	Fund Raising	Equipment Coordinator
Social Media Manager	Webmaster	Volunteer Coordinator
Team Parent	Other: _____	

**Family discount available for volunteers who complete the season*

Registration Fees:

1 Child-\$165 _____
2 Children-\$265 _____
3 or more**-\$325 _____

****Must be verified siblings**

Donation: _____

Total Enclosed _____

Make Check or Money Order payable and mail to:

Brookline-JP Pop Warner

P.O. Box 470625

Brookline Village, MA 02447

For questions regarding the 2023 season or volunteering, contact us at BJPPATRIOTS@GMAIL.COM

I hereby acknowledge that as a parent/guardian of a Pop Warner participant it is my responsibility to provide all necessary documentation and to be financially responsible for all fees. In addition, I agree to participate in the annual raffle fund raiser. Finally, by allowing my child to participate, I am providing permission to the organization to use any photos associated with team events for promotional purposes.

Parent/Legal Guardian Signature

Date



Pop Warner Little Scholars, Inc.

2023 PARTICIPANT CONTRACT AND PARENTAL CONSENT FORM



Special Note: This form must be dated after January 1, 2023 and is APPLICABLE ONLY FOR THE 2023 SEASON.

This form must be submitted to your LOCAL organization before the athlete participates in Pop Warner. No other forms are acceptable. Every Pop Warner Association must have a fully completed and signed original of this form before allowing the athlete to participate.

Legal Name of Participant (must match birth certificate):

Last _____ First _____ Middle _____ Also known as _____

Address _____

City _____ State _____ Zip _____

Mailing Address (if different from above): _____

Birth date: _____ Parent/Guardian Birth date: _____

Participant's Gender: Male ☐ Female ☐

Sport: Tackle Football ☐ Flag 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).

Name of Parent/Guardian _____ Relationship to Athlete: _____

Telephone No: _____ Email Address: _____

Emergency Contact Information (if the parent/guardian cannot be reached):

Name _____ Relationship to Athlete _____

Home Telephone No: _____ Cell or work No.: _____

2023 Parental/Guardian Permission and Waiver

1. **PERMISSION:** I am the parent or legal guardian of the above-named participant. I acknowledge that my child is in good health. I give permission 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. I give permission for, and assume any and all risk of my child's use of various playing surfaces including natural and artificial grass, cheer mats, hard dirt, and under varying conditions, including, dry, wet and muddy, and I hereby understand that any surface may be regular or irregular.

2. **RISK INFORMATION:** I acknowledge the inherent risk and danger of participation in any sport and I understand that participation in football, cheerleading and/or dance may result in **BODILY INJURY, PARALYSIS, BRAIN INJURY, PERMANENT DISABILITY AND/OR DEATH**. I acknowledge that protective equipment does not prevent all participant injuries. I release, indemnify, hold harmless and waive any claim against the coaches, local, league and regional Pop Warner organization(s), Pop Warner Little Scholars, Inc., and any and all organizers, sponsors, supervisors, participants, and persons transporting my child to and from activities, for any injury to my child whether the result of negligence or for any other cause.

3. **EMERGENCY MEDICAL AUTHORIZATION:** I give permission for emergency medical/dental treatment or first aid to be administered to my child for any illness/injury/accident resulting from participation in Pop Warner activities.

4. **EQUIPMENT RESPONSIBILITY:** I acknowledge my responsibility for any and all equipment/uniforms loaned to my child and I agree to promptly return, upon request, the uniform and other equipment in good condition except for normal wear and tear. If I fail to comply, I will be responsible for the cost of such equipment/uniform.
5. **INSURANCE DISCLOSURE:** I am aware that my local Pop Warner organization carries group accident medical insurance which is secondary or excess to my insurance which is considered primary insurance. Further, I agree to notify in writing my head coach and local Pop Warner organization of any medical claim from participation in Pop Warner as soon as reasonably possible. I understand that the registration fee is not premium for insurance and that deductibles may apply.
6. **SCHOLASTIC FITNESS:** I confirm that 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. Further, I authorize my child's school to release grades, report cards, and all other scholastic information to the local Pop Warner organization in order to comply with scholastic fitness requirements.
7. **FINANCIAL RESPONSIBILITY:** I acknowledge that my rights, if any, to a refund depends on the local Pop Warner 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. **COMMUNICATIONS, PROMOTIONS, AND CONSENT:** As a condition to my child's participation, I consent to receive communications by email and mail from Pop Warner Little Scholars, Inc. and its sponsors. I understand that Pop Warner Little Scholars does not sell its contact list. Communications may contain program information or special offers. I may "opt out" by instruction in the communication or by my written request to the Pop Warner National Office. Further, I grant Pop Warner the right and permission to make, reproduce, broadcast or otherwise use in perpetuity my child's name and likeness including photograph, films, videos, recordings, or other depictions or images in any form or media throughout the universe, for promotional material, advertising, editorial, trade or other purpose. To the extent that any benefit may accrue therefrom, I forever waive any interest in or claim to such benefit 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 understand that it is my responsibility to comply with all rules and regulations of Pop Warner Little Scholars Inc and its affiliated organizations and understand that non-compliance may be cause for discipline and/or dismissal of my child, myself, and/or other persons affiliated with me or my child. I further understand that my child must meet Pop Warner age and/or weight requirements on their official certification date as established by Pop Warner without exception and that the decision of the Weigh Master is final. I agree to furnish an authentic certified copy of my child's birth certificate to local Pop Warner officials and understand that valid proof of age, a current calendar year's signed medical release, scholastic fitness form and this form must be presented by date of certification in order to participate in Pop Warner activities. I hereby hold Pop Warner harmless of any financial loss as the result of any disciplinary action.
11. **DISPUTE RESOLUTION POLICY; SEVERABILITY:** I understand and acknowledge that all disputes with Pop Warner and all affiliated parties will be subject to binding arbitration in Langhorne, PA in accordance with Pennsylvania law. I hereby agree that this binding arbitration shall be in lieu of any litigation. I also understand and agree that if I contest any decision or ruling of Pop Warner 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, the remainder shall remain in full force and effect.
- In consideration of participation in Pop Warner activities and by my signature below, I confirm that I have read, fully understand and voluntarily agree to be bound by all of the above and that all information provided by me is true and accurate.

