

2021



Sagebrush  
Reno Sparks Pop Warner

**Participant Information**

How did you hear about us: \_\_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Gender: ☐ Male

☐ Female

Sport: ☐ Football

☐ Cheer

Parent's Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month / Day

Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month / Day / Year

Played in Reno Sparks Pop Warner last year? ☐ Yes

☐ No

Division: \_\_\_\_\_

Team: \_\_\_\_\_

Coach: \_\_\_\_\_

Siblings in Reno Sparks Pop Warner this season? ☐ Yes

☐ No

If so, please list names and ages: \_\_\_\_\_

High school zoned for/or attending: \_\_\_\_\_

**Primary Parent/Guardian Information:**

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

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Other Parent/Guardian Information:**

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

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

Emergency Contact Information (other than parent/guardian):

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone#: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Please make sure the above information is accurate and correct. To ensure all teams are equal, the players

will be assigned to a team by your zip code. List any comments or concerns you'd like us to be aware of below.

Requests will be taken into consideration, but are never guaranteed. Thank you for your support and cooperation.

\_\_\_\_\_  
\_\_\_\_\_

**FOR LEAGUE USE**

League Age: \_\_\_\_\_

Birth Cert

☐

Receipt#: \_\_\_\_\_

Division: \_\_\_\_\_

Contract

☐

Payment Form

☐

Team: \_\_\_\_\_

Report Card

☐

Scholarship?

☐

Physical

☐



# Pop Warner Little Scholars, Inc.

## 2021 PARTICIPANT CONTRACT AND PARENTAL CONSENT FORM



**Special Note:** This form must be dated after January 1, 2021 and is APPLICABLE ONLY FOR THE 2021 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 (circle one):

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

Age -Based Division: 5-6 / 7-8 / 8-9-10 / 10-11-12 / 12-13-14

Proof of Scholastic Fitness verified? Yes No

## 2021 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.

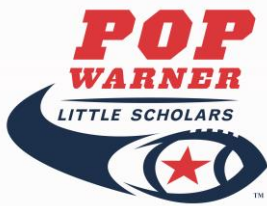
**11. DISPUTE RESOLUTION POLICY SEVERABILITY:** I understand and acknowledge that all disputes with Pop Warner and all affiliated parties will be subject to binding arbitration in Langhorne, PA in accordance with Pennsylvania law. I hereby agree that this binding arbitration shall be in lieu of any litigation. 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: 1/1/2021 PWLS, INC.



**Pacific Northwest Region  
Sagebrush Empire  
Code of Conduct  
2021**



<u>Sagebrush Empire Participant's Code</u>	<u>Sagebrush Empire Parent's Code</u>	<u>Sagebrush Empire Coach's Code</u>
<p><b>I WILL:</b> Emphasis the ideas of sportsmanship, ethical conduct and fair play.</p> <p>Show courtesy to my opponents and officials.</p> <p>Recognize athletic contests are serious educational endeavors.</p> <p>Give complete allegiance to my coaches who are the instructional authority for my team.</p> <p>Discourage fans, fellow teammates and parents from undercutting my coach's authority.</p> <p><b>I WILL NOT:</b></p> <p>Use profanity or talk "trash" before, during or after any game.</p> <p>Use drugs, alcohol or tobacco.</p> <p>Criticize my teammates.</p> <p>Act in any way that may incite spectators.</p>	<p><b>I WILL:</b> Support my child's team/squad and teach the value of commitment to the team/squad emphasis the ideals of sportsmanship, ethical conduct and fair play.</p> <p>Help my child and Pop Warner make athletic contests a positive educational experience.</p> <p>Show courtesy to opponents and officials.</p> <p>Direct constructive criticism of my child's athletic program to the athletic director or association officials and work towards a positive result for all concerned.</p> <p><b>I WILL NOT:</b></p> <p>Criticize officials, direct abuse or profane language toward them, or otherwise subvert their authority.</p> <p>Undermine, in word or deed, the authority of the coach or administration.</p>	<p><b>I WILL:</b> Respect the integrity and judgment of contest officials/judges and work with them to promote positive experiences.</p> <p>Establish and model fair play, sportsmanship, and proper conduct.</p> <p>Hold in highest priority the establishment of the child's safety and well fair.</p> <p>Provide proper supervision of the athletes at all times.</p> <p>Use discretion when providing constructive criticism and when reprimanding the athlete. Maintain consistency in requiring athletes to adhere to established rules and standards of the contest to be played.</p> <p>Follow the Pop Warner rules of behavior and the procedures for responsible crowd control.</p> <p>Vigorously encourage and support athletes.</p> <p><b>I WILL NOT:</b></p> <p>Suggest, provide, or encourage athletes to use non-prescription drugs or substances.</p> <p>Promote acts that will in any way incite spectators in a negative manner.</p>

**Head Coaches, Parents and Participants must sign** this form and by signing he/she is assuring the Sagebrush Empire League Directors/staff that he/she will review and follow the "code of conduct" with his/her relatives/fans at all times.

