

Montclair Spring Football

Levels: Flag ages 5-7/Tackle ages 8-10/Tackle ages 10-12

As of August 1, 2020

Registration Feb 1-March 19 www.communitypass.net

- **Season: Practice Saturdays Starting March 6 (weather permitting)**
- **April practices Tuesdays/Thursdays 6pm Nishuane park**
- **Games Saturdays/Sundays April-June (6-week season)**

Teams will play North Jersey Pop Warner teams from Essex/Union counties

benefits of playing

- **Safety first program**
- **Focus, player development**
- **Mandatory play requirements**
 - **No tryouts**
- **Certified/background checked coaches**
 - **Local travel**



Equipment/Uniforms provided: players provide own cleats

Fee's:

Flag ages 5-7 \$85.00

Tackle ages 8-12 \$125.00



Please note that our program will follow all protective measures consistent with the Covid-19 guidelines from the state and local departments of health. Including daily temperature checks, social distancing during the activity. Facial coverings are required when social distancing cannot be maintained effectively

For more information please call the recreation office during business hours

@ 973-509-4915 between 8:30am-4:30pm Monday-Friday

Calling “ALL” Montclair tackle football players

Join us for a 6-week Spring season of tackle football for ages 8-12 and flag for ages 5-7.

Montclair teams will participate in the North Jersey Pop Warner Spring season.

This is the first season of the PW “spring league” and we are greatly excited to get the kids outside and away from their electronic devices.

1st time players are welcomed, no experience necessary. We will train all players. Out of town players welcomed.

Montclair is a member of North Jersey pop warner comprised of teams from Essex and Union counties.

Practice for the spring season will begin Saturday’s beginning March 6th (weather permitting) the game season will be a 6-week season from April 18-May 23rd plus playoffs if qualify, season will end by June 20th.

Montclair will form teams at the Flag level boys and girls ages 5-7 and two tackle teams for ages 10U (ages 8-10) and 12U (ages 10-12) Ages are as of August 1, 2020.

**Equipment will be provided. Helmet, Shoulder pads, game pants and jerseys
Players must provide cleats and additional pads.**

Flag players will be issued game jersey and flag belt.

Player must provide their own cleats and athletic support (cup)

Benefits to play Pop Warner:

- **No tryouts**
- **Instruction program**
- **Safety first program**
- **Mandatory play requirements Everybody plays.**
- **Little scholars’ program (It’s all about the academics)**
- **Program stability**
- **Local travel**
- **Certified Coaches (over 20 years of experience)**

For more information, please call the recreation office at 973-509-4915 during business hours Monday-Friday 8:30am-4:30pm



Pop Warner Little Scholars, Inc.

2021 PARTICIPANT CONTRACT AND PARENTAL CONSENT FORM



Special Note: This form must be dated after January 1, 2021 and is APPLICABLE ONLY FOR THE 2021 SEASON.

This form must be submitted to your LOCAL organization before the athlete participates in Pop Warner. No other forms are acceptable. Every Pop Warner Association must have a fully completed and signed original of this form before 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 Parent/Guardian Month and Day of Birth _____

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):

Traditional Divisions: Flag / Tiny Mite / Mitey Mite / Jr. Pee Wee / Pee Wee / Jr. Varsity / Varsity

Age -Based Division: 5-6 / 7-8 / 8-9-10 / 10-11-12 / 12-13-14

Proof of Scholastic Fitness verified? Yes No

2021 Parental/Guardian Permission and Waiver

Participant Name: _____

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, 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 potential dangers of participation in any sport and I understand that participation in football, cheerleading and/or dance may result in **BODILY INJURY, PARALYSIS, BRAIN INJURY, PERMANENT DISABILITY AND/OR DEATH.** I acknowledge that protective equipment does not prevent all participant injuries, and therefore I release, absolve, 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.

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 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. 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 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 release, 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.

11. 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.

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: _____ Print Full Legal Name _____

Signature of Participant: _____ Print Full Legal Name _____

Dated: __ 1/1/2021 PWLS, INC.



Pop Warner Little Scholars, Inc.

2021 PHYSICAL FITNESS & MEDICAL HISTORY FORM



Special Note: This form is to be dated after January 1, 2021 and then submitted to your LOCAL Pop Warner organization. No other forms are acceptable. Section II must be completed in its entirety ONLY by a Licensed State Examiner (medical doctor, nurse practitioner, etc.). Section II is modified or substituted ONLY to comply with local and/or state laws or 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 any modified/substituted form.

