



Rockford Ravens Football & Cheerleading
P.O. Box 936
Rockford, Illinois 61105
www.rockfordravens.org

Welcome to the 2010 Season

Dear Parent/Guardian,

Congratulations and thank you for selecting the Rockford Ravens Pop Warner Little Scholars Association as a means of enhancing your child's self-esteem, self-discipline, teamwork and interpersonal skills. The Rockford Ravens are proud members of the Chicagoland Pop Warner Little Scholars League. We are a nonprofit organization designed to encourage athletic and scholastic endeavors.

The mission of the Rockford Ravens is to promote a healthier and positive image for the youth of Winnebago and surrounding counties by instilling sportsmanship, leadership, honesty, loyalty, courage and responsibility in them.

Our goal is to promote the physical, mental and social development of children by providing channels for the individual child to receive educational instruction in Football, Cheer and academics.

Once your child has been officially registered (payment in full) and assigned to a team, you will receive a contact roster of his/her coaches. In the meantime, please feel free to contact one of the board members listed below to address any questions or concerns that you may have. In addition, please let us know if you are able to assist us on a committee or with fundraising efforts.

Again, we welcome you to the Rockford Ravens Pop Warner Little Scholars Association.

Sincerely,

The Rockford Ravens Board of Directors

Email: info@rockfordravens.org

Message Phone: 815-713-3470

Certification/Registration Information Sheet

Certification and registration are two separate but related and required processes

Certification

All participants in Pop Warner youth athletics are required to complete a certification process.

Certification is a Pop Warner requirement which mandates that the parent/guardian provide certain forms and documents in order to complete the process of verification and validation of the participant (age, weight, grades, etc.). The certification process is directed by the Chicagoland Pop Warner Little Scholars League and is conducted prior to the start of the season. Certification is completed in person, at a specific time and place. The CPWLS will publish a schedule of dates and places where the certification process must be completed. Any participant that is not certified by a given deadline will not be allowed to participate for the season.

****PLEASE READ IMPORTANT INFO BELOW** REGISTRATION DEADLINE is JULY 1ST**

All Ravens players and cheerleaders are required to complete registration **prior to being certified by CPWLS, placed on a team or given equipment/uniforms**. Registration involves completion of packet, submission of a copy of child's birth certificate and entire registration packet, and payment of all applicable registration fees. Certification requires submission of the documentation on the checklist below and completion of the league certification process.

-Certification Checklist- The following four items are also **REQUIRED** for certification- **DEADLINE is JULY 1ST**

_____ **Completed and signed Rockford Ravens Registration Form**

_____ **Completed Pop Warner Participation Contract and Parental Consent Form**

_____ **Completed Parental/Guardian Permission and Waiver**

_____ **Birth Certificate-** a copy of the original county birth certificate, **NOT THE HOSPITAL BIRTH CERTIFICATE**

The last two documents below are not required for registration and are due prior to the start of practice on August 2nd

_____ **June 2010 Report Card or Scholastic Fitness Report-** a copy indicating at least a 2.0 GPA is required. **ALL 4 QUARTERS MUST BE ON THE REPORT CARD.** Participants with less than a 2.0 GPA will be required to sign a Scholastic Waiver (obtained from the Rockford Ravens Registrar). If your child does not receive a report card, the guardian must submit a Preschool Form (obtain from the registrar).

_____ **2010 Physical** (1-Physicals must be recorded on the Pop Warner Physical Fitness & 1- Medical History Form included in this packet and must be dated for the calendar year in which the child will participate). **Please Note:** There are (2) physical forms, one for the parents to fill out and one form for the physician to fill out.

Please submit all documentation to the registrar/certification REP ONLY!

You must submit all documentation in advance to facilitate the certification process.

It is the parent/guardian responsibility to make sure the registration items are turned in by July 1st and certification items by August 2nd

Registration Representative:

Secretary - Natalie Richardson

Certification Representatives:

Football Commissioner-William Sockwell

Cheer Commissioner-Jennifer Marshall

REGISTRATION FEES INCLUDE:

*****RAFFLE TICKETS - \$50 MANDATORY FUNDRAISER INCLUDED** (amount given will be equal to your **prepaid** registration fee)

The parents can sell the tickets to assist in raising funds for their child's pre paid registration. Parents are only to turn in the stubs to the Ravens for the drawings which will be awarded during the Homecoming Game (at half-time of the peewee game). **YOU ARE NOT REQUIRED TO RETURN THE CASH COLLECTED FOR TICKETS** use it to offset your registration fee paid in advance.

