



# Delray Rocks Youth Organization



**2011  
Football & Cheerleading  
Registration Time  
Is Here Again!**

**Early Bird  
Registration Begins  
May 31st  
\$65 per child**

**REGISTER at  
Pompey Park  
1101 NW 2nd Street  
Delray Beach  
Monday-Saturday  
8AM-8PM**

Registration Fees as of  
August 1, 2011 through August 22, 2011

<u>Resident Cost</u>	<u>Non-Resident Cost</u>
1st Child = \$75.00	\$80.00
2nd Child = \$70.00	\$75.00
3rd Child = \$65.00	\$70.00
4th Child = \$60.00	\$65.00

*\*NOTE: 5th or more registering child will pay \$60 as a resident and \$65 as a non-resident*

**For More Information Contact (561) 243-7356 :**  
**Ben Leonard, Recreation Supervisor I (Football) after 11:00AM**  
**LaShenka Strainge, Recreation Supervisor I (Cheerleading) after 9:00 AM**

**Physical Examinations Are REQUIRED For All Participants & Will Be Offered At A Discounted Rate in late June Private Exams MUST Be Completed After Jan. 1, 2011**

**PARENTS Please provide Child's Birth Certificate & Proof of Guardianship**

**The Age/Weight Chart for the 2011 Season Is Attached**

**Proof of Residence Is REQUIRED!  
Any Utility Bill (water, light, etc.) Is Acceptable.  
If Parent name appears different than Child's, then Proof of Guardianship or Name Change Documentation Needed.**

**Team Equipment & Uniforms WILL NOT Be Issued Unless Registration Fees Are Paid In Full!**

**Team Practice Begins August 1st  
No Physical-No Practice**



**Pop Warner Little Scholars, Inc.**  
 586 Middletown Blvd. Suite C-100 ▪ Langhorne ▪ PA ▪ 1904  
 Phone: 215-752-2691 ▪ Fax: 215-752-2879



[www.popwarner.com](http://www.popwarner.com)

**AGE/WEIGHT MATRIX**  
**2011 SEASON**

DIVISION & WEIGHT	AGES	INCLUSIVE BIRTH DATES
<b><u>FLAGS</u></b>	5, 6 & 7 year olds	8/1/03 - 7/31/06
<b><u>TINY-MITE</u></b> (35-75 lb. Regular) No Older/Lighter	5, 6 & 7 year olds	8/1/03 - 7/31/06
<b><u>MITEY-MITE</u></b> (45-90 lbs.) No Older/Lighter	7, 8, & 9 year olds	8/1/01 - 7/31/04
<b><u>JR. PEE WEE</u></b> (60-105 lbs.) (60-85 lb. Older/Lighter)	8, 9 & 10 year olds 11 year olds	8/1/00 - 7/31/03 8/1/99 - 7/31/00
<b><u>PEE WEE</u></b> (75-120 lbs.) (75-100 lb. Older/Lighter)	9, 10 & 11 year olds 12 year olds	8/1/99 - 7/31/02 8/1/98 - 7/31/99
<b><u>JR. MIDGET</u></b> (85-135 lbs.) (85-115 lb. Older/lighter)	10, 11 & 12 year olds 13 year olds	8/1/98 - 7/31/01 8/1/97 - 7/31/98
<b><u>MIDGET</u></b> (105-160 lbs.) (105-140 lb. Older/Lighter)	11, 12, 13, & 14 year olds 15 year olds	8/1/96 - 7/31/00 8/1/95 - 7/31/96
<b><u>UNLIMITED</u></b> (170+ lbs.) No Older/Lighter	12, 13, 14 & 15 year olds	8/1/94 - 7/31/99

DATE OF BIRTH	POSSIBLE TEAM ASSIGNMENT <i>(depending upon weight)</i>
Between 8/1/03 and 7/31/06	Flag, Tiny-Mite
Between 8/1/03 and 7/31/04	Tiny-Mite, Mitey-Mite
Between 8/1/02 and 7/31/03	Tiny-Mite, Mitey-Mite, Jr. Pee Wee
Between 8/1/01 and 7/31/02	Mitey-Mite, Jr. Pee Wee, Pee Wee
Between 8/1/00 and 7/31/01	Jr. Pee Wee, Pee Wee
Between 8/1/99 and 7/31/00	Jr. Pee Wee O/L, Pee Wee, Jr. Midget or Midget
Between 8/1/98 and 7/31/99	Pee Wee O/L, Jr. Midget, Midget or Unlimited
Between 8/1/97 and 7/31/98	Jr. Midget O/L, Midget or Unlimited
Between 8/1/96 and 7/31/97	Midget or Unlimited
Between 8/1/95 and 7/31/96	Midget O/L or Unlimited



