



2024-2025 PARTICIPANT CONTRACT AND PARENTAL CONSENT FORM

Special Note: This form must be completed, signed by the youth participant's parent or legal guardian, and dated after January 1, 2024. The form applies only to the 2024 Fall – 2025 Spring season. It needs to be submitted to your LOCAL Pop Warner organization prior to participation in any programs. **By signing this form, the parent or legal guardian agrees to the terms and conditions outlined below.**

Section I: POP WARNER AFFILIATION

League: _____ Association: _____

Section II: YOUTH PARTICIPANT INFORMATION (must match birth certificate)

Last: _____ First: _____ Middle: _____

Date of Birth: _____ Age: _____ Male Female Sport: Football Cheer/Dance

Section III: PARENT/GUARDIAN INFORMATION

Last: _____ First: _____

Address: _____ City: _____ State: _____ Zip: _____

Mobile Phone No: _____ Alternate Phone No: _____

Email: _____ Relationship to Child: _____

Section IV: EMERGENCY CONTACT INFORMATION (if parent/guardian cannot be reached)

Name: _____ Relationship to Child: _____ Phone No: _____

Section V: PARENT/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, including by not limited to PARALYSIS, BRAIN INJURY, PERMANENT DISABILITY AND/OR DEATH.** I acknowledge that protective equipment does not prevent all participant injuries and Pop Warner makes no representations or warranties regarding the equipment or its fitness for use. 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.



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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, having met the requirement of 2.0/70%, 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. **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 form, 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.
10. **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.



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Section VI: GENERAL CODE OF CONDUCT

Pop Warner Little Scholars, Inc. is committed to cultivating a safe and welcoming environment for its regional and national events and programs that encourages and promotes good sportsmanship by student-athletes, parents, coaches, administrators and other spectators. We ask that event participants and attendees cooperate in being respectful at all practice and competition venues, partner hotels and/or ancillary venues throughout the course of the event. All those involved with the event are expected to refrain from the following behaviors:

1. Acting in a way that is unruly, disruptive or illegal in nature.
2. Intoxication or other signs of impairment that may potentially result in bad behavior.
3. Excessive use of profanities and other vulgar language that that interfere with other attendees' ability to enjoy the event.
4. Using bigoted, demeaning or abusive or other disruptive and intimidating language and/or gestures.
5. Verbal or physical harassment of officials, participants and coaches before, during and following the competition.
6. Disrupting the progress of competition (including physically entering or throwing objects onto the playing field or competition mat).
7. Interfering with or failing to abide by security or emergency procedures or response
8. Displaying signs that contain offensive language, or any graphic art that may be deemed disrespectful.
9. Defacing, destruction or theft of property associated with the event, including property of the opposing team or other participants, including officials, as well as official venues.
10. Violence or threats of violence against other individuals at any official venue.
11. Publicly criticizing or making derogatory statements of an official, opposing teams, event personnel or its policies, or other individuals associated with the event. This includes comments with respect to their conduct, character, competence, integrity or appearance. Note: social media is deemed a public forum.
12. Failing to follow instructions of event personnel.
13. Any behavior which otherwise violates conduct codes set by partner venues, hotels or ancillary venues including but not limited to theme parks, as enforced by those properties.

Failure to abide by these expectations are grounds for removal from competition. Pop Warner reserves the right to remove individuals or the entire team. Depending on the infraction, a one-year ban from Pop Warner events and programs will be considered. A repeat offense of the same infraction may result in a permanent ban. All removals will be without refund.

Section VII: PARENT/GUARDIAN AUTHORIZATION

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: _____ **Date:** _____



2024-2025 YOUTH PARTICIPANT MEDICAL HISTORY FORM

Special Note: This form must be completed thoroughly and honestly, and signed by the youth participant's parent or legal guardian. It is to be completed and dated after January 1, 2024. This form applies to the 2024 Fall – 2025 Spring season and needs to be submitted to your LOCAL Pop Warner organization. This form and its contents will be available to authorized Pop Warner personnel and kept confidential. **By signing this form, the parent or legal guardian agrees to the terms and conditions outlined below.**

Section I: POP WARNER AFFILIATION

League: _____ Association: _____

Section II: YOUTH PARTICIPANT INFORMATION (must match birth certificate)

Last: _____ First: _____ Middle: _____

Date of Birth: _____ Age: _____ Male Female Sport: Football Cheer/Dance

Section III: PRIMARY AND SECONDARY CONTACT

Primary Contact: Parent or Guardian

Last: _____ First: _____

Address: _____ City: _____ State: _____ Zip: _____

Mobile Phone No: _____ Alternate Phone No: _____

Email: _____ Relationship to Child: _____

Secondary Contact:

Last: _____ First: _____

Mobile Phone No: _____ Alternate Phone No: _____

Email: _____ Relationship to Child: _____

Section IV: INSURANCE INFORMATION

Primary Insurance Company: _____ Primary Group/Policy #: _____ / _____

Does primary insured have Medicaid? Yes No Does primary insured have Medicare? Yes No

Family Doctor Name: _____ Doctor Phone No: _____

Section V: MEDICAL HISTORY OF THE YOUTH PARTICIPANT

Please identify and elaborate on any medical conditions which we should be aware of (if none, write none):



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Please list any medications currently being taken (if none, write none):

In the past 24 months, has the participant been tested, diagnosed and/or treated for a concussion: Yes No

If yes, provide the specific date and detail on the diagnoses/treatment and the outcome:

List any known allergies (if none, write none):

Date of last Tetanus Toxoid Booster: _____

The purpose of the above information is to ensure that medical personnel have details of any issues which may interfere with or alter medical treatment.

Section VI: PARENT/GUARDIAN CONSENT AND MEDICAL RELEASE

Recognizing the possibility of serious injury, illness or death, and in consideration for Pop Warner Little Scholars, Inc. and its members accepting my child as a participant in its official programs, I consent to my child participating in Pop Warner tackle football, flag football, cheer and / or dance. Further, I hereby release, discharge, and otherwise indemnify Pop Warner, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by or on behalf of my child as a result of participating in the Pop Warner programs.

My child has received a physical examination by a licensed health care provider within the past two years and has been found physically capable of participating in the sport of football and/or cheerleading & dance. I have provided written notice, which is submitted in conjunction with this release and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that my child has or that may impact my child's participation in the programs. I give my consent to have an athletic trainer and/or licensed health care provider, including a medical doctor or dentist, provide my child with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and/or treatment.

Signature of Parent/Guardian: _____ **Date:** _____



ZERO TOLERANCE POLICY

The Apple Valley Rebels Youth Football and Cheer Program (AVRYFC) wants to make our league activities an enjoyable experience for everyone. To help create this positive environment we established a "Zero Tolerance Policy" that everyone in the league is required to acknowledge and uphold.

Zero Tolerance Rules:

1. No possession/assumption of alcoholic beverages, use of any tobacco substances, use of e-cigarette/vaping devices, possession/use of illegal substances on the premises at any Association, League, or Conference function, including home or away games, practice fields and any event where children are present.
2. Nobody (not a parent, child, spectator, coach or assistant) may approach a referee, game official, judge or Commissioner to argue a call or play made. There is an established process to protest a game if a situation develops, the coach will handle this.
3. Any actions, statements, or behavior by players, coaches, or spectators that are disrespectful to anyone present shall NOT be tolerated. This includes comments directed towards game officials, the Program, board members, coaches, all children and adults.
4. No individual is to say anything to opposing players unless it is a positive comment.
5. All parents must sign a Zero Tolerance Register, which acknowledges that you have read and understand your obligation(s) under AVRYFC Zero Tolerance Policy.
6. No child may play until their parents have signed the AVRYFC Zero Tolerance Policy.

Violation of Rules:

1. Anyone breaking any of the above rules and/or creating a scene will be asked by the game official(s) and/or an AVRYFC Board Member to leave the game. At this point you must leave the field immediately. Depending on the gravity of the incident, the notification to local police departments and/or recreational departments may be a possibility.
2. The game will not continue until said person departs the premises completely.
3. All other spectators are asked to refrain from comments directed at that person as it may result in their being asked to leave also.
4. The Game Official and/or an AVRYFC Board Member shall direct the situation.
5. A Game Official and/or AVRYFC Board Member shall document the situation for review by the AVRYFC Board of Directors.
6. Upon review by AVRYFC, further penalties may apply such as a one game suspension or banned for the entire season, without any refund.
7. Any one or repeated violations may result in being banned from playing at AVRYFC permanently.

By signing below, I am representing myself, my entire family and/or any friends who may attend an AVRYFC event. I will enlighten my family and friends of the expectations and enforce this policy. I acknowledge I received, read and understand the AVRYFC Zero Tolerance Policy. I agree to abide in accordance with the policy or risk dismissal of participation of my child/children and/or self.

Player's Signature

Date

Print Name

Parent/Guardian Signature

Date

Print Name

Parent/Guardian Signature

Date

Print Name



Refund Policy

The Board of Directors of Apple Valley Rebels Football and Cheer Association hold a financial responsibility to all its members in upholding our mission and league standards. Decisions and expenses for every upcoming season occur months before players even step onto the practice field. In return, we ask that all of our families recognize their commitment to our program, and adhere to our refund policy outlined below:

- The \$100 deposit is **NON-REFUNDABLE**
- Refunds on the remaining balance will **ONLY** be issued for medical reasons or change of address out of the local area. Requests for partial refunds up until equipment issue will require proper documentation **AND** board approval.
- There will be no refunds after equipment issue. **NO EXCEPTIONS!**
- **NO REFUNDS** on cheer uniforms will be issued after their scheduled uniform fitting date. **NO EXCEPTIONS!**

I, the parent/guardian of _____, agree to the above terms of the Apple Valley Rebels Football and Cheer Association's Refund Policy.

Parent's Signature _____

Date _____



EQUIPMENT GUIDELINES

All equipment issued to each player is property of AV Rebels Football and Cheer and shall be returned un-modified or un-tampered with in any way. Failure to do so will result in charges to replace damaged equipment at the . ***Modifications include, but are not limited to:***

HELMET

- Replacement of supplied facemask
- Replacement of supplied inner pads/liner
- Any type of paint applied to inside/outside of helmet
- Drilling of helmet for face shield or any other shield

SHOULDER PADS

- Drilling of pads for lower back installation
- Replacement of foam
- Modification of foam
- Replacement of original buckles and/or straps

Periodic equipment checks will be performed at practices and throughout the season.

Any equipment not returned upon at the end of your season will result in outstanding fees to replace any missing and/or damaged equipment and prevent your player from returning to the organization in the future until equipment is returned or paid for.

Print Participant's Name _____

Print Parent Name _____ Parent's Signature _____

Date _____

PERSONAL SAFETY EQUIPMENT

If you and/or your player decide to use your own safety equipment, it MUST be properly fit by REBELS equipment personnel to ensure proper fit. This is to ensure the safety of your player. If helmet and shoulder pads do not properly fit, they will not be signed off and will not be permitted for use at practices or games.

Signature _____

Date _____



ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I hereby assume all of the risks of participating in Apple Valley Rebels Football & Cheer Preseason Conditioning (hereinafter referred to as "Preseason Conditioning"), including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this Preseason Conditioning. I acknowledge that this Accident Waiver and Release of Liability Form will be used by the organizers of the Preseason Conditioning in which I may participate and that it will govern my actions and responsibilities at Preseason Conditioning.

In consideration of my application and permitting me to participate in this Preseason Conditioning, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this Preseason Conditioning. THE FOLLOWING ENTITIES OR PERSONS: Apple Valley Rebels Football and Cheer, and/or their coaches, agents, representatives or volunteers.

(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this Preseason Conditioning, whether caused by negligence or otherwise.

I acknowledge that this Preseason Conditioning may carry with it the potential for death, serious injury, and personal loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, and lack of hydration.

I consent and agree that Apple Valley Rebels Football and Cheer and/or their coaches, agents, assistance, medical personnel, or volunteers may take photographs or digital recordings of me, a participant during this event and use these in any and all media for training or promotional purposes. I further consent that my identity may be revealed therein or by description text or commentary. I waive any rights, claims or interest and I understand that there will be no financial or other remuneration.

The accident waiver, release of liability and image release shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT ON MY OWN FREE WILL.

Print Participant's Name and Age _____ Date _____

Participant's Signature (if under 18 years Parent or Guardian must sign below) _____

PARENT/GUARDIAN WAIVER FOR MINORS (under 18 years old)

The Undersigned parent and or natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the Preseason Conditioning, and has agreed individually and on behalf of the child or ward, to the terms of the accident waiver and release of liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect on lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Parent/Guardian Signature _____ Date _____



Apple Valley Rebels Photo Release

I hereby authorize Apple Valley Rebels Football and Cheer, hereafter referred to as "Rebels," to publish photographs and/or video take of me during my participation in any Rebels activity/event, and my name and likeness, for the use in the Rebels' print, online and video-based marketing materials, as well as other Rebels publications.

I hereby release and hold harmless Apple Valley Rebels Football and Cheer from any reasonable expectation of privacy or confidentiality associated with the images specified above.

I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs and/or video or participation in company marketing materials or other Rebels publications. I acknowledge and agree that publication of said photos and/or video confers no rights of ownership or royalties whatsoever.

I hereby release Apple Valley Rebels Football and Cheer, its contractors, its members, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation.

Authorization:

Print Participant's Name _____

Print Parent Name _____ Parent's Signature _____

Date _____