*****UNIFORM RENTAL** (you return these items at the **promptly** end of the season)

Football- rents game pants and light colored jersey (away), practice pant and jersey, helmet and shoulder pads

Cheer- rents skirt, shell, warm up and poms

These items must be dry cleaned (except the poms) and returned on the return date in order to be able to register for future seasons, if not, there will be an additional \$200 fee accrued that must be paid before registering in the future.

*****SPIRIT PACK** (you keep these items)

Football- receives Ravens t-shirt, personalized dark colored jersey (home), and uniform socks

Cheer- receives hair bows, uniform socks, cheer bag, brief, midriff, cheer shoes

*****ACADEMIC TUTORING** (volunteers will tutor children if needed to help maintain a 2.0)

RAFFLE TICKETS WILL BE DISTRIBUTED AT THE START OF THE SEASON AND THE UNIFORMS AND SPIRIT PACKS WILL BE DISTRIBUTED TOGETHER AT AN ANNOUNCED PRACTICE. THESE ITEMS WILL ONLY BE DISTRIBUTED TO THOSE WHO HAVE PAID THEIR ENTIRE REGISTRATION FEE.

Additional Costs/List

These items are not included in the registration fee.

The costs are estimates to give an idea of how much additional money beyond registration fees that may be required.

Mandatory Items:

FOOTBALL

- Uniform football cleats (check with head coach for appropriate color/style) approx. \$40-\$60
- Football protective cup \$10
- Mouthpiece \$10

Potential Expenses:

In the case the competitive teams advancing to compete in Regional or National Competitions, additional travel costs (to include: transportation, hotel and food) will be required. IT IS REQUIRED THAT ALL PLAYERS/CHEERLEADERS TRAVEL TOGETHER, FAMILIES ARE ENCOURAGED TO ACCOMPANY THE TEAM(S) ON THE TRIP.

Pop Warner recognizes children who have achieved academic attainment consistent or above the program guidelines. These children are honored at the Regional Scholastic Banquet.

- Regional/National Competitive Level & Scholastic Recognition Costs (per player/cheerleader)
(It is the goal that successful fundraisers/sponsors will help offset some costs)
 - Regional Competitions Football and Cheerleading – approximately \$100-\$120
 - Regional Scholastic Banquet- Approx. \$100 per child being recognized
 - National Playoffs- are typically in Orlando, Fl. Approximate costs begin at \$800 per player

Rockford Ravens Pop Warner Little Scholars Registration Form

Payments must be made in cash, check or money order
(\$25 fee assessed for all returned checks)

Registering: Check One _____ Football _____ Cheerleading

Participant Name: (Last,First) _____	Birthdate: (mm/dd/yy) _____ Age as of Aug. 1st: _____	Weight: _____ lbs. Grade for '09-'10: _____
Primary Guardian: (Last,First) _____ Relation: _____	Primary Contact: () _____ Email: _____	Address: _____ City/Zip: _____
Secondary Guardian: (Last,First) _____ Relation: _____	Secondary Contact: () _____ Email: _____	Last Name On Jersey: _____ <small>Ten characters max</small>
(3) Jersey # Choices: 1. _____ 2. _____ 3. _____	Past Raven Player YES OR NO	Raven Sibling(s) Name(s): _____
Contact Preference PHONE OR EMAIL	Would you like to volunteer YES OR NO	

2010 REGISTRATION FEES- All fees are NON REFUNDABLE

Football	\$300
Cheer	\$300
Early Registration Discount	\$50 off (Football Only) if paid in full by 3/31/10
Multiple Sibling Discount	\$15 off per additional sibling(after the first one)

DEPOSIT: Minimum of \$100 deposit required **FULL BALANCE:** Must be paid in full by July 1st

NOTE*** Each **PAID IN FULL** registered player will receive:

*Raffle Fundraiser *Spirit Pack *Rental Uniform *Volunteer Tutor if needed
(See page 3 for details)

There are additional costs that will be incurred throughout the season, see attached sheets for breakdown. Registration fees only cover items listed above, and association and league fees incidental for participation in Pop Warner athletics. **These fees do not cover appropriate shoes or other specific items as defined, travel or transportation costs to out of town venues, or other special events.** By signing below I am agreeing to allow Rockford Ravens to use my child's photograph, video and audio recordings in any future publications, web pages and other promotional materials produced. I understand the circulation of the materials could be worldwide and that there will be no compensation to me for this use. I understand that it is my responsibility, should I elect to utilize the payment plan option, to remit the remaining balance due before the end of the registration period. I understand that the Rockford Ravens Pop Warner Little Scholars Association is under no obligation to contact me with payment reminder(s). I have read and understand the first 4 pages of this registration/certification packet and have received pages 5-11 and will review or complete and submit accordingly. **Equipment or uniform shall not be issued and my child is not guaranteed a roster spot until 100% of the registration fee has been paid.**

Guardian Print: _____

Guardian 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



2010 PARTICIPANT CONTRACT AND PARENTAL CONSENT FORM

Special Note: This form must be dated after January 1, 2010 and is applicable only for the 2010 season. This form must be submitted to your LOCAL Pop Warner organization prior to the athlete participating in Pop Warner. No other forms are acceptable. Every Pop Warner Association must have a fully completed and signed original of this form prior to 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

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): Flag / Tiny Mite / Mitey Mite / Jr. Pee Wee / Pee Wee / Jr. Midget / Midget / U/L

Weight at Time of Registration (Football Only): _____

Proof of Scholastic Fitness verified? Yes No

1. PERMISSION TO PARTICIPATE

I, the parent/guardian of the above-named participant hereby acknowledge that my child is in good general health and I give my approval 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 by a licensed driver with proof of insurance.

2. INTENT TO INFORM

I acknowledge that I am fully aware of the potential dangers of participation in any sport and I fully understand that participation in football, cheerleading and/or dance may result in **SERIOUS INJURIES, PARALYSIS, PERMANENT DISABILITY AND/OR DEATH**. Furthermore, I fully acknowledge and understand that protective equipment does not prevent all participant injuries, and therefore I do hereby waive, release, absolve, indemnify, and agree to hold harmless the local, league and regional Pop Warner organization(s), Pop Warner Little Scholars, Inc., and any and all organizers, sponsors, supervisors, participants, and persons transporting the above named participant to and from activities, from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.

3. EMERGENCY MEDICAL AUTHORIZATION

I hereby grant my permission for any and all emergency medical/dental treatment and/or first aid to be administered to my child/participant, including authorizing any medical treatment facility/hospital to administer emergency treatment, for any illness/injury/accident resulting from participation in any and all Pop Warner activities.

4. EQUIPMENT RESPONSIBILITY

I agree to assume full responsibility for any and all equipment/uniforms loaned to the above named participant and I agree to promptly return, upon request, the uniform and other equipment issued to the above named participant in as good condition as when received except for normal wear and tear. If I fail to adhere to this policy, I will be responsible for the replacement cost of such equipment. I agree to furnish an authentic certified copy of a birth certificate of the above-named participant to local Pop Warner officials.

5. INSURANCE DISCLOSURE

I am aware that my local Pop Warner organization carries group accident insurance which is considered secondary or excess for medical purposes to any and all valid insurance I possess is considered primary insurance. Furthermore, I agree to notify in writing my head coach and local Pop Warner organization of any medical claim as a result of participation in Pop Warner as soon as reasonably possible. I understand that any registration fee paid does not constitute a direct premium for insurance and that a deductible(s) may apply.

6. SCHOLASTIC VERIFICATION

I hereby stipulate that either 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. Furthermore, I hereby authorize my child's school to release school grades, report card results, and any and all other pertinent scholastic information to the local Pop Warner organization in order to comply with Pop Warner's scholastic fitness requirements.

