



SCPW

CERTIFICATION RECORD

ASSOCIATION: _____

YEAR: **2020**

LEVEL OF PLAY: TM MM JPW PW JV V UL CH

FOOTBALL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHEERLEADING	<input type="checkbox"/>								
DIV3	<input type="checkbox"/>	8U	10U	12U	14U				
FLAG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
DANCE	<input type="checkbox"/>								

NAME _____

ADDRESS _____

CITY _____ ZIP _____

TELEPHONE _____

BIRTHDATE _____

REQUIRED PAPERWORK

PICTURE AND PARTICIPANT CONTRACT

PROOF OF AGE

PHYSICAL FITNESS & MEDICAL HISTORY

PARTICIPANT CONTRACT & PARENTAL CONSENT

PROOF OF SCHOLASTICS ELIGIBILITY

TOWN RELEASE

SCPW use only

Stamp Here

Paperwork reviewed and approved by:

Print Full Name

Date

Title

I CERTIFY THAT THE INFORMATION ON THIS FORM HAS BEEN VERIFIED BY OUR ASSOCIATION AND THE ABOVE PARTICIPANT IS ELIGIBLE UNDER POP WARNER RULES.

I FURTHER CERTIFY THAT THE MINIMUM PLAY RULE HAS BEEN EXPLAINED TO THIS PLAYER.

ASSOCIATION PRESIDENT'S SIGNATURE

DATE