Ogden Bears Policies -2012

Read and initial each of the items below. Then sign the form at the bottom. By initialing and signing this form, you are stating that you have read and are aware of each of the policies listed.

1. All fees are **NON-REFUNDABLE** after registration. Please note that flag football does involve some contact. There will be a $20 fee for all returned checks.

2. In order to be officially registered in the Ogden Bears program, I must submit each of the following on behalf of my child: registration packet, registration fee, fundraiser money, final report card for the current year and a physical form dated in the current year. Each of these items must be submitted prior to the first day of practice. If they are not submitted on time, the Ogden Bears will bench my child until all components are submitted.

3. While the Ogden Bears provides the uniform and some components needed for participation, I am required to purchase certain individual equipment for my child.

4. Ogden Bears is a 100% volunteer-run organization. All families are expected to volunteer their time as a condition of membership in the organization. As a general rule, families are required to volunteer **at least** 3 times during the course of the season. Mandatory time slots will be assigned for the concession stand; it will be your responsibility to find someone to take your shift if you are unable to work it. Participation will be tracked and participants may be benched if obligations are not fulfilled.

5. Games are primarily played on SUNDAYS, but there are times when games are played on Saturdays or mid week. There may be night games beginning as late as 8:00pm.There is a possibility that your child's team/squad may have to travel during the season. Football games may be held throughout Western New York. Football and Cheerleading competitions require travel as squads win and advance. Travel can be in New York, New Jersey or as far away as Florida. It may become necessary to hold additional fundraisers by team if their travel costs exceed the allotted amount set aside for post-season travel.

6. I agree to allow my child to be photographed for publicity purposes in print or on the Ogden Bears website. I also agree to allow my child to be videotaped for use by the coaches and/or to be used as a souvenir for the participants.

7. Starting in September, your child must attend all weekly practices in order to participate in that week's game. Head coaches can grant permission if they see fit. Please notify the Head Coach in advance in the case of extended absences.

8. Parents and participants must respect all assignment decisions of the coaching staff. Parents and participants agree to discuss any disagreements with the Coaches, Director of Football, or the Assistant Director of Football in private and away from the rest of the squad. Parents agree to remain away from the sidelines during practices and games and agree to refrain from any derogatory comments regarding any of the coaches, referees or other participants in the presence of any other participant or parent. Any parent that interferes with coaching decisions or makes any derogatory motions and/or comments during a practice or game will be asked to leave the spectator area immediately.

9. I understand and agree that establishing a quality program requires parental/family commitment. I agree to provide transportation for my child to and from all practices and games at the times requested by the coaches and to be at the practice field at least 15 minutes prior to the end of practice to pick up my child.

10. Parents also understand that players are entitled to a certain minimum number of plays per game as set forth in the Western New York Pop Warner rules and regulations, and any plays over and above the entitled number are strictly at the Coach's discretion.

11. Ogden Bears reserves the right to initiate any disciplinary action it deems fit for repeated or severe violations of the above rules.

12. While every effort is made to place your child with a friend or certain coach, we only guarantee your child a place to play. Assignment of teams is the discretion of the Ogden Bears, and does not constitute a refund.

13. There is to be no alcohol, illegal substances or smoking on any field where participants are practicing or playing a game.

By signing this document, I am stating that I am fully aware of each of the items above. I know what the obligations are for participating in the Ogden Bears organization and I am ready to fulfill my requirements.

Child's Name _____

Parent's Signature: _____ Date:_____

Pop Warner Little Scholars, Inc.

2012 PARTICIPANT CONTRACT AND PARENTAL CONSENT FORM

Special Note: This form must be dated after January 1, 2012 and is APPLICABLE ONLY FOR THE 2012 SEASON.

This form must be submitted to your LOCAL 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.:_____

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): 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 No

2012 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, PERMANANET 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.

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 VERIFICAITON: 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 calendar 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 reminder 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_____ 1/23/2012

Pop Warner Little Scholars, Inc.

2012 PHYSICAL FITNESS & MEDICAL HISTORY FORM

Special Note: **This form must be dated after January 1, 2012 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:

_____

_____

_____

_____

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.

2012 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 2012 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.