2024

**Association:       Level of Play: D1 [ ]  D2 [ ]**

**Cheerleading** **[ ]  Jr. TM** **[ ]  TM (F)** **[ ]  MM (E)** **[ ]  JPW (D)** **[ ]  PW (C)** **[ ]**

**JV (B)** **[ ]  V (A)** **[ ]  Bantam** **[ ]  Challenger** **[ ]**

**Age Base Football** **[ ]  Football** **[ ]  Rookie Football** **[ ]  Flag Football** **[ ]**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **U6** | **U7** | **U9** | **U11** | **U13** | **U14** |
| **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |

****

NAME:

ADDRESS:CITY:

ZIP CODE:

TELEPHONE: DATE OF BIRTH (MM/DD/YY):

****

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Birth Certificate | Physical Fitness & Medical History | Participant Contract & Parental Consent | Report Card /Eligibility | Parent Code of Conduct |
| **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |

 ****  ****

STAMP

DATE:

I CERTIFY THAT THE INFORMATION ON THIS FORM HAS BEEN VERIFIED BY OUR ASSOCIATION AND THAT THE ABOVE PLAYER/CHEERLEADER IS ELIGIBLE UNDER POPWARNER RULES. I FURTHER CERTIFY THAT THE MINIMUM PLAY RULE HAS BEEN EXPLAINED TO THIS PLAYER.

**ASSOCIATION PRESIDENT’S SIGNATURE**

**DATE** **/****/**