Signature of Parent/Guardian: _____

Print Full Legal Name: _____

Date: _____

If you're uploading this signed document directly into your participant profile within the Sports Connect roster system, please make sure both pages are scanned to include your signature. Documents can be scanned as PDF files from your smartphone or tablet. **CLICK HERE** to learn how.



Pop Warner Little Scholars, Inc.

2023 PHYSICAL FITNESS & MEDICAL HISTORY FORM



Special Note: This form is to be dated after January 1, 2023 and then submitted to your LOCAL Pop Warner organization.

No other forms are acceptable. Section II must be completed in its entirety ONLY by a Licensed State Examiner (medical doctor, nurse practitioner, etc.). Section II is modified or substituted ONLY to comply with local and/or state laws or 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 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 <input type="checkbox"/> No <input type="checkbox"/> |
| 2. | Are there any past surgeries or scheduled surgeries? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. | Is there any history of concussions and/or head injuries? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. | Is the participant currently under the care of a medical practitioner? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. | Is the participant currently taking any medications? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6. | Does the participant have any allergies (penicillin, bee stings, etc)? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 7. | Does the participant have asthma/require the use of an inhaler? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 8. | Is the participant diabetic/require medication for diabetes? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 9. | Does the participant carry sickle cell trait/suffer from sickle cell disease? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 10. | Does the participant currently require medication? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 11. | Does/has the participant have/had seizures? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 12. | Does the participant wear glasses or contact lenses? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 13. | Does the participant wear a brace or other medical support device? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 14. | Does the participant have any other physical limitations or medical conditions? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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:

If you answered yes about concussions, provide the name of the doctor or qualified medical professional who cleared Participant for this activity:

I certify that this information is accurate. I understand that in the event of injury, illness or accident my child may not be cleared for participation. I acknowledge that it is my responsibility to inform my child's coach or organization official in writing if there is any change in my child's medical condition. I also understand it is my responsibility to obtain written permission from my child's physician on official medical stationary to resume participation after any and all injury, illness or accident.

Signature of Parent or Legal Guardian: _____

Print Name _____

Relationship to Participant _____



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

This form 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).

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 participating in Pop Warner football, cheer or dance programs. I hereby attest that this individual is physically fit and has no medical condition which would prevent this individual from participating in Pop Warner activities for the 2023 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 ☐

Today's Date: _____

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)

Note to Pop Warner participants: If you're uploading this signed document directly into your participant profile within the Sports Connect roster system, please make sure each page includes a proper signature. It will not be accepted without signatures. Documents can be scanned as PDF files from your smartphone or tablet. **CLICK HERE** to learn how.



PARENT' S CODE OF CONDUCT

The essential elements of character building and ethics in sports are embodied in the concept of sportsmanship and core principals: trustworthiness, respect, responsibility, fairness, caring and good citizenship. The highest potential of sports is achieved when competition reflects these *'six pillars of character.'*

I, THEREFORE, AGREE:

1. I will not force my child to participate in sports.
2. I will remember that children participate to have fun and that the game is for youth and not adults.
3. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
4. I will learn the rules of the game and the policies of the association and league.
5. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and demonstrating positive support for all players, coaches, officials, board members, volunteers and spectators at every game, practice or other sporting event.
6. I (and my guests) will not engage in any kind of unsportsmanship-like conduct with any official, coach, player, board member, volunteer or parent such as booing and taunting: refusing to shake hands, or using profane language or gestures.
7. I will not encourage any behaviors or practices that would endanger the health and well being of the athletes.
8. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
9. I will demand that my child treat other players, coaches, officials, board members, volunteers and spectators with respect regardless of race, creed, sex or ability.
10. I will teach my child that doing one's best is more important than winning so that my child will never feel defeated by the outcome of a game or his/her performance.
11. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
12. I will never ridicule or yell at my child or other participants for making a mistake or losing a competition.
13. I will emphasize skill development and practices and how they benefit my child over winning. I will also de-emphasize games and competition in the lower age groups.
14. I will promote the emotional and physical well being of the athletes ahead of any personal desire I may have for my child to win.
15. I will respect the officials and their authority during games and will never question, discuss or contact coaches at the game field and will take time to speak with coaches at an agreed upon time and place.
16. I will demand a sports environment for my child that is free from drugs, tobacco and alcohol and I will refrain from their use at all sports events.
17. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.

Parent/Guardian Signature

Date

My signature represents acceptance of this agreement for all family members and any guests.