

Middletown Eagles

Tackle: Sat Aug 1st 9am

Flag: Wed Aug 5th 6pm

Thank you for signing up for the Middletown Eagles. Below is important information regarding the upcoming season. If you have friends or neighbors that may wish to participate please ask for a flyer.

Tackle & Flag Football

As in the past few years we will be having a early equipment hand out day. (Tackle only) It will be on June 27th at Croydon Hall. Team schedule: Will be posted on web-site

The following items must be returned on June 27th (time to be announced on the web-site MiddletownEagles.com) in order for the player to participate on August 1st.

- An updated picture (if there was no new picture last year)
 - A parent signature (back of card)
 - A Doctors **office stamp and signature** stating the player is fit to play football.
 - Medical condition box (yes/no) must be checked off
 - School information for next year
 - Complete participant, parent/guardian, and health insurance information.
 - Parental consent and contract completed (2 pages or both sides)
- 2 Copies of the FINAL report card, which must include all marking periods. 1st grade & above
-[] If checked a copy of the birth certificate and the original so we can certify the copy

Tackle & Flag Cheer

The following items must be returned by June 27th (check web-site for time) in order for the cheerleader to participate on August 1st.

- The registration card you received today which must include:
 - An updated picture (if there was no new picture last year)
 - A parent signature (back of card)
 - A Doctors **office stamp and signature** stating the player is fit to cheerlead.
 - Medical condition box (yes/no) must be checked off
 - School information for next year
 - Complete participant, parent/guardian, and health insurance information (or social security number).
 - Parental consent and contract complete (2 pages or both sides)
- [] If checked a copy of the birth certificate and the original so we can certify the copy
-2 Copies of the FINAL report card will be collected June 27th

The player will not be allowed to participate if we do not receive the requested information by August 1st.

Important dates:

June 27th-Football early equipment hand out.

-Paperwork must be returned.

July 31st -Last day to turn in paperwork.

August 1st -First day of practice for tackle football & cheer.

August 5th -First day of practice for flag football & cheer.

Payment Form

Last Name Child: _____ Parent: _____

Players Names _____

1st Check dated for today.

Tackle football/cheer 1 Player \$125 2 or more players \$240

Flag football/cheer 1 Player \$60 2 or more players \$120

Home games raffle 1 Player \$25 2 or more players \$50

All participants

Volunteer Deposit \$100

I will volunteer my time and want my deposit back*.

I wish to volunteer and you may keep my deposit as a donation to the club.

I do not wish to volunteer you may keep my deposit.

*Deposit will be refunded at end of year if 6 hours are completed & mandatory fund raiser is completed

Super 50/50 is not refundable

Super 50/50 1 Player \$50 2 or more players \$100

2nd Check dated for 11/15/2009 (everyone but flag football)

ONE CHECK PER PARTICIPANT

WITH PARTICIPANT NAME IN THE MEMO FIELD

\$150 X _____ = _____

Check numbers _____

\$150 uniform and/or equipment deposit. Will only be cashed if uniform and/or equipment is not returned by 1/1/2010. One check per participant.

Total of 1st Check \$ _____ Check # _____

Super 50/50 Numbers _____, _____

Super 50/50 & home games raffle are not refundable

All fees except the super 50/50 and home game raffle are refundable until August 15th.

Parent/Guardian Signature.

Understanding refund policy & volunteer/equipment refund policy

Pop Warner Little Scholars, Inc
2009 PARTICIPANT CONTRACT AND PARENTAL CONSENT FORM



Special Note: This form must be dated after January 1, 2009 and is applicable only for the 2009 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 _____ Zipcode _____

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 _____ Zipcode _____

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

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. Initial: _____

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 (check one) ____ 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 CONSENT

As a condition to my child's participation in Pop Warner, 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.

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.

