

DOUGLAS POP WARNER

P.O. Box 307 Minden NV 89423

Welcome to Douglas Pop Warner!

Douglas Pop Warner is a value driven program with one goal in mind, *to create positive lifetime memories for its participants!* It has a seasoned administration and coaching staffs that are dedicated to teaching knowledge and a love of the game while imparting the values of the program that will help our athletes all their lives such as Commitment, Discipline, Scholastics, Teamwork, Integrity and having fun along the way with maximum participation.

We work hard to get the best education for our coaches and the best equipment for our athletes. Everyone involved in coaching, administrating, or running a program component, is a volunteer, and everyone involved volunteers one way or another to make it work. We teach Team and we believe in operating like a Team. You can show your Teamwork by participating willingly when the opportunity presents itself.

We implement the Heads Up Football program and will educate you on its benefits and your obligations and responsibilities that go with it. In the short time of its existence it has proven to be very, very successful. Studies show that injuries are down substantially among programs using the Heads Up system. It involves training and testing for coaches, monitoring by the administration and help from the parents. All of this to keep the athletes safe – a very worthy cause!

You will be getting a comprehensive Parent Handbook at the beginning of the season that will tell you who, what, when, where, and... sometimes... why. Here are some highlights until then:

Practices and home games are at Stodick Park in Gardnerville. For the first four weeks we practice five days a week, then it is cut back to three days a week with a game. Games will be on Friday or Saturday depending on where you are playing. Practices may not exceed two hours.

There is an opportunity to get a FREE physical on June 14, 6:00 - 7:30 at Ironwood Medical Center thanks to the very generous donation of **Carson Valley Medical Center at Ironwood**. You can get a physical at your own doctor, be sure to take our form for your doctor to sign. Watch the DPW website, www.douglaspopwarner.com, or our DPW facebook page for current/changing information.

We assign teams in July. Your coach will call you in late July. There will be a Parent Meeting during the first week. It is very important that you attend as many topics will be introduced and discussed including the very important Heads Up Football protocols that you, and we, must follow.

Our primary fundraiser is the Tigerthon. It is essential to our financial success and is good for the athlete as well as DPW. The athletes learn about contributing to their program, enhancing their sales

skills, and receive a prize for meeting the minimum standard of \$100 per athlete. For every \$100 they raise they get the prize. Athletes that get \$500, or more, will get their name on their game jersey and they can keep it. Cheer gets a custom made, very desirable prize.

Travel during the regular season will be to Sagebrush member City Associations: Reno, Sparks, Carson City, Truckee, Fallon, Fernley, Hawthorne, North Tahoe, South Tahoe, or Silverstage (Silver Springs and Stagecoach). Your travel will depend on if you play them home or away. Post season travel is available to Jr. Pee Wee and above and can include the potential of going to Florida. Such travel decisions will be made by the Board on a team-specific basis. Such travel is not paid by DPW, but the Board will help coordinate fundraising efforts to make sure that the financial impact on those that participate is mitigated. You will get much more information on this should your team qualify.

From dropping off and picking up your child on time, to not drinking or smoking around the athletes you will be making a good contribution to the experience of your child and every athlete on his/her team. Be on time. Get your paperwork in on time. Volunteer as you can, even if it is only the occasional snackbar duty. If you can do more such as Mandatory Play, step up. The more people that give quality volunteer time, even a little bit, the better the experience of the athletes. Do you have time on Thursday or Friday to paint fields? There are many ways to help. Get off the sidelines and into the game – you'll love it!

The DPW Board meets on the third Thursday of the month. Everyone is welcome to attend and participate. Meetings are at 1320 Highway 395, Gardnerville, NV except for during the season when we are all together at Stodick Park. In season meetings are on Wednesdays.

We consider our participants as part of our Tiger Family. When you are a Tiger you are one of us. Everybody is Orange and Black, and a Tiger. That's all there is to it. If you hurt we hurt. We will share much joy together as we go through the 2017 season... together. You've signed on for something special. The core is there, the experience will be as good as we all make it ... together.

