

2017 FM Pop Warner Registration Checklist



Welcome to FM Pop Warner!

Use this checklist to ensure that your child is properly registered and eligible to begin practice in August.

Please note that if your registration is not complete, your child WILL NOT be allowed to practice or cheer. The national Pop Warner organization has very strict rules regarding registration procedures.

Thank you for your attention to these requirements.

- ☐ 2017 FM Pop Warner Registration Form
- ☐ 2017 Pop Warner ID Card
- ☐ 2017 Participant Contract and Consent Form
- ☐ 2017 Medical Form
- ☐ 2017 FM Pop Warner Emergency Medical Auth Form
- ☐ 2017 Participant Code of Conduct
- ☐ 2017 Travel Policy

Other items needed:

- ☐ Copy of Birth Certificate
- ☐ 2" x 2" photo
- ☐ Report Card (both front and back are required). We cannot accept Report Cards until the end of the current school year
- ☐ Player Registration: Online registration through our website or at in person dates
- ☐ Registration Fee: Credit Cards are accepted. You may pay your fee via credit card during the online registration process.

All documents should be mailed to:

**FM Pop Warner Registration
PO Box 340
Manlius, NY 13104**

*Note: Financial need based scholarships are available.
Email admin@fmpopwarner.org for information.*

Additional copies of this checklist and all the forms noted above can be found on our website www.fmpopwarner.org.

GO HORNETS!

2