7. FINANCIAL RESPONSIBILITY

I hereby stipulate that I have been advised by the local Pop Warner Organization of my rights, if any, to a refund in accordance with the local 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. COMMUNICATION AND PROMOTIONAL CONSENT

As a condition to my child's participation, I hereby consent to receive communications via email and mail from Pop Warner Little Scholars, Inc. and its partners. I understand that Pop Warner Little Scholars does not sell its contact lists and communications sent may contain program information as well as special offers and may be opted out of by following the instructions in the email or via written request to the Pop Warner National Office. Furthermore, I hereby grant to Pop Warner the absolute right and permission to make, reproduce, broadcast or otherwise use participant's name and likeness, any photograph, films, videos, recordings, or other depictions or images in whatever form or media in connection with participation in Pop Warner throughout the universe in perpetuity and in any and all advertising and promotion materials, in any manner or media whatsoever for purposes of art, advertising, editorial, trade or promotion or any other purpose whatsoever. To the extent that any benefit accrues or may accrue to Pop Warner, I hereby and forever waive any interest in or claim to such benefits 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 hereby understand and acknowledge that as a parent/guardian of a Pop Warner participant it is my responsibility to comply with all rules and regulations stipulated, adopted or recognized by Pop Warner Little Scholars Inc. or any of its member organizations and understand that any non-compliance with any and all rules and regulations may be cause for discipline and/or dismissal of the participant, myself, and/or any spectators or other persons affiliated with the undersigned and the above named participant. I further understand that the participant must meet Pop Warner age and/or weight requirements on their official certification date as established by Pop Warner Little Scholars, Inc. without exception and that the decision of the Weigh Master is final. I agree to furnish an authentic certified copy of a birth certificate of the above-named participant to local Pop Warner officials and understand that valid proof of age, a current year's signed medical release, participant contract and parental consent, and scholastic fitness forms must be presented by date of certification in order to participate further in Pop Warner activities.

11. DISPUTE RESOLUTION POLICY

I hereby understand and acknowledge that all civil disputes between Pop Warner and any and all affiliated parties will be subject to binding arbitration in the locale of the Pop Warner Little Scholars, Inc. National Office in Langhorne, PA in accordance with Pennsylvania law under the guidelines and rules of the American Arbitration Association. I hereby agree that this binding arbitration shall be in lieu of any litigation by and between myself, Pop Warner and any and all affiliated parties. I also understand and agree that if I contest any decision or ruling of Pop Warner Little Scholars, Inc. 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 or invalid, the remainder shall remain in full force and effect.



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RULES & REGULATIONS

By my signature below, I hereby stipulate that I have read, fully understand and voluntarily agree to all of the above:

Signature of Parent/Guardian_____

Print Full Legal Name_____

Signature of Participant_____

Print Full Legal Name_____

Date_____

1/18/2010



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2010 PHYSICAL FITNESS & MEDICAL HISTORY FORM

Special Note: This form must be dated after January 1, 2010 and then submitted to your LOCAL Pop Warner organization. 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 the modified/substituted form. Section II must be completed in its entirety ONLY by a Licensed State Examiner (medical doctor, nurse practitioner, etc.)

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: _____

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 the participant currently under the care of a medical practitioner? | Yes | No |
| 4. | Is the participant currently taking any medications? | Yes | No |
| 5. | Does the participant have any allergies (penicillin, bee stings, etc)? | Yes | No |
| 6. | Does the participant have asthma/require the use of an inhaler? | Yes | No |
| 7. | Is the participant diabetic/require medication for diabetes? | Yes | No |
| 8. | Does the participant currently require medication? | Yes | No |
| 9. | Does/has the participant have/had seizures? | Yes | No |
| 10. | Does the participant wear glasses or contact lenses? | Yes | No |
| 11. | Does the participant wear a brace or other medical support device? | Yes | No |
| 12. | 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:

I hereby certify that this information is accurate to the best of my knowledge. 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. Furthermore, I hereby 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 stationery in order to seek permission 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 _____



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Section II: THIS SECTION IS TO BE COMPLETED ONLY BY A MEDICAL PROFESSIONAL

Name of Participant: _____

(Please check the following if healthy or note otherwise):

Height	Weight	Eyes
Ears	Mouth	Nose & Throat
Respiratory	Cardiovascular	Neurological
Muskoskeletal	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 involved in participating in Pop Warner football, cheer or dance programs. I hereby swear and attest that this individual is physically fit and I have found no medical reason which would prevent this individual from safely participating in Pop Warner activities for the 2010 season. I am therefore clearing this individual for athletic participation without limitation.

