



# Pop Warner Little Scholars, Inc.

## 2022 PARTICIPANT CONTRACT AND PARENTAL CONSENT FORM



**Special Note:** This form must be dated after January 1, 2022 and is **APPLICABLE ONLY FOR THE 2022 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 \_\_\_\_\_ Flag \_\_\_\_\_ Parent/Guardian Birthday (mmddyyyy) \_\_\_\_\_

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: Proof of Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card \_\_\_\_\_ Other (please explain) \_\_\_\_\_

Age verified? Yes \_\_\_\_\_ No \_\_\_\_\_

Birth Certificate \_\_\_\_\_ Other (please explain) \_\_\_\_\_

**Division of Play (check one):**

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

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

Proof of Scholastic Fitness verified? Yes \_\_\_\_\_ No \_\_\_\_\_

**2022 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, cheer mats, 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. I release, 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: 1/1/2022 PWLS, INC.



**Pop Warner Little Scholars, Inc.**  
**2022 PHYSICAL FITNESS & MEDICAL HISTORY FORM**



**Section II: THIS SECTION MUST BE COMPLETED INLY BY A LICENSED MEDICAL PROFESSIONAL ON OR AFTER JANUARY 1<sup>ST</sup> 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 2022 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.**



# Pop Warner Little Scholars, Inc.

## 2022 PHYSICAL FITNESS & MEDICAL HISTORY FORM



**Special Note:** This form is to be dated after January 1, 2022 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:

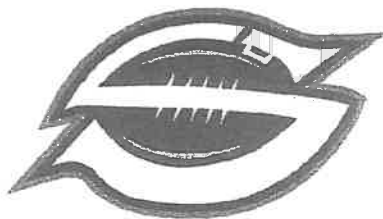
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_

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 \_\_\_\_\_



Sarasota Junior Football Association, Inc.

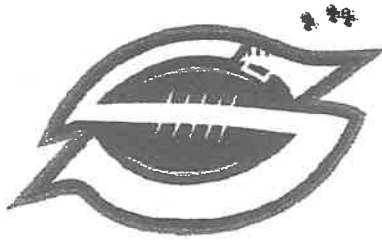
## **Refund Policy**

It is the practice of Sarasota Junior Football Association, Inc. to be as reasonable as possible in our refund policy. Considering this approach, registration fees collected by Sarasota Junior Football Association, Inc.

will be refunded under the following conditions:

1. If you registered online and paid the \$100 non-refundable deposit, a refund is issued if there is no space on a team, your child could not be placed on another team, and/or a team could not be formed.
2. If no equipment is issued and an athlete withdraws from the program prior to and including July 30, a refund of registration fees will be made prior to August 1<sup>st</sup>. The deposit will not be refunded.
3. If a Football Player or Cheerleader withdraws from the program once they begin practicing on August 1, or once equipment is issued, no refund will be made.
4. If a child is diagnosed with a medical condition, not including sports related injuries, and is deemed unable to compete during the season, a refund of registration fees will be made prior to August 15<sup>th</sup>. The deposit will not be refunded.
5. If a football player does not make the minimum or maximum weight for their division of play, they will either be moved down a level or up a level if their age/weight meets that level's requirements. A 50% refund will be awarded to any player whose age/weight deems them ineligible to play. This is only applicable until the official Pop Warner Conference weigh-in. After the official weigh-in no refunds will be awarded for age/weight conflicts.

**THERE ARE NO EXCEPTIONS TO THIS POLICY**



## VIDEO/PHOTOGRAPH RELEASE FORM

I hereby grant The Sarasota Junior Football Association (the "Sun Devils") the irrevocable right and permission to use photographs and/or video recordings of me or my child on Sun Devils and other websites and in publication, promotional flyers, educational materials, or for any other similar purpose without compensation to me.

I understand and agree that such photographs and/or video recordings of me and my child may be placed on the Internet. I also understand and agree that I may be identified by name and/or title in printed, Internet or broadcast information that might accompany the photographs and/or video recordings of me and my child. I waive the right to approve the final product. I agree that all such portraits, pictures, photographs, video and audio recordings, and any reproduction thereof, and all plates, negatives, recording tape and digital files are and shall remain the property of the Sun Devils.

I hereby release, acquit and forever discharge the State of Florida, the Sun Devils, its current and former trustees, agents, officers and board members of the above-named entities from any and all claims, demands, rights, promises, damages and liabilities arising out of or in connection with the use or distribution of said photographs and/or video recordings, including but not limited to any claims for invasion of privacy, appropriation of likeness or defamation.

I hereby warrant that I am eighteen (18) years old or more and competent to contract in my own name or, if I am less than eighteen (18) years old, that my parent or guardian has signed this release form below. This release is binding on me and my heirs, assigns and personal representatives.

