



**Gainesville Gators Pop Warner  
Football and Cheer 2025**

**Parents/Guardians, all forms on the back  
of this page MUST be completed and signed.  
If you do not have all required paperwork, your  
child will NOT be registered.  
There will be no exceptions.**

Thank you!





### FOOTBALL/CHEER REGISTRATION CHECKLIST

ALL FORMS ARE DUE AT TIME OF REGISTRATION

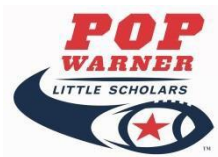
PRINT PARTICIPANT NAME: \_\_\_\_\_

	YES	NO
<b>Program Registration Form</b> must be signed by Parent/Guardian.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Birth Certificate</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Report Card</b> , all four cycles for school year 2024-2025 (due on June 18 or at registration if registering after that date).	<input type="checkbox"/>	<input type="checkbox"/>
<b>Parental/Guardian Permission Waiver Form must be complete.</b> The person signing the form must be the parent or legal guardian. The form must be dated and the participants name must be on the form and the participant must sign the form regardless of how young.	<input type="checkbox"/>	<input type="checkbox"/>
Participant Contract and Parental Consent Form	<input type="checkbox"/>	<input type="checkbox"/>
<b>Scholarships:</b> Must have free or reduced lunch form or family application for reduced fees.	<input type="checkbox"/>	<input type="checkbox"/>
I hereby acknowledge that I have received, read, understand and will comply with the policies and procedures contained in the <b>Pop Warner Parent Packet</b> . I understand that the packet describes important information about the program <b>including the extra fees necessary for Regional and National invitationals and their due dates.</b> Initial: _____ Date: _____		

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

FOR OFFICE USE ONLY	YES	NO	2-5hrs	6-10hrs	11-12hrs	# OF VISITS
New user						
How long to register (Estimated time)						
Return user						
How long to register (Estimated time)						



# Pop Warner Little Scholars, Inc.

## 2025 PARTICIPANT CONTRACT AND PARENTAL CONSENT FORM



**Special Note:** This form must be dated after January 1, 2025 and is APPLICABLE ONLY FOR THE 2025 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  
Phone No: Birth Date Gender: Male Female  
Sport: Football Cheer Dance Parent/Guardian 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 (check one):

Traditional Divisions: Jr. Tiny Mite Tiny Mite Mitey Mite Jr. Pee Wee Pee Wee Jr. Varsity Varsity

Age-Based Division: 3-4 5-7 7-9 8-11 9-12 12-15

Proof of Scholastic Fitness verified? Yes No  
1/1/2025 PWLS, INC.

## 2025 Parental/Guardian Permission and Waiver

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

**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, 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 potential dangers 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, and therefore I release, absolve, 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 \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Print Full Legal Name \_\_\_\_\_

**Dated: 1/1/2025 PWLS, INC.**



# Pop Warner Little Scholars, Inc.

## 2025 PHYSICAL FITNESS & MEDICAL HISTORY FORM



**Special Note:** This form is to be dated after January 1, 2025 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 | 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:

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 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. Further, I 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 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:

**Program Information** Please fill out following information, **as applicable** to the program for which you are registering.**Program Name:** \_\_\_\_\_ **Program Location:** \_\_\_\_\_**Session Number and/or Time :** \_\_\_\_\_ **Class Level:** \_\_\_\_\_ **PLEASE INITIAL (IF APPLICABLE):** I have completed the handbook/orientation requirements for this program. \_\_\_\_\_**Participant(s) Information**• **NEW CUSTOMERS** - Please complete all sections.• **RETURNING CUSTOMERS** - Please complete sections **1** and **4** only.Update section **3** if any contact information has changed or is missing, check with staff while registering.**1****Participant #1:** \_\_\_\_\_**Male:** \_\_\_ **Female:** \_\_\_ **Age:** \_\_\_ **Date of Birth:** \_\_\_/\_\_\_/\_\_\_ **Grade:** \_\_\_**Indicate any allergies, medical, physical limitations or behavioral concerns:**\_\_\_\_\_  
\_\_\_\_\_**Participant #2:** \_\_\_\_\_**Male:** \_\_\_ **Female:** \_\_\_ **Age:** \_\_\_ **Date of Birth:** \_\_\_/\_\_\_/\_\_\_ **Grade:** \_\_\_**Indicate any allergies, medical, physical limitations or behavioral concerns:**\_\_\_\_\_  
\_\_\_\_\_**2****Primary Guardian Name:** \_\_\_\_\_**Date of Birth:** \_\_\_/\_\_\_/\_\_\_ **Male:** \_\_\_ **Female:** \_\_\_**Mailing Address:** \_\_\_\_\_**Physical Address:** \_\_\_\_\_**City:** \_\_\_\_\_ **State:** \_\_\_ **Zip:** \_\_\_\_\_**Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_**Cell:** \_\_\_\_\_ **Carrier:** \_\_\_\_\_☐ I agree to receive text alerts.**Email:** \_\_\_\_\_☐ I would like to receive emails about upcoming programs, events and specials.**Secondary Guardian Name:** \_\_\_\_\_**Date of Birth:** \_\_\_/\_\_\_/\_\_\_ **Male:** \_\_\_ **Female:** \_\_\_**Mailing Address:** \_\_\_\_\_**Physical Address:** \_\_\_\_\_**City:** \_\_\_\_\_ **State:** \_\_\_ **Zip:** \_\_\_\_\_**Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_**Cell:** \_\_\_\_\_ **Carrier:** \_\_\_\_\_☐ I agree to receive text alerts.**Email:** \_\_\_\_\_☐ I would like to receive emails about upcoming programs, events and specials.**HOW DID YOU HEAR ABOUT US?** \_\_\_\_\_**3****Emergency Information**

If I cannot be reached in the case of an emergency, I hereby give permission for immediate first aid care by the Parks, Recreation and Cultural Affairs personnel until a physician can be accessed.

I hereby also give permission to the physician selected by the City of Gainesville Parks, Recreation, and Cultural Affairs Department's authorized personnel to hospitalize, secure proper treatment for, and approve medications/injections and/or surgery for my child.

**1st Emergency Contact Information:** *If guardians are not available***Name:** \_\_\_\_\_**Relationship:** \_\_\_\_\_ **Phone (H):** \_\_\_\_\_**(Other):** \_\_\_\_\_**2nd Emergency Contact Information:** *If guardians are not available***Name:** \_\_\_\_\_**Relationship:** \_\_\_\_\_ **Phone (H):** \_\_\_\_\_**(Other):** \_\_\_\_\_**4****Waiver Agreement**

I give permission for my child(ren) to participate in all programs and activities conducted by the City of Gainesville Parks, Recreation and Cultural Affairs Department, including field trips and transportation to and from the program/activity or field trip site, and certify that he/she is in good health and able to participate in all activities. I am fully aware of the risk inherent in such activities.

I hereby indemnify and release the City of Gainesville, any of its elected or appointed officials, volunteers, employees, agents, and sponsors from any and all liability or claims, including attorney's fees, costs and injuries, which may be sustained by me or minor children on account of his/her participation in said programs or associated activities and events. I hereby give my consent to the City to secure and authorize such emergency medical treatment as my child might require while participating in the City's programs and activities. I also agree to pay all the costs and fees contingent on emergency medical care or treatment as secured or authorized under this consent. I give my permission for my child to be photographed and/or videotaped with his/her name to be used for publicity purposes for the City of Gainesville Parks, Recreation and Cultural Affairs Department. This waiver, release and indemnification form is completed and signed of my own personal free will and with full knowledge of its significance. I have read this release and understand all of its terms.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Information provided on this form may be subject to the State of Florida public records law (chap. 119.07, Fla. Stat.). Under this law, the City is required to provide access to and copies of a non-exempt public records upon request from a member of the public. This form, Document No. R16-09Rec, is a legal instrument approved by the City Attorney. Any deviations from its use should be authorized by the City Attorney.

**FOR OFFICE USE** **Receipt Number:** \_\_\_\_\_**Residency Status:** ☐ City ☐ Non-City