Thank you for joining us this season. We will have FUN regardless of the won/loss record of your team! We don't measure our success in wins, rather in watching the athletes have FUN, take each of their skillsets to the next level, having everyone be safe, and that they all learn knowledge and a love of the game while practicing our values so the result is positive lifetime memories for the athletes. The primary mantra for our coaches is, *"Winning is a by-product of good coaching!"*

You are welcome to contact me after 1:00 with your questions or comments. You are an important part of our program and we want to know what you are seeing and thinking. You might be seeing something gone awry, or you might not understand what you are seeing. Either way, if you are unhappy, or even if you are happy, call or email so we know how things are going.

See you on the field!

Jim Valentine, President
775-781-3704 dpwtigers@hotmail.com



Douglas Pop Warner 2017 Football and Cheerleading Signups



Practice Begins on August 1st at Stodick Park

April 8th - SUPER SATURDAY SIGNUPS - 11:00am - 3:00pm

Join us at the Douglas County Senior Center for our

DISCOUNT FUN DAY

Special Registration Fees - Free Food - Fun - Friendship

April 26th - Douglas County Senior Center - 5:00pm - 7:00pm

May 10th - Douglas County Senior Center - 5:00pm - 7:00pm

FOOTBALL

\$180 per football player

\$20 savings for each additional family player
valid only after April 8th

Only \$160 on Super Saturday
(No discount for additional players)

NO TRYOUTS - Players are accepted on a First Come
First to Play in each Division

** All Football/Cheerleading drops/withdraws are
subject to a \$20 administrative fee

CHEERLEADING

\$140 per cheerleader

\$20 savings for each additional family player
valid only after April 8th

Only \$120 on Super Saturday
(No discount for additional players)

** Cheer uniforms are approximately \$250 (in addition
to the registration fee) and will belong to the Cheerleader
at the end of the season

** Brand new uniform this year that all Cheerleaders will be
required to purchase - Uniform will be used for two seasons!



The New Standard
in Player Safety
in partnership with the



Live the Values of Integrity, Commitment,
Teamwork, Scholastics and Discipline
while learning a love of the Sport!

Come join the FUN!

BE A TIGER!



**ATHLETE MUST ACCOMPANY PARENT or
GUARDIAN TO SIGN UPS**

IMPORTANT: The following MUST be provided when signing up:

- Certified State Issued Birth Certificate
- Current Weight for Football Players
 - League Age is the athlete's age on July 31.
 - Weight limits do not apply to cheerleaders

SIX DIVISIONS OF PLAY

DIVISION	AGE	WEIGHT
TINY MITE	5-7	35-75 lbs
MITEY MITE	7-9	45-100 lbs
JR PEE WEE	8-10	60-115 lbs
older/lighter	11	60-95 lbs
PEE WEE	9-11	75-130 lbs
older/lighter	12	75-110 lbs
JR VARSITY	10-12	90-155 lbs
older/lighter	13	90-135 lbs
UNLIMITED	11-14	105 and up

Weights are subject to change prior to the first day of practice

NEW THIS SEASON!!

First games of the season will be
Labor Day weekend!

Football: Jake Fair - 790.1390 Cheer: Tasha Hamilton - 354.5613

Sign Up: Patti Romanelli - 720.0990

President: Jim Valentine - 781.3704 dpwtigers@hotmail.com

Save The Date

Douglas Pop Warner Free Physical

June 14th starting at 6:00pm

More information to follow on our Facebook page!

NEVADA



FOOTBALL

2017 SUMMER CAMP SERIES



PACK ATTACK 7 on 7 Tournament BIG MAN "UNION" CHALLENGE

DATE: JUNE 10-11th
LOCATION: MACKAY STADIUM
TIME: 9am
FORMAT: 3 GAME GUARANTEE
(24 Teams Max)



NEVADA FOOTBALL YOUTH CAMP

DATE: JUNE 14th
(rising: 3rd, 4th, 5th & 6th grade)
JUNE 15th
(rising 7th & 8th grade)
LOCATION: MACKAY STADIUM
TIME: 2pm - 6pm (both days)



