

Welcome to New Hampshire Pop Warner 2009 Season!

On behalf of the NHPWFC Board of Directors, I would like to welcome you to New Hampshire Pop Warner. While this may be a big commitment for you and your child, the rewards of Pop Warner are seemingly endless. We believe that the values of this program will better your child not only athletically, but in everyday life as well.

Coaches are selected by each association and they hold the safety of your child and their physical fitness in their highest regard. Football is a contact sport, however, and injuries may occur no matter what the circumstances. Please be aware that Pop Warner football is rated as one of the safest youth sports in the country per The Consumer Products Safety Division. This is due to the unique age and weight structure that is used in each division of play.

Cheerleading coaches are required to pass a certification course per National Pop Warner guidelines, which further enhances the importance of safety in your child's experience.

Schoolwork still remains the top priority in all of our athletes, and academic success is a requirement for participation. All parents and participants by registering today, agree to follow all National Pop Warner, NHPWFC and local rules and regulations.

While attending a Pop Warner sanctioned event, please remember that this is for the children and we are committed to providing a positive environment. Unsportsmanlike conduct in any way will not be tolerated and we ask that you comply with local and/or state officials and refrain from this behavior.

Thank you and have fun!

Jason Patch
President
New Hampshire Pop Warner Football Conference

1) Parental Consent

-I, the parent or legal guardian of _____, a candidate for a position on the association Football/Cheerleading team, do hereby grant permission in any and all team activities including out of town travel.

2) Release from Liability – I understand that there are risks and hazards incidental to participation on a football/ cheerleading team. I agree to assume all such risks and hazards, including transportation to and from activities. I do hereby waive, release, absolve, indemnity and agree to hold harmless Pop Warner Little Scholars, Inc., the NHPWFC, the local association, the officers, directors, sponsors, volunteers, participants and persons transporting my child to and from any and all team activities, for any claim arising out of an injury to my child, for or as a result of any cause.

3) Scholastic Fitness – I am of the opinion that my son / daughter / ward is scholastically fit and would benefit by participation in this program. I agree to submit a copy of my son / daughter / ward's last year's report card or a written statement of scholastic fitness by the school administration.

4) Medical Release – Because your child is involved in an active sport, there may be an occasion when an injury occurs that requires medical treatment and we are unable to contact you. This situation may occur at team functions, practices or at games both home and away (possibly out of state).

Guardian First Name _____ Guardian Last Name _____

Home Telephone _____ Business Telephone _____ Cell Phone _____

Family Physician _____ Physician Telephone _____

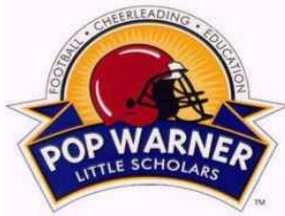
If the parent or legal guardian cannot be reached, please call

Contact Name _____ Contact Telephone _____

Contact Relationship (someone other than a parent) _____

I hereby grant permission to the association to administer first aid, secure proper treatment and / or hospitalize my son / daughter / ward in case of an emergency.

Signature or Parent or Guardian _____ Date _____



NHPWFC Certification Record

Association _____ Year / Season _____

Level of Play

Football Tiny Mite Mitey Mite Jr Pee Wee
or
Cheerleading Pee Wee Jr Midget Midget

PARTICIPANT NAME _____

PARENT/GUARDIAN NAME _____

ADDRESS _____

CITY _____ STATE _____

ZIP CODE _____ TELEPHONE _____

EMAIL ADDRESS _____

SCHOOL _____ BIRTH DATE _____

REQUIRED PAPERWORK

BIRTH CERTIFICATE

FITNESS & MEDICAL HISTORY FORM

PARENTAL PERMISSION

HLA WELCOME

SCHOLASTIC FITNESS

WAIVER

IF CHILD IS NOT FROM YOUR AREA DRAW

Reason _____

Letter on File Yes No

PREVIOUS POP WARNER EXPERIENCE

Where _____

When _____

I CERTIFY THAT THE INFORMATION ON THIS FORM HAS BEEN VERIFIED BY OUR ASSOCIATION AND THE ABOVE PLAYER / CHEERLEADER IS ELEGIBLE UNDER POP WARNER RULES. I FURTHER CERTIFY THAT THE MINIMUM PLAY RULE HAS BEEN EXPLAINED TO THIS PLAYER.

Association President Signature / Date

NHPWFC Official Signature / Date