9. I understand that my child must meet Pop Warner age and/or weight requirements on their official certification date as established by Pop Warner Little Scholars, Inc. without exception. I further understand that the decision of the Weigh Master is final. I understand that proof of age; (I agree to furnish an authentic certified copy of a birth certificate of the above-named participant to local Pop Warner officials), current year medical release, Participant Contract and Parent Consent and scholastic fitness must be presented by date of certification in order to participate further in Pop Warner activities.

RULES & REGULATIONS

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, including but not limited to the Adult Code of Conduct, stipulated in Section 8 above and published in the Pop Warner Rulebook. Any non-compliance with any and all rules and regulations may be cause for discipline and/or dismissal of my child/the participant, myself, and/or any spectators or other persons affiliated with the undersigned and the above named participant.

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 _____

Registration Date: _____

Flag Tackle Cheerleading Football

Player information:

First name: _____ Mid: _____ Last: _____

Birthdate: _____ Gender: Boy Girl

Mother Birthdate (Month & Day only MMDD) _____

Player Weight: _____ Med Cond: _____

Emergency contact: _____

Requested Division: Flag MM JP PW JM MID

Mac will assign players based on age, weight, Jersey Shore, and Pop Warner national rules.

School: _____ Grade: _____ (going into in Sept)

Guardian information:

Last: _____ First: _____ Circle: Father Mother Other

Address: _____ Home phone: _____

City: _____ State: _____ Zip: _____ Cell: _____

E-mail: _____ (Please print clearly)

Requested Team: _____ (not a guarantee)

Parents Occupation: _____

I maybe interested in helping in the following area/areas

Football Coach Cheer Coach Field work Equipment manager

Fundraising (Caning setup, Jackets Sales, Cheesecake Sales, and more)

Parent Signature _____

Girls shirt size (cheer only) **Youth** small medium large (circle one)

Adult small medium large (circle one)

We will try to honor all requests for division and team, however MAC reserves to right to place the participant in any division or team.



Pop Warner Little Scholars, Inc.



2009 PHYSICAL FITNESS & MEDICAL HISTORY FORM

Special Note: This form must be dated after January 1, 2009 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__

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 stationary 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.



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
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 2009 season. I am therefore clearing this individual for athletic participation without limitation.

Please place medical professional stamp here and 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.



Several participants have expressed an interest in purchasing “fan gear” for the POP WARNER
MIDDLEOTWN EAGLES

Please take a few moments to complete the following survey so we can assess the feasibility of offering items for sale for the 2009 season- (the first part of survey would be in addition to the annual JACKET SALES)

1. I would be interested in purchasing EAGLE GEAR for:
 - a. children
 - b. adults
 - c. both
2. I would be interested in purchasing EAGLE GEAR in the following price range ***per*** item:
 - a. Up to \$15
 - b. Up to \$25
 - c. Up to \$35
 - d. Up to \$50
 - e. Sky's the limit- I can't get enough!
3. I would be interested in purchasing the following type of EAGLE GEAR: ***(circle all that apply)***
 - a. T-Shirts
 - i. Short sleeve
 - ii. Long Sleeve
 - b. Football style jersey
 - c. Hats
 - d. “Hoodie” Sweatshirts
 - i. With zipper
 - ii. Pull over
 - e. Crew neck Sweatshirt
 - f. Sweat pants
 - g. Flannel pants
 - h. Rain poncho
 - i. Stadium Seat Cushion
 - j. Car Magnets

Jacket Sales: We are interested in knowing your level of satisfaction with the 2008 Jacket sales

4. How satisfied were you with last year's vendor?
 - a. Quality of product
 - i. Very Satisfied
 - ii. Satisfied
 - iii. NOT Satisfied
 - b. Price
 - i. Very Satisfied
 - ii. Satisfied
 - iii. NOT Satisfied
 - c. Delivery turnaround time
 - i. Very Satisfied
 - ii. Satisfied
 - iii. NOT Satisfied
5. I would be interested in purchasing in 2009:
 - a. Same type of jackets as last year
 - b. Something different
 - c. Other: _____