QB SCHOOL

DATE: JUNE 12-13th
LOCATION: MACKAY STADIUM
TIME: DAY #1: MORNING,
AFTERNOON & NIGHT
DAY #2: MORNING &
AFTERNOON

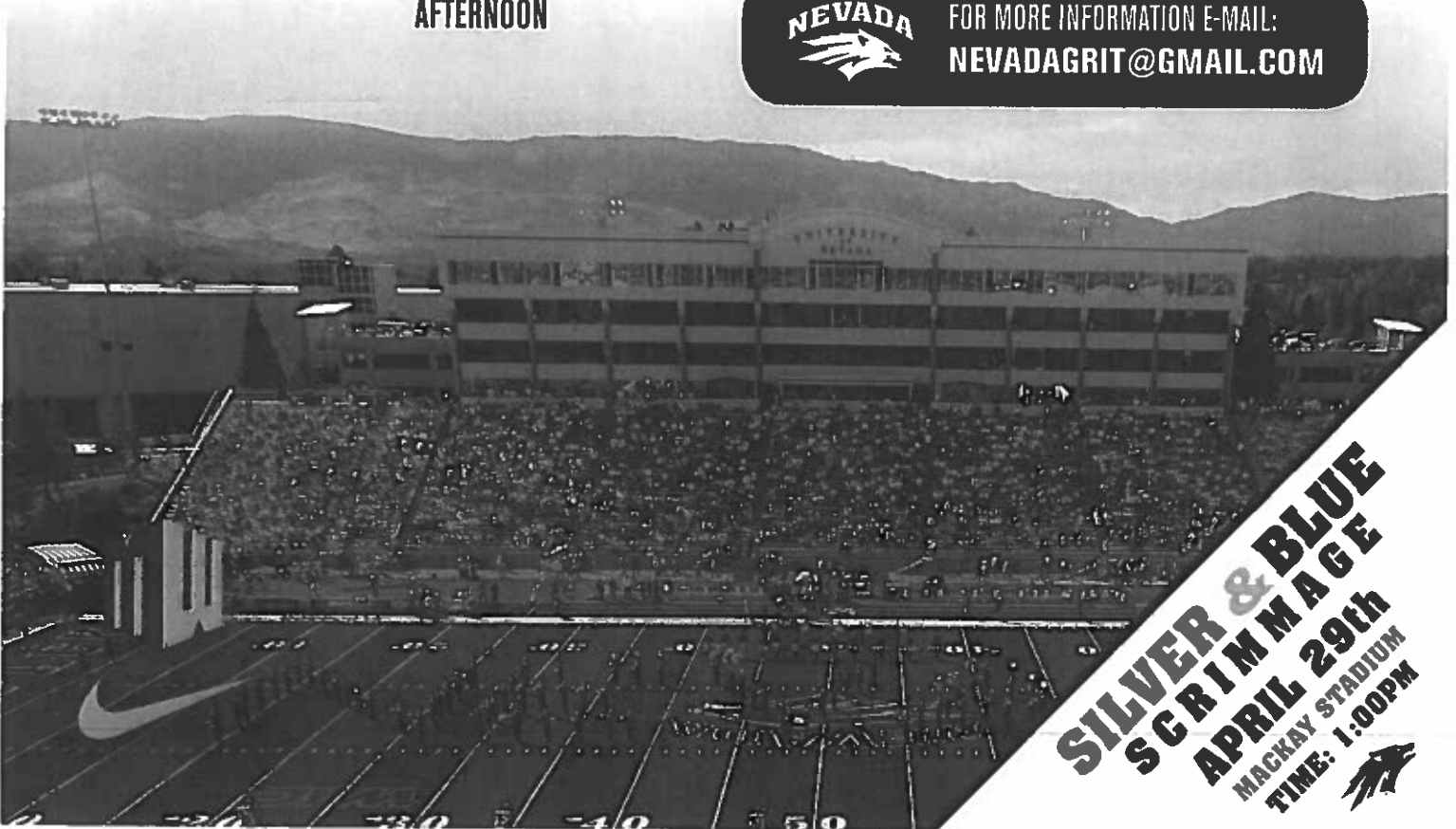


FRIDAY NIGHT GRIT

DATE: JULY 28th
LOCATION: MACKAY STADIUM
GRADES: 9th - 12th GRADE
TIME: UNDER THE LIGHTS



FOR MORE INFORMATION E-MAIL:
NEVADAGRIT@GMAIL.COM



**SILVER & BLUE
SCRIMMAGE
APRIL 29th
MACKAY STADIUM
TIME: 1:00PM**





2017 Official Absentee Form



1. Circle one program: Football Cheer Dance
2. Affecting: (circle all that apply) League Event Regional Event National Event Other: _____
3. Last Name of child: _____ First Name _____
4. League Name/Association Name _____
5. City, State _____
6. Team Name: _____
7. Date of non-attendance: _____
8. Circle one division: TM MM PW PW JV V JB B UL CHGR
 Cheer & Dance Only: Small Cheer (12 and Under) Medium Cheer (13-24) Large Cheer (25-35)
 PW1 PW2 PW3 W4 POM THEME
9. Reason for non-participation: (select one):
Medical (attach doctor's note) School related (attach teacher's note)
Family obligation (explain below) Other (explain below)

Explanation: _____

10. By our signatures below, we attest that the information provided herein is true and accurate o the fullest extent of our knowledge:

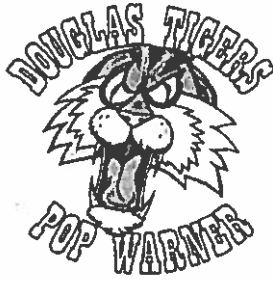
Parent/Guardian Signature: _____ Dated: _____

Head Coach Signature: _____ Dated: _____

Association Official Signature: _____ Dated: _____

League Official Signature: _____ Dated: _____

IMPORTANT MESSAGE FOR THE COACH: This original form and any attachments, if applicable, must be completed in full and placed in your book for each game the participant is not in attendance. If the event in question is a Regional/National Event, the original must be sent to your RD/RCDC, and approved prior to the event. Thank you.



Douglas Pop Warner
P.O. Box 307 Minden NV 89423

What is the best way for your COACH to contact you?

Athlete's name: _____

Parent Name (1): _____

Phone: () _____

Text: () _____

EMAIL: _____

OTHER: _____

Parent Name (2): _____

Phone: () _____

Text: () _____

EMAIL: _____