**Pop Warner Little Scholars, Inc.**  
**2011 PARTICIPANT CONTRACT AND PARENTAL CONSENT FORM**



**Special Note:** This form must be dated after January 1, 2011 and is applicable only for the 2011 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 \_\_\_\_\_ Zip \_\_\_\_\_

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 \_\_\_\_\_ 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.: \_\_\_\_\_

<b>Pop Warner Official Use Only:</b>	
Registration Number: _____	Witnessed By: _____
<b>Participant Fees</b>	
Amount Paid \$ _____	
Type of Transaction: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (please explain)	
Proof of Age verified? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Birth Certificate <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/>	

**2011 Parental/Guardian Permission and Waiver**

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

**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.

**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 either 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 AND PROMOTIONAL CONSENT:** As a condition to my child's participation, 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. Furthermore, I hereby grant to Pop Warner the absolute right and permission to make, reproduce, broadcast or otherwise use participant's name and likeness, any photograph, films, videos, recordings, or other depictions or images in whatever form or media in connection with participation in Pop Warner throughout the universe in perpetuity and in any and all advertising and promotion materials, in any manner or media whatsoever for purposes of art, advertising, editorial, trade or promotion or any other purpose whatsoever. To the extent that any benefit accrues or may accrue to Pop Warner, I hereby and forever waive any interest in or claim to such benefits 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 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 and understand that any non-compliance with any and all rules and regulations may be cause for discipline and/or dismissal of the participant, myself, and/or any spectators or other persons affiliated with the undersigned and the above named participant. I further understand that the participant must meet Pop Warner age and/or weight requirements on their official certification date as established by Pop Warner Little Scholars, Inc. without exception and that the decision of the Weigh Master is final. I agree to furnish an authentic certified copy of a birth certificate of the above-named participant to local Pop Warner officials and understand that valid proof of age, a current year's signed medical release, participant contract and parental consent, and scholastic fitness forms must be presented by date of certification in order to participate further in Pop Warner activities.

**11. DISPUTE RESOLUTION POLICY:** I hereby understand and acknowledge that all civil disputes between Pop Warner and any and all affiliated parties will be subject to binding arbitration in the locale of the Pop Warner Little Scholars, Inc. National Office in Langhorne, PA in accordance with Pennsylvania law under the guidelines and rules of the American Arbitration Association. I hereby agree that this binding arbitration shall be in lieu of any litigation by and between myself, Pop Warner and any and all affiliated parties. I also understand and agree that if I contest any decision or ruling of Pop Warner Little Scholars, Inc. 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 or invalid, the remainder shall remain in full force and effect.

**RULES & REGULATIONS** - 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 \_\_\_\_\_



Pop Warner Little Scholars, Inc.

2011 PHYSICAL FITNESS & MEDICAL HISTORY FORM



Special Note: This form must be dated after January 1, 2011 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:

Blank lines for providing question numbers and explanations.

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.  
2011 PHYSICAL FITNESS & MEDICAL HISTORY FORM



**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 2011 season. I am therefore clearing this individual for athletic participation without limitation.

Please place medical professional stamp here or 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.



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## MEMORANDUM

TO: Association Contacts  
Cc: League Contacts  
Regional Administrators  
FROM: Wynn Jessup, Chairman, National Board of Directors, Pop Warner Little Scholars, Inc.  
DATE: January, 2011  
SUBJECT: Parental Behavior

The National Board of Directors of Pop Warner has discussed with increasing concern the number and severity of incidents of parental violence and misbehavior in youth sports.

We unanimously endorse parent meetings and parental education in all local Pop Warner Associations. We strongly recommend that every Pop Warner Association have at least one pre-season, or early season, meeting with parents of all participants.

Pop Warner Leagues, and their member Associations, should make clear what types of behavior are unacceptable, and that there are consequences for such inappropriate actions. At the minimum, unacceptable behavior includes profanity, obscene gestures, verbal threats and physically threatening action.

We have all seen and heard in the media numerous stories of verbal and physical attacks. None of us want to see any violent or profane occurrences in Pop Warner. If not already detailed, each Pop Warner League should include in their By-Laws one or more policies that specify possible penalties for unacceptable behavior. Such penalties may include banning from practices and competitions of any parent(s) or other adult guilty of unacceptable behavior. In some rare cases, it may be necessary to prohibit participation of a child in Pop Warner due to repeated instances of inappropriate actions or words by a parent, guardian or family member.

Several states have enacted laws that elevated any act of violence at a youth sports event to felony level. On the one hand, it's encouraging that laws can help protect our volunteers, but, on the other hand, it's extremely disturbing that those laws are necessary.

As a Board of Directors, we want all of you to be proactive in dealing with this inflammatory and potentially dangerous issue. Let us all make our best efforts to allow the children in Pop Warner to have fun without rude or intimidating interruptions from parents and adults.

**The appropriate language for enforcement can be found in the National Rule Book under "Adult Code of Conduct."**