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:

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

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 there any history of concussions and/or head injuries? Yes No
4. Is the participant currently under the care of a medical practitioner? Yes No
5. Is the participant currently taking any medications? Yes No
6. Does the participant have any allergies (penicillin, bee stings, etc)? Yes No
7. Does the participant have asthma/require the use of an inhaler? Yes No
8. Is the participant diabetic/require medication for diabetes? Yes No
9. Does the participant carry sickle cell trait/suffer from sickle cell disease? Yes No
10. Does the participant currently require medication? Yes No
11. Does/has the participant have/had seizures? Yes No
12. Does the participant wear glasses or contact lenses? Yes No
13. Does the participant wear a brace or other medical support device? Yes No
14. 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 and/or attach to this form:

Blank lines for providing question numbers and explanations.

If you answered yes about concussions, provide the name of the doctor or qualified medical professional who cleared Participant for this activity:

Blank line for providing doctor name.

I certify that this information is accurate. 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. Further, I 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 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.

2021 PHYSICAL FITNESS & MEDICAL HISTORY FORM



Section II: THIS SECTION MUST BE COMPLETED ONLY BY A LICENSED MEDICAL PROFESSIONAL ON OR AFTER JANUARY 1ST of the CURRENT CALENDAR YEAR.

Name of Participant: _____
(Please check the following if healthy or note otherwise):

Height	Weight	Eyes
Ears	Mouth	Nose & Throat
Respiratory	Cardiovascular	Neurological
Musculoskeletal	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 participating in Pop Warner football, cheer or dance programs. I hereby attest that this individual is physically fit and has no medical condition which would prevent this individual from participating in Pop Warner activities for the 2021 season. I am therefore clearing this individual for athletic participation without limitation.

Please indicate medical profession (M.D., D.O. R.N., etc.) _____

Are you licensed in your state to perform physical examinations? YES NO

Today's Date: _____

Please sign and fill out the following information OR place Official Medical Practice Stamp here:

Signature _____ Printed Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax: _____

Email/Website: Email _____ (Optional)

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 any modified/substituted form that MUST be signed in the current calendar year.



Township of Montclair • Recreation Department • 205 Claremont Ave • Montclair, NJ 07042 • tel: 973-509-4915 • fax: 973-744-1947

COVID-19 Waiver

FAMILY NAME _____ ID _____

The Novel/Coronavirus/COVID-19, is a communicable disease caused by a virus, is extremely contagious and it spreads easily through person-person contact. Federal and state authorities recommend, (at a minimum), social distancing as a means to prevent the spread of the virus, in addition to temperature checks.

As with any communicable disease caused by a virus, including COVID-19, you can become severely ill. You may be more susceptible to contracting a communicable disease from a virus, including COVID-19, if you have certain pre-existing health conditions.

The Township of Montclair follows CDC protocols for disinfection, which include public area that can be disinfected. The Township of Montclair cannot guarantee that a communicable disease from a virus, including COVID-19, will not be present should you choose to participate or make use of any Township facility.

By signing you have read and agree to accept all health risks associated with Township of Montclair program participation and use of facilities. You also agree to be a responsible person and not participate, or have your child participate, in any Township of Montclair programming or use of Township of Montclair facilities should you or your child have any symptoms of a communicable disease from a virus, including COVID-19.

By signing you hold harmless the Township of Montclair, its directors, superintendents, employees, and volunteers should you or your child contract a communicable disease from a virus, including COVID-19. This means that you agree not to legally blame or bring a lawsuit against the Township of Montclair or anyone connected with it if you or your child becomes ill after using these pool facilities.

Print Name

Date

Signature

Date



Pop Warner Little Scholars, Inc.
 586 Middletown Blvd. Suite C-100 • Langhorne • PA • 19047
 Phone: 215-752-2691 • Fax: 215-752-2879
www.popwarner.com



PARTICIPANT INFORMATION

Name: _____ **Team:** _____ **Date:** _____

Have you been in close contact to a person who is lab–confirmed to have COVID-19 in the past 14 days?
 ___ Yes ___ No
If yes, what was the date of the last known close contact?