OTHER: _____

Alternate Contact Information:

Phone: () _____

Name: _____

Is there anything else that the coach should know?:



Pop Warner Little Scholars, Inc.

2017 PARTICIPANT CONTRACT AND PARENTAL CONSENT FORM



Special Note: This form must be dated after January 1, 2017 and is APPLICABLE ONLY FOR THE 2017 SEASON.

This form must be submitted to your LOCAL 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 Mother's 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): Flag / Tiny Mite / Mitey Mite / Jr. Pee Wee / Pee Wee / Jr. Varsity / Varsity / Unlimited

Weight at Time of Registration (Football Only): _____

Proof of Scholastic Fitness verified? Yes No

2017 Parental/Guardian Permission and Waiver

Participant Name: _____

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. I understand, hereby give my approval for, and assume any and all risk of my child's use of various playing surfaces and conditions, including, but not limited to, dry and wet natural and artificial grass, hard dirt, and/or mud and I hereby acknowledge and understand that said surfaces may be regular or very irregular.

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 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 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 full replacement cost of such equipment.

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 calendar year's signed medical release, scholastic fitness form and this form must be presented by date of certification in order to participate further in Pop Warner activities. I/We hereby hold Pop Warner harmless of any financial loss as the result of any disciplinary action.

11. DISPUTE RESOLUTION POLICY SEVERABILITY: 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, illegal, and/or invalid, the remainder shall remain in full force and effect.

RULES & REGULATIONS – In consideration of participation in Pop Warner activities and by my signature below, I hereby stipulate 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 to the fullest extent of my knowledge.