\_\_\_\_\_  
Signature of Individual Photographed/Recorded

\_\_\_\_\_  
Date

Printed Name of Individual Photograph/Recorded: \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

**If individual photographed/recorded is under eighteen (18) years old, the following section must be completed:** I have read and I understand this document. I understand and agree that it is binding on me, my child (named above), our heirs, assigns and personal representatives. I acknowledge that I am eighteen (18) years old or more and that I am the parent or guardian of the child named above.

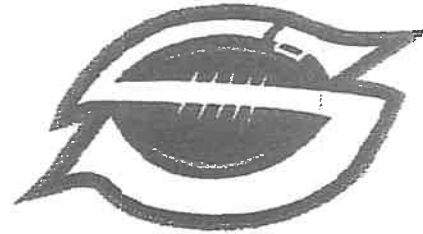
\_\_\_\_\_  
Signature of Individual Photographed/Recorded

\_\_\_\_\_  
Date

Printed Name of Individual Photograph/Recorded: \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date



## Parent Code of Conduct (Standards & Expectations for Parents & Guardians)

Welcome to our new football and cheerleading season. As an organization, we are committed to achieving the goals of Pop Warner and to honor the sports of football and cheerleading. We seek to teach these sports in a safe and fun environment. Children should come away from the program with elevated levels of fitness, teamwork, self-discipline, sportsmanship, friendship and leadership.

The organization provides the first real football and cheerleading experience for the children. Remember how important that experience is for them, both now and long into the future. Personally setting examples necessary to instill positive character traits in our children is of vital importance to our organization.

This organization is built upon a foundation of volunteers who dedicate their own time and energy to make this experience the best they can for those who participate. As volunteers, it can become very difficult to manage expectations of children, parents, spectators, coaches and board members. We consider each and every parent who registers their child a volunteer who will be an active member and facilitator of the organization.

Parents are the key to cultivating an optimal program, and are vital to the development of youth athletes. Therefore, this organization sets high expectations regarding modeling good sportsmanship and leading by example on and off the field and hereby set a PREAMBLE to our Parent Code of Conduct as follows:

The essential elements of character building and ethics in sports are embodied in the concept of sportsmanship and 6 core principles:

**Trustworthiness, Respect, Responsibility, Fairness, Caring and Good Citizenship**

The highest potential of sports is achieved when competition reflects all 6 pillars of character. Below are our guidelines to help ensure a safe, enjoyable, competitive and character building season:

**All parents/guardians with children participating must abide by this Code of Conduct. Please read, sign and deliver to administration office prior to the first day of practice.**

I Hereby Agree To:

1. I will not force my child to participate in sports.
2. I will learn the rules of the game and the policies of the league.
3. I will remember that children participate to have fun and that the game is for youth, not adults.
4. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
5. I will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support of all players, coaches, officials and spectators at every game, practice or other event.
6. I will not engage in any kind of unsportsmanlike conduct with any official, coach, player or parent.
7. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
8. I will teach my child to treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
9. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or of his/her performance.
10. I will praise my child for competing fairly and trying hard.
11. I will not ridicule or yell at my child or other children for making a mistake or losing a competition.
12. I will support the decisions of the coaching staff in determining talent levels positions and know they make decisions in order to contribute the most to the team while developing individual skills.
13. I will respect the officials and their authority during the games and I will never question or confront coaches at the game field and will take time to speak with coaches at an agreed upon time and place.
14. I will demand a sports environment for my child that is free from drugs, tobacco and alcohol and I will refrain from the use of all of the above at all Pop Warner functions.
15. I will refrain from coaching my child or other players during games and practices unless I am one of the official coaches of the team.
16. I agree to be called upon for volunteer duties such as gate attendant, restroom monitor, sideline volunteer, novelties station and/or other duties requested by the Association. **NEW: I understand there may be an "OPT-OUT" charge should I choose not to volunteer or fail to volunteer the minimum required hours during the season. I understand that I should direct any questions regarding volunteer hours to the Volunteer Coordinator or to a board member.**