COVID-19 DISCLOSURE, ACKNOWLEDGMENT & WAIVER

Are you exhibiting any of the following new or worsening symptoms of possible COVID-19?

- ___ Cough
- ___ Shortness of breath or difficulty breathing
- ___ Chills
- ___ Repeated shaking with chills
- ___ Muscle Pain
- ___ Headache
- ___ Sore throat
- ___ Loss of taste or smell
- ___ Diarrhea
- ___ Feeling Feverish or a measured temperature greater than or equal to 100 degrees Fahrenheit
- ___ Known close contact with a person who is lab confirmed to have COVID-19
- ___ Currently living with someone experiencing symptoms of COVID-19
- ___ None of the above/No Symptoms

Temperature certification:
 ___ I certify that I took my temperature before arriving at the field today and it was less than 100° F

Duty to Inform:
 ___ I will inform you if I knowingly come in contact with someone who tested positive within 14 days prior.
 ___ I will inform you and not attend Pop Warner activities for 14 days if I develop any of the above symptoms.
 ___ If I test positive for COVID-19, I will not return to Pop Warner activity without medical clearance.

COVID-19 has been declared a worldwide pandemic by the World Health Organization. **COVID-19** is extremely contagious and is believed to spread from person-to-person contact. Federal, state, and local governments and health agencies recommend social distancing and have, in many areas, prohibited group activities.

Pop Warner is taking steps to reduce the spread of **COVID-19**; however, **Pop Warner cannot guarantee** that you or your child(ren) will not become infected with **COVID-19**. Further, **attending Pop Warner activity could increase** the risk of contracting **COVID-19**.

By signing this agreement, I acknowledge the contagious nature of **COVID-19** and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by **COVID-19** by attending Pop Warner activity and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by **COVID-19** may result from the act, omission, or negligence of myself and others, including, but not limited to, Pop Warner volunteers, and other participants and their families.

I voluntarily agree to assume the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may incur by reason of Pop Warner activity (“Claims”). On my behalf, and on behalf of my children, I hereby release and covenant not to sue Pop Warner, its affiliated organizations, employees, volunteers, agents, and representatives, of and from the Claims.

SIGNATURES

Participant Signature: _____ **Parent Signature:** _____

Witness: _____ **Witness:** _____

INSTRUCTIONS FOR POP WARNER COVID-19 DISCLOSURE, ACKNOWLEDGMENT & WAIVER

- 1) This form is to be completed by all youth athletes and all coaches, volunteers and league officials attending Pop Warner events, as the "Participant".
- 2) Parent signature is required for all youth athletes. Witness signatures are required. Anyone may witness the participant and parent signatures.
- 3) Form is to be filled out for first camp session, for first practice, and at start of competition. Retain the originals with the Participant Agreement. Scan and send of all completed forms (Participant Agreement and COVID-19 form) to compliance@popwarner.com.
- 4) If the first question is answered "yes", the date of confirmation or exposure is filled out next.
- 5) If date of exposure is within 14 days, participant is excluded.
- 6) A participant excluded because of exposure may return after the 14 day period and must fill out another form.
- 7) If any of the symptoms are checked, participant is excluded.
- 8) A participant excluded from camp may return 14 days after they are symptom free.
- 9) If temperature is not cleared, participant is excluded.
- 10) A participant excluded for temperature may return 14 days after their temperature returns to normal.
- 11) Under "Duty to Inform" – all three boxes must be checked.
- 12) If participant has tested positive for COVID-19, they may not return without medical clearance.



MONTCLAIR BULLDOG CHEERLEADING & FOOTBALL

REGISTRATION PACKET CHECK LIST:

€ **Payment made through www.communitypass.net**

€ **Recent 2 x 2 Size Picture (head shot)**

€ **Copy of Birth Certificate (New Participants ONLY)**

€ **Parent/Player Contract Forms I & II (Must be signed by both)**

€ **Medical Forms I & II (Form II MUST be sign or Stamped by Dr)**

€ **Signed Pop Warner and township Covid-19 Waiver (2 forms)**

€ **Copy of FINAL 2019-2020 REPORT CARD**

€ **Signed Parent Work Bond agreement & Payment**

Separate check made out to Montclair Bulldogs

Packet will NOT be accepted if incomplete or without payment