Signature of Parent/Guardian: _____ Print Full Legal Name _____

Signature of Participant: _____ Print Full Legal Name _____

Dated: _____



2017 PHYSICAL FITNESS & MEDICAL HISTORY FORM

Special Note: This form must be dated after January 1, 2017 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 any 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: _____

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:

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 stationary 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 _____



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
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 2017 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

Dated: _____

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

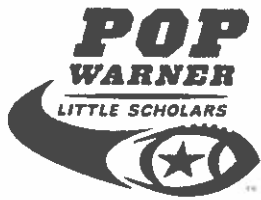
Signature _____ Printed Name _____

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.



**Pacific Northwest Region
Sagebrush Empire
Code of Conduct
2017**



<u>Sagebrush Empire Participant's Code</u>	<u>Sagebrush Empire Parent's Code</u>	<u>Sagebrush Empire Coach's Code</u>
<p>I WILL: Emphasis the ideas of sportsmanship, ethical conduct and fair play.</p> <p>Show courtesy to my opponents and officials.</p> <p>Recognize athletic contests are serious educational endeavors.</p> <p>Give complete allegiance to my coaches who are the instructional authority for my team.</p> <p>Discourage fans, fellow teammates and parents from undercutting my coach's authority.</p> <p>I WILL NOT:</p> <p>Use profanity or talk "trash" before, during or after any game.</p> <p>Use drugs, alcohol or tobacco.</p> <p>Criticize my teammates.</p> <p>Act in any way that may incite spectators.</p>	<p>I WILL: Support my child's team/squad and teach the value of commitment to the team/squad emphasis the ideals of sportsmanship, ethical conduct and fair play.</p> <p>Help my child and Pop Warner make athletic contests a positive educational experience.</p> <p>Show courtesy to opponents and officials.</p> <p>Direct constructive criticism of my child's athletic program to the athletic director or association officials and work towards a positive result for all concerned.</p> <p>I WILL NOT:</p> <p>Criticize officials, direct abuse or profane language toward them, or otherwise subvert their authority.</p> <p>Undermine, in word or deed, the authority of the coach or administration.</p>	<p>I WILL: Respect the integrity and judgment of contest officials/judges and work with them to promote positive experiences.</p> <p>Establish and model fair play, sportsmanship, and proper conduct.</p> <p>Hold in highest priority the establishment of the child's safety and well fair.</p> <p>Provide proper supervision of the athletes at all times.</p> <p>Use discretion when providing constructive criticism and when reprimanding the athlete. Maintain consistency in requiring athletes to adhere to established rules and standards of the contest to be played.</p> <p>Follow the Pop Warner rules of behavior and the procedures for responsible crowd control.</p> <p>Vigorously encourage and support athletes.</p> <p>I WILL NOT:</p> <p>Suggest, provide, or encourage athletes to use non-prescription drugs or substances.</p> <p>Promote acts that will in any way incite spectators in a negative manner.</p>

Head Coaches, Parents and Participants must sign this form and by signing he/she is assuring the Sagebrush Empire League Directors/staff that he/she will review and follow the "code of conduct" with his/her relatives/fans at all times.

HEAD COACH: _____
 Print Name Clearly
Douglas
 Association

 Signature

 Team/Squad Name

 Date
SAGEBRUSH EMPIRE
 League

PARENT: _____
 Print Name Clearly

 Signature

 Date

PARTICIPANT: _____
 Print Name Clearly

 Signature

 Date

**** PLEASE READ AND SIGN THE BACK PAGE ****



**Pacific Northwest Region
Sagebrush Empire
Code of Conduct
Consequences 2017**



Consequences for Violation of the Code of Conduct

Adult Behavior:

1. At any Pop Warner event, practice or competition, any adult who: 1) verbally abuses; 2) attempts to intimidate; 3) is flagrantly rude, or 4) cannot control their language or actions with an official, coach or Pop Warner volunteer will be asked to leave the Pop Warner event. He or she will receive a written warning regarding their behavior. His or her child (ren) will be immediately removed from the Pop Warner event.