SARASOTA SUN DEVILS

- 17. I acknowledge that a certain level of individual, group and team discipline is required for the safety of individual participants as well as for all others on the team.
- 18. I acknowledge that these sports take a high degree of teamwork and require all participants to be at events such as but not limited to scheduled practices, games, scrimmages or meetings at which the coach or organization sets, unless an excused absence has been granted by head coach. Any absence must be brought to the attention of the head coach in advance to be considered an excused absence.
- 19. I agree not to use abusive or profane language at ANY time at Pop Warner functions, which includes practices and games.
- 20. I agree to accept all decisions of the game officials, judges or Conference Officials as being fair and called to the best of their ability.
- 21. I agree to take responsibility for any actions that violate this Code of Conduct by a guest or relative of attending parent/guardian.
- 22. I agree to be financially responsible for Pop Warner equipment issued to participant other than normal wear and breakage during games and practice and will reimburse Pop Warner for the loss and/or damage to said equipment.
- 23. I agree my child will be properly equipped at all times with the required equipment and clothing during all practices and games.
- 24. I have read and understand the most recent Pop Warner Rule changes that have been posted at:  
<https://www.popwarner.com>
- 25. I understand the Pop Warner season starts on August 1 and all are required to attend the mandatory practices All family vacations and/or summer programs shall be taken and completed prior to August 1.
- 26. I understand that each player is only guaranteed a set number of plays per game. The Pop Warner League Mandatory Play Rule requires the following minimum number of plays per game for each player:

8U	Team Size	# of plays	<b>All Other Teams:</b>	Team Size	# of plays
	<b>31-35</b>	<b>8</b>		<b>31-35</b>	<b>6</b>
	<b>26-30</b>	<b>10</b>		<b>26-30</b>	<b>8</b>
	<b>16-25</b>	<b>12</b>		<b>16-25</b>	<b>10</b>

- 27. I agree to follow proper Chain of Command when filing a complaint or voicing my opinion regarding any possible rule infraction or concern.

**The Chain of Command is as follows in the exact order shown:**

- A. Head Coach or Head Cheer Coach of the team.
- B. If you complaint is regarding the Head Coach, first speak with that coach, if possible.
- C. Our Football Athletic Director or Cheer Director.
- D. President of the Organization.
- E. Write a letter to the Board of Directors.

**\*\*\* if you go directly to Conference, Regional or National Pop Warner without permission or without first attempting proper chain of command, you and your participant(s) will be considered for removal from this organization \*\*\***

- 28. I agree not to criticize, belittle, antagonize, berate or otherwise incite the board, volunteers, coaches, players, cheerleaders, fans and/or opposing team, coaches, cheerleaders or fans verbally or by gesture. Action will be taken as follows for any verbal abuse, physical altercations, intimidation, and/or any other "unsportsmanlike" conduct:

**First Offense:** Parent/Guardian/Child(ren) will be removed from the game or practice.

**Second Offense:** Parent/Guardian/Child(ren) will be removed for the season.

**Third Offense:** Parent/Guardian/Child(ren) will be banned from any Pop Warner Program for the current and following seasons.

**NOTE:** the above offenses are considered minimum offenses and can be accelerated and/or modified by the board appointed committee for such offenses. \*\*\*\*\* it should also be noted that if a particular code of conduct is broken in the presence of a Pop Warner representative outside of the Sarasota Junior Football Association, the Pop Warner League, Region, or National Organization may have the authority to supersede our penalty, and/or impose their own penalty. \*\*\*\*\*

- 29. **Image Release:** In consideration of my children named below being allowed to participate in any way, in Sarasota Sun Devils Pop Warner Youth Football & Cheerleading national championships and any other official Pop Warner events and activities, as well as any Sarasota Sun Devils games and activities, do hereby grant to Pop Warner and the Sarasota Sun Devils, the unrestricted and exclusive right and permission, free from approval or review, to copyright and/or use my likeness in any and all media now or hereafter known, including but not limited to, pictures and videos of which my children may be included intact or in part for promotion or other commercial use.



**SARASOTA SUN DEVILS**

**REFUND POLICY:**

See Exhibit A attached hereto

By my signature below as a parent/guardian of a child participating in the Program, I confirm I have received a copy of, read and agree to abide by Parent Code of Conduct.

Signature of Parent/Guardian \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Player(s)/Cheerleader(s)	Divisions - Circle One	Program - Circle One
	<u>6U/TM</u> 8U/MM <u>10U/IPW</u> 12U/PW <u>14U/IV</u> V	CHEER OR FOOTBALL
	<u>6U/TM</u> 8U/MM <u>10U/IPW</u> 12U/PW <u>14U/IV</u> V	CHEER OR FOOTBALL
	<u>6U/TM</u> 8U/MM <u>10U/IPW</u> 12U/PW <u>14U/IV</u> V	CHEER OR FOOTBALL
	<u>6U/TM</u> 8U/MM <u>10U/IPW</u> 12U/PW <u>14U/IV</u> V	CHEER OR FOOTBALL
	<u>6U/TM</u> 8U/MM <u>10U/IPW</u> 12U/PW <u>14U/IV</u> V	CHEER OR FOOTBALL
	<u>6U/TM</u> 8U/MM <u>10U/IPW</u> 12U/PW <u>14U/IV</u> V	CHEER OR FOOTBALL