Brookline Jamaica Plain Patriots
2024-2025 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 2024-2025 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

2024-2025 PARTICIPANT CONTRACT AND PARENTAL CONSENT FORM

Special Note: This form must be completed, signed by the youth participant's parent or legal guardian, and dated after January 1, 2024. The form applies only to the 2024 Fall – 2025 Spring season. It needs to be submitted to your LOCAL Pop Warner organization prior to participation in any programs. **By signing this form, the parent or legal guardian agrees to the terms and conditions outlined below.**

Section I: POP WARNER AFFILIATION

League: _____ Association: _____

Section II: YOUTH PARTICIPANT INFORMATION (must match birth certificate)

Last: _____ First: _____ Middle: _____

Date of Birth: _____ Age: _____ Male ☐ Female ☐ Sport: Football ☐ Cheer/Dance ☐

Section III: PARENT/GUARDIAN INFORMATION

Last: _____ First: _____

Address: _____ City: _____ State: _____ Zip: _____

Mobile Phone No: _____ Alternate Phone No: _____

Email: _____ Relationship to Child: _____

Section IV: EMERGENCY CONTACT INFORMATION (if parent/guardian cannot be reached)

Name: _____ Relationship to Child: _____ Phone No: _____

Section V: PARENT/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, including by not limited to PARALYSIS, BRAIN INJURY, PERMANENT DISABILITY AND/OR DEATH.** I acknowledge that protective equipment does not prevent all participant injuries and Pop Warner makes no representations or warranties regarding the equipment or its fitness for use. 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.

2024-2025 PARTICIPANT CONTRACT AND PARENTAL CONSENT FORM

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, having met the requirement of 2.0/70%, 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. **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 form, 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.

10. **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 reminder shall remain in full force and effect.

2024-2025 PARTICIPANT CONTRACT AND PARENTAL CONSENT FORM

Section VI: GENERAL CODE OF CONDUCT

Pop Warner Little Scholars, Inc. is committed to cultivating a safe and welcoming environment for its regional and national events and programs that encourages and promotes good sportsmanship by student-athletes, parents, coaches, administrators and other spectators. We ask that event participants and attendees cooperate in being respectful at all practice and competition venues, partner hotels and/or ancillary venues throughout the course of the event. All those involved with the event are expected to refrain from the following behaviors:

1. Acting in a way that is unruly, disruptive or illegal in nature.
2. Intoxication or other signs of impairment that may potentially result in bad behavior.
3. Excessive use of profanities and other vulgar language that that interfere with other attendees' ability to enjoy the event.
4. Using bigoted, demeaning or abusive or other disruptive and intimidating language and/or gestures.
5. Verbal or physical harassment of officials, participants and coaches before, during and following the competition.
6. Disrupting the progress of competition (including physically entering or throwing objects onto the playing field or competition mat).
7. Interfering with or failing to abide by security or emergency procedures or response
8. Displaying signs that contain offensive language, or any graphic art that may be deemed disrespectful.
9. Defacing, destruction or theft of property associated with the event, including property of the opposing team or other participants, including officials, as well as official venues.
10. Violence or threats of violence against other individuals at any official venue.
11. Publicly criticizing or making derogatory statements of an official, opposing teams, event personnel or its policies, or other individuals associated with the event. This includes comments with respect to their conduct, character, competence, integrity or appearance. Note: social media is deemed a public forum.
12. Failing to follow instructions of event personnel.
13. Any behavior which otherwise violates conduct codes set by partner venues, hotels or ancillary venues including but not limited to theme parks, as enforced by those properties.

Failure to abide by these expectations are grounds for removal from competition. Pop Warner reserves the right to remove individuals or the entire team. Depending on the infraction, a one-year ban from Pop Warner events and programs will be considered. A repeat offense of the same infraction may result in a permanent ban. All removals will be without refund.

Section VII: PARENT/GUARDIAN AUTHORIZATION

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: _____ Date: _____

2024-2025 YOUTH PARTICIPANT MEDICAL HISTORY FORM

Special Note: This form must be completed thoroughly and honestly, and signed by the youth participant's parent or legal guardian. It is to be completed and dated after January 1, 2024. This form applies to the 2024 Fall – 2025 Spring season and needs to be submitted to your LOCAL Pop Warner organization. This form and its contents will be available to authorized Pop Warner personnel and kept confidential. **By signing this form, the parent or legal guardian agrees to the terms and conditions outlined below.**

Section I: POP WARNER AFFILIATION

League: _____ Association: _____

Section II: YOUTH PARTICIPANT INFORMATION (must match birth certificate)

Last: _____ First: _____ Middle: _____

Date of Birth: _____ Age: _____ Male ☐ Female ☐ Sport: Football ☐ Cheer/Dance ☐

Section III: PRIMARY AND SECONDARY CONTACT

Primary Contact: Parent or Guardian

Last: _____ First: _____

Address: _____ City: _____ State: _____ Zip: _____

Mobile Phone No: _____ Alternate Phone No: _____

Email: _____ Relationship to Child: _____

Secondary Contact:

Last: _____ First: _____

Mobile Phone No: _____ Alternate Phone No: _____

Email: _____ Relationship to Child: _____

Section IV: INSURANCE INFORMATION

Primary Insurance Company: _____ Primary Group/Policy #: _____ / _____

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

Family Doctor Name: _____ Doctor Phone No: _____

Section V: MEDICAL HISTORY OF THE YOUTH PARTICIPANT

Please identify and elaborate on any medical conditions which we should be aware (if none, write none):

_____

_____

_____

_____

2024-2025 YOUTH PARTICIPANT MEDICAL HISTORY FORM

Please list any medications currently being taken (if none, write none):

_____

_____

In the past 24 months, has the participant been tested, diagnosed and/or treated for a concussion: Yes ☐ No ☐

If yes, provide the specific date and detail on the diagnoses/treatment and the outcome:

_____

_____

List any known allergies (if none, write none):

_____

_____

Date of last Tetanus Toxoid Booster: _____

The purpose of the above information is to ensure that medical personnel have details of any issues which may interfere with or alter medical treatment.

Section VI: PARENT/GUARDIAN CONSENT AND MEDICAL RELEASE

Recognizing the possibility of serious injury, illness or death, and in consideration for Pop Warner Little Scholars, Inc. and its members accepting my child as a participant in its official programs, I consent to my child participating in Pop Warner tackle football, flag football, cheer and / or dance. Further, I hereby release, discharge, and otherwise indemnify Pop Warner, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by or on behalf of my child as a result of participating in the Pop Warner programs.

My child has received a physical examination by a licensed health care provider within the past two years and has been found physically capable of participating in the sport of football and/or cheerleading & dance. I have provided written notice, which is submitted in conjunction with this release and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that my child has or that may impact my child's participation in the programs. I give my consent to have an athletic trainer and/or licensed health care provider, including a medical doctor or dentist, provide my child with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and/or treatment.

Signature of Parent/Guardian: _____ Date: _____

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.