

**Winter Park Tigers
Pop Warner Football and Cheerleading
2021 Registration & Consent Form**

PLEASE SEND ALL DOCUMENTS AND PAYMENTS TO
P.O. BOX 55 WINTER PARK, FL 32790-0055

MAKE PAYMENTS PAYABLE TO WINTER PARK POP WARNER
THE REGISTRATION FEE IS NON-REFUNDABLE AFTER THE 1ST DAY OF PRACTICE. PRIOR
TO THE 1ST DAY OF PRACTICE, A \$75 ADMINISTRATION FEE WILL APPLY.

FOR QUESTIONS EMAIL: amy.powers@floridayouthathletics.org or leslie.wiesenfeld@floridayouthathletics.org
FOR INFORMATION, VISIT OUR WEBSITE at www.floridayouthathletics.org

PLEASE PRINT ALL INFORMATION CLEARLY AND COMPLETE EVERY LINE

PROGRAM REGISTERING FOR:

FOOTBALL _____ YEARS OF EXPERIENCE IN FOOTBALL: _____

CHEER _____ YEARS OF EXPERIENCE IN CHEER: _____

PARTICIPANT INFORMATION:

CHILDS LAST NAME: _____ FIRST NAME: _____
STREET ADDRESS: _____ APT #: _____
CITY: _____ ZIP: _____ PHONE # _____
WEIGHT: _____ AGE (AS OF JULY 31, 2020): _____
BIRTHDATE: _____ MALE/FEMALE

PRIMARY EMAIL ADDRESS: _____

HIGH SCHOOL DISTRICT CHILD LIVES IN (MUST BE IN THE DISTRICT OF WINTER PARK HIGH SCHOOL): _____
SCHOOL ATTENDING (DURING THE 2020/2021 SCHOOL YEAR) _____

PARENT OR GUARDIAN INFORMATION:

FATHER/MALE LEGAL GUARDIAN NAME: _____
HOME PHONE: _____ CELL PHONE: _____
ARE YOU INTERESTED IN BECOMING A COACH FOR THE LEAGUE? FOOTBALL CHEER NO _____
ARE YOU INTERESTED IN BECOMING A TEAM PARENT FOR THE LEAGUE? FOOTBALL CHEER NO _____

MOTHER/FEMALE LEGAL GUARDIAN NAME: _____
HOME PHONE: _____ CELL PHONE: _____
BIRTHDATE: MONTH/DAY ONLY _____
ARE YOU INTERESTED IN BECOMING A COACH FOR THE LEAGUE? FOOTBALL CHEER NO _____
ARE YOU INTERESTED IN BECOMING A TEAM PARENT FOR THE LEAGUE? FOOTBALL CHEER NO _____

INSURANCE CARRIER: _____
POLICY NUMBER: _____
PHYSICIAN/PRIMARY CARE DOCTOR: _____
OFFICE PHONE: _____

EMERGENCY CONTACT INFORMATION:
(TWO PEOPLE OTHER THAN PARENT OR GUARDIAN THAT ARE LOCAL)

CONTACT NAME: _____ RELATIONSHIP: _____
PHONE: _____
CONTACT NAME: _____ RELATIONSHIP: _____
PHONE: _____

I, the Parent or Legal Guardian of the above-named child, hereby give my permission and approval for his/her participation in all activities of Winter Park Pop Warner, Inc. during the 2020 season. I understand that football is a contact sport containing risks, including but not restricted to serious injury, the possibility of paralysis, or death. These, as well, are inherent to said child being involved in the sport. Therefore, the above name-child and I assume all risks and hazards incidental to the conduct of all activities, including possible negligence of agents (together with, but not limited to, all coaches, officers, members, commissioners, and directors), servants, or employees of Winter Park Pop Warner, Inc. This also includes its organizers, sponsors, and /or any of its or their agents, servants, and employees and anyone transporting said child to or from activities of Winter Park Pop Warner, Inc. Also, the above-named, involved child and I hereby release, indemnify, and hold harmless all said individuals and/or entities from all responsibility for any right, action, claims or liens which arise as the result of the negligence of such released and indemnified parties whom I will hold harmless. I will furnish an original signed statement- on a Pop Warner medical form only- from an examining physician, of the current year, showing that the child is physically fit and there are no observable conditions that would contraindicate him or her playing football or cheerleading/dance. In addition, I will show a certified copy of said child's birth certificate (with seal), including giving one photocopy, and three photocopies of the final report card (showing all grades for the 2019/2020 school year), and a 2" x 2" school picture of the above-named child to a staff member from registration. I will return at the end of the season (or sooner if necessary) all League equipment and uniform(s) that were issued to the above-named child. If said items are not returned either when said child leaves the program or when the 2020 season is over, I agree to be held responsible for the amount of replacing all of the equipment and uniform(s) that were issued to said child, including all legal fees and court costs. In addition to the above, by signing below I have read and agree to the "General Behavior and Disciplinary Policies" of this Organization. In case of emergency, if my physician/primary care doctor cannot be reached, I hereby authorize the above-named child to be treated by another qualified, licensed physician or emergency personnel who is/are available.

SIGNATURE OF PARENT OR LEGAL GUARDIAN: _____
DATE: _____