



**Gainesville Gators Pop Warner  
Football and Cheer 2023**

**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 2021–2022 (due on June 18 or at registration if registering after that date).	<input type="checkbox"/>	<input type="checkbox"/>
<b>Physical Fitness and Medical History Form</b> must be complete. The two-pages form must be signed by Medical Professional and parent; additionally, the following professions are permitted to perform physicals: Medical Doctor, Dr. Osteopathy, Physician Assistant, ARNP, CNS. <b>Football Parents/Guardians:</b> If your child is 5 pounds over or under the required weight and cannot make weight for any team by the first day of practice they will not be allowed to participate.	<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"/>
Football and Cheer Parent Code of Conduct Form	<input type="checkbox"/>	<input type="checkbox"/>
P.A.Y.S. Certification (copy of certificate)	<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)						

**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 **2** 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



# 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 stationery to resume participation after any and all injury, illness or accident.

Signature of Parent or Legal Guardian: \_\_\_\_\_

Print Name \_\_\_\_\_

Relationship to Participant \_\_\_\_\_



**Pop Warner Little Scholars, Inc.**  
**2023 PHYSICAL FITNESS & MEDICAL HISTORY FORM**



**Section II: THIS SECTION MUST BE COMPLETED ONLY BY A LICENSED MEDICAL PROFESSIONAL ON OR AFTER JANUARY 1<sup>ST</sup> 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.



## 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 reminder 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.

## Parent Code of Conduct

Parents are vital to the development of young athletes. Whether sitting in the stands or helping out as a volunteer, parents must set a positive example at all times. Parents and adults involved in youth sports should be models of good sportsmanship and lead by example on and off the playing field.

Child Name: \_\_\_\_\_

Age Group: \_\_\_\_\_

**\*\*\*PLEASE READ each line and initial after you have read each rule to state you fully understand and will comply to the rules\*\*\***  
**Parents and Spectators agree as follows**

1. I will not force my child to participate in sports. I will remember that children participate to have fun and that the game is for youth, not adults. \_\_\_\_\_
2. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others. \_\_\_\_\_
3. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures. \_\_\_\_\_
4. I will not use any alcohol, tobacco product (including E-cigarettes or Vape pens) or drug before, during or after any City of Gainesville venue, practice, activities, events or contests. \_\_\_\_\_
5. I will follow the rules of the game and the practice policies of City of Gainesville. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other sporting event. \_\_\_\_\_
6. I will not encourage any behaviors or practices that would endanger the health and wellbeing of the athletes. \_\_\_\_\_
7. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence. \_\_\_\_\_
8. I will demand that my child treat other players, coaches, officials, spectators and City staff with respect regardless of race, creed, color, sex or ability. \_\_\_\_\_
9. I will bring my child to practice every day and on time as per the coaches' schedule. \_\_\_\_\_
10. I will NOT request, demand or insist that my child plays a certain position. Also I will not discuss my child's playing time with the coach. \_\_\_\_\_
11. 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. \_\_\_\_\_
12. I will never ridicule or yell at my child or other participant for making a mistake or losing a competition. \_\_\_\_\_
13. I (and my guests) will respect the officials and their authority during games and will never question, discuss, or confront coaches at the venue, and will take time to speak with coaches at an agreed upon time and place. \_\_\_\_\_
14. 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. \_\_\_\_\_

**\*\*\* Failure to comply with any of these rules, PAYS, Pop Warner, ACTFOR and City of Gainesville Policy and/or in a manner that is not in good sportsmanship may result in your removal and/or your child from the program. \*\*\***

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

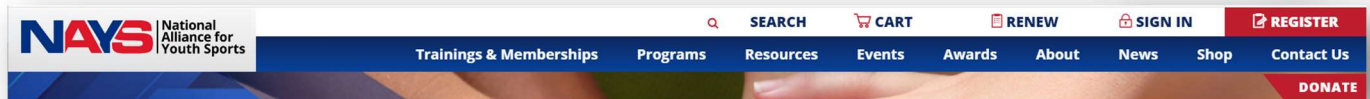


# NAYS | Parent Orientation



Sports Parent Instruction to sign up for the NAYS Parent Orientation for Gainesville Parks & Recreation programs:

1) Register as a User/Member at [www.nays.org](http://www.nays.org).



Select the type of account you would like to create:



2) When registering, for My Organization, type Gainesville in the SEARCH and SELECT.

Step 1 Step 2 Step 3 Step 4

**My Organizations**

☒ I am affiliated with an organization

Search by Names OR Search by Zip Code

Select Radius

**Search Results**

☐ I don't see my organization or league listed

☒ **GAINESVILLE PARK RECREATION & CULTURAL AFFAIRS**  
306 NE 6TH AVE, RM 326  
GAINESVILLE, Florida - 32602

3) When asked to Select a Role, choose NAYS Parent.

**My Roles with the Organization(s)**

Primary	Organization Name	Organization Address	Role	Delete
<input checked="" type="radio"/>	GAINESVILLE PARK RECREATION & CULTURAL AFFAIRS	306 NE 6TH AVE, RM 326 GAINESVILLE, Florida - 32602	<div>NAYS Parent <input type="checkbox"/> Select all <input type="checkbox"/> NAYS Coach <input checked="" type="checkbox"/> NAYS Parent</div>	<input type="button" value="Delete"/>

\* Required Fields

4) Checkout! There is no charge – the Park Department is paying! After checking out you can go to your account dashboard or directly to the Parent Orientation training.