**HEAD COACH:**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
RENO SPARKS POP WARNER  
Association

\_\_\_\_\_  
Team/Squad Name

\_\_\_\_\_  
SAGEBRUSH  
League

**PARENT:**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

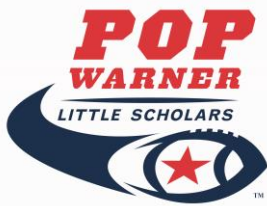
**PARTICIPANT:**

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

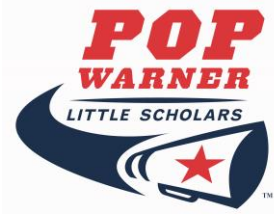
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*\*\* PLEASE READ AND SIGN THE BACK PAGE \*\*\*\*



**Pacific Northwest Region  
Sagebrush Empire  
Code of Conduct Consequences  
2021**



## Consequences for Violation of the Code of Conduct

### Adult Behavior:

1. At any Pop Warner event, practice or competition, any adult who: 1) verbally abuses; 2) attempts to intimidate; 3) is flagrantly rude, or 4) cannot control their language or actions with an official, coach or Pop Warner volunteer will be asked to leave the Pop Warner event. He or she will receive a written warning regarding their behavior. His or her child (ren) will be immediately removed from the Pop Warner event.
2. Any adult that commits a second similar offense will be banned from Pop Warner events for the remainder of that season and their child(ren) removed from Pop Warner for the remainder of that season. Association will refund registration monies pro-rated based on the percentage of the season remaining.
3. Any adult who physically assaults an official, coach or Pop Warner volunteer will be banned from Pop Warner and their child(ren) removed from the Pop Warner program for one year from the date of the offense. The child(ren) may not participate in another Pop Warner Association during the sanction period. After one year, the parent may apply for re-instatement of his or her child. If the adult commits a second offense, he or she will be permanently banned from Pop Warner and the child(ren) permanently removed from Pop Warner.

The term physical assault includes, but is not limited to: hitting, slapping, pushing, spitting, kicking or striking in any way with any part of the body or any physical implement.

**I have read the above three (3) paragraphs I understand and will agree to abide by them.**

**HEAD COACH:** \_\_\_\_\_  
Print Name Clearly

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PARENT:** \_\_\_\_\_  
Print Name Clearly

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PARTICIPANT:** \_\_\_\_\_  
Print Name Clearly

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**DIVISION (CIRCLE ONE) FOOTBALL 6U 8U 10U 12U 14U**

**CHEER: TM MM JPW PW JV V**

(Copies) ASSOCIATION - TEAM BINDER



SAGEBRUSH EMPIRE POP WARNER  
PARENTS MEDICAL RELEASE



In the event of a medical or traumatic emergency, I hereby grant permission for my child,  
\_\_\_\_\_ to obtain necessary treatment at the nearest available hospital  
or treatment facility. I further agree to hold the hospital, treatment facility or Pop Warner Football and Cheer  
harmless of liability for granting or making available such treatment.

**Note any allergies, medications or medical information we should be aware of**

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*I understand that I am responsible for the cost of treatment, subject to available Pop Warner insurance  
coverage and my own medical insurance coverage.*

\_\_\_\_\_  
Parent or Guardian Signature Date

\_\_\_\_\_  
Name of above, please print clearly

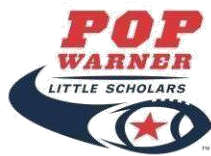
\_\_\_\_\_  
Phone (days) Phone (evenings/weekends)

Name of Physician: \_\_\_\_\_

Name of Dentist: \_\_\_\_\_  
\_\_\_\_\_

**Primary Insurance Information**

Name of Carrier	_____
Group Policy #	_____
I.D. #	_____



# Pop Warner Little Scholars, Inc.

## 2021 PHYSICAL FITNESS & MEDICAL HISTORY FORM



**Special Note:** This form is to be dated after January 1, 2021 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:

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If you answered yes about concussions, provide the name of the doctor or qualified medical professional who cleared Participant for this activity: \_\_\_\_\_

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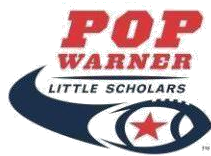
**I certify that this information is accurate. I understand that this medical authorization may be voided in the event of injury, illness or accident and my child may not be cleared for participation at such time. Further, I acknowledge that it is my responsibility to inform my child's coach or organization 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 \_\_\_\_\_



Pop Warner Little Scholars, Inc.

2021 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.**

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 2021 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)

**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 any modified/substituted form that MUST be signed in the current calendar year.**