2. Any adult that commits a second similar offense will be banned from Pop Warner events for the remainder of that season and their child(ren) removed from Pop Warner for the remainder of that season. Association will refund registration monies pro-rated based on the percentage of the season remaining.

3. Any adult who physically assaults an official, coach or Pop Warner volunteer will be banned from Pop Warner and their child(ren) removed from the Pop Warner program for one year from the date of the offense. The child(ren) may not participate in another Pop Warner Association during the sanction period. After one year, the parent may apply for re-instatement of his or her child. If the adult commits a second offense, he or she will be permanently banned from Pop Warner and the child(ren) permanently removed from Pop Warner.

The term physical assault includes, but is not limited to: hitting, slapping, pushing, spitting, kicking or striking in any way with any part of the body or any physical implement.

I have read the above three (3) paragraphs I understand and will agree to abide by them.

HEAD COACH: _____
Print Name Clearly

Signature

Date

PARENT: _____
Print Name Clearly

Signature

Date

PARTICIPANT: _____
Print Name Clearly

Signature

Date

DIVISION (CIRCLE ONE) TM MM JPW PW JV UL

(Copies) ASSOCIATION - TEAM BINDER



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



2017 Scholastic Eligibility Form

This form is to be completed by those participants in the Pop Warner program that have not met the National Scholastic Requirement of 70 percent or 2.0 Grade Point Average (GPA) at the time of certification.

This form must be accompanied by a progressing progress report, or a report card to be eligible for play after the October 16, 2017 deadline. That report must be dated between Sep. 1, 2017 and Oct. 16, 2017.

If no progressing progress report or report card is given in this window then the player shall be found ineligible for the rest of the year.

Please print and fill out completely.

Name: _____ Football / Spirit (circle one)

Street: _____

Town / City: _____ State: _____ Zip: _____

League Name: _____

Team / Association: _____

Parent / Guardian: _____ Phone: () _____

As the above named participant has not met the Pop Warner Little Scholars (PWLS) scholastic requirement of a minimum GPA of 2.0/70% or higher, we the undersigned, agree to the terms shown above as a condition to being passed on the National Roster.

Participant Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____

Head Coach Signature: _____ Date: _____

Attach Original Progress Report – PWLS Use Only

Report Card Attached: Yes No If no, then proof of current enrollment required (e.g. class schedule, letter from the school, etc.) dated on or before Sep. 14th. Proof of current Enrollment Attached: Yes No
 September 1st through October 16th: _____ Satisfactory _____ Unsatisfactory _____ Head Coach Initials _____

By signing below, I certify that the participant above is eligible to participate for the remainder of the 2017 season.

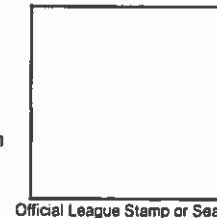
League Representative/Scholastic Coordinator Signature: _____ Date: _____

Scholastic Eligibility Guidelines:

1. The progress report/report card must contain all classes.
2. For the progress report/report card to be used for season eligibility, the participant must be progressing in at least 51% of their classes
3. The progress report/report card must be an original, not a copy
4. The progress report must be on the Official School/Regional Progress Report Form. If the form is from the school, it must be on school letterhead or have a stamp or marking stating it came directly from the school

Guidelines

1. This form must be completed with all signatures obtained
2. Original progress report must be turned in by the scheduled date and in participant's book prior to game day certification
3. If the report card is not attached than the following additional document is required – proof of current enrollment by 9/14
4. If the progress report/report card is not received, the player is ineligible for the remainder of the year
5. This form and progress report/report card must be in book at all times.
6. If progressing progress is received in the designated timeframe the player is eligible for the rest of the season
7. If player is found ineligible and plays the team and coach will be subject to the rules applying to ineligible players
8. At the end of the designated time period, a League Board member or member of the League Scholastic team must certify eligibility for the rest of the season
9. Head Coach and or Parent/Guardian will be require to come before the Pop Warner board if found allowing an ineligible child to participate in any game.



Post Season Regional Stamp/Seal of Approval