Please place medical professional stamp here or fill out the following:

Signed _____ Date: _____

Print Name _____

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

Complete this section or the medical professional's stamp may be placed below.

Address _____ City _____ State _____

Telephone _____ /Fax Number: _____

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 the modified/substituted form.

Rockford Ravens Registration Checklist

Child's Name: _____

Registration:

In order to begin the registration process for your child, guardians **MUST** completely fill out three (3) documents, submit a copy of the child's county birth certificate, and pay a minimum \$100 deposit.

CHECK OFF AS YOU COMPLETE

RAVENS REP. ONLY

<input type="checkbox"/> 2010 Rockford Ravens Registration Form (pg. 4)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 2010 Pop Warner Participation Contract and Parental Consent Form (pg. 5)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 2010 Parental/Guardian Permission and Waiver (pg. 6/7)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Copy of County Birth Certificate- no hospital birth certificates allowed	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Deposit of at least \$100 (per child)	<input type="checkbox"/>	<input type="checkbox"/>

****Your child WILL NOT be registered without us receiving all three documents, birth certificate and fee paid in full****
RETURN pages 4,5,6,7 of this packet to Ravens REGISTRATION/CERTIFICATION REP

DO NOT WRITE BELOW FOR RAVENS STAFF ONLY

For Ravens Staff Only-

Date _____

Received By: _____

FOOTBALL CHEERLEADING – TINY MITE MIGHTY-MITE JR. PEE WEE PEE WEE JR. MIDGET MIDGET

Receipt #	Deposit Paid	Balance Due	Cash _____ Money Order _____ Check # _____
Child of Cch or B. Member YES OR NO	Siblings Name/Team	Siblings Name/Team	Siblings Name/Team
SP _____	RC _____	G.P.A _____	

Registration Fee: \$300 due by 7/1/10 see page 3 for details on what the fee includes
 - Early Registration (FOOTBALL ONLY) \$50 off if paid by 3/31/10
 - Multiple Child Discount \$15 off each additional child

Rockford Ravens Certification Checklist

Certification:

In order to complete the leagues certification process, guardians must submit these three (3) documents in advance and must make sure their child appears in person on certification day, Chicagoland Pop Warner will determine the date, time and place of certification.

CHECK OFF AS YOU COMPLETE

_____ Copy of '09-'10 last report card (ALL 4 QRTS MUST BE ON REPORT CARD)

_____ 2010 Medical History form completed by Parent (pg. 8)

_____ 2010 Physical Fitness form completed by Doctor (pg. 9)

_____ Appear in person at League certification (date, time and location t.b.d.)

_____ Remainder of financial balance due (if applicable) due by 7/1/10

Pop Warner Little Scholars believe that youth should participate in sports and athletics in the following age and weight groupings. The following guide is used by the Secretary and the Commissioners to select your child's team. First year players will typically start at the lowest level for their age. CHEELEDING DIVISIONS FOLLOW AGE REQUIREMENTS ONLY(there is no weight requirement).

<u>Division</u>	<u>Age (as of August 1st)</u>	<u>Weight Limit</u>
Tiny Mite	5-7 year olds-no older/lighter	35-75lbs.
Mitey-Mite	7-9 year olds- no older/lighter	45-90lbs.
Jr. Pee wee	8-10 year olds 11 year old Older/Lighter	60-105lbs. 85-115lbs. Older/ Lighter
Pee wee	9-11 year olds 12 year old Older/ Lighter	75-120lbs. 75-100lbs. Older/Lighter
Jr. Midget	10-12 year olds 13 year old Older/Lighter	85-135lbs. 85-115lbs. Older/Lighter
Midget	11-14 year olds 15 year old Older/Lighter	105-160lbs. 105-140lbs. Older/Lighter
Unlimited	11-14 year olds No High School	105+lbs.

Registration Representative: Natalie Richardson

Certification Representatives: William Sockwell-football & Jennifer Marshall-cheer