



NEW EGYPT POP WARNER  
FOOTBALL, DANCE & CHEER  
2019 REGISTRATION FORM



RETURNING WARRIOR \_\_\_\_\_ NEW PLAYER/PARTICIPANT \_\_\_\_\_

**PLAYER INFORMATION** Must match birth certificate or legal change certificate or passport exactly

PLAYER LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/ST/ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE as of 7/31/19 \_\_\_\_\_ **MOTHERS MONTH / DAY OF BIRTH** \_\_\_/\_\_\_

SCHOOLS NAME \_\_\_\_\_ GRADE SEPT. 2019 \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

PARENT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/ST/ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

MEDICAL INSURANCE CARRIER \_\_\_\_\_

DOCTORS NAME \_\_\_\_\_

EMERGENCY CONTACT PERSON \_\_\_\_\_

PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

List any known medical conditions \_\_\_\_\_

HOW MANY LEAGUE PARTICIPANTS IN FAMILY FOR 2018 SEASON \_\_\_\_\_

**RELEASE/AGREEMENT BY PARENT/GUARDIAN OF PARTICIPANT**

I, the undersigned as parent or legal guardian of the NE player applicant do hereby give permission and approval for player participation in all NEFDC activities during the season. I further agree to assume all risks and hazards incidental to player and hereby waive, release, and absolve the organization, sponsors, board members, directors and coaches, and other participants from any claim arising from injury to the player.

**MEDICAL:** I hereby give my consent for any emergency medical treatment to be administered to my child/ward. Registered emergency contacts and listed doctor will be contacted. Should contact or doctor not be available, I give consent to administer emergency medical treatment to player participant including movement to nearest hospital facility, if necessary.

**VOLUNTEER REQUIREMENT:** I understand that I am required to complete a minimum of SIX volunteer hours. Failure to complete the requirement will result in forfeiture of total work bond. I understand there is no guarantee I will be assigned to my specific request, however will assist in any league necessary task.

**COMMITMENT:** I accept full responsibility for all equipment issued to my child/ward and to return all on specific schedule. I will return all equipment in clean reasonably good condition. I agree and will abide by the rules and bi-laws of this league.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Football Weight \_\_\_\_\_

Cheer/Dance \_\_\_\_\_

Check # \_\_\_\_\_

**WORK BOND AGREEMENT**

(6 Hours per family)

2 Hours concession duty  
AND

2 Hours Fundraising  
AND

2 Hours Elected Services

**WORKBOND CHECK \$200.00**

(per participant)

Check # \_\_\_\_\_

OPT OUT \_\_\_\_\_

(Initial to cash work bond)

**EQUIP BOND \$200.00**

(per participant)

Check # \_\_\_\_\_

**REGISTRATION \$175.00\***

Through 07/15/2019

Check # \_\_\_\_\_

**LATE REGISTRATION \$200.00\***

After 07/15/2015

\*Registration Fees are for first player, each addition player is \$125.00

**SIDE LINE CHEER REGISTRATION**

\$150.00

Check # \_\_\_\_\_

**Cash, Check or Credit Card**

**\$25.00 Returned Check Fee**

You can also register online @

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

Payment plans are offered with online registration only.

\*Each credit card transaction will have a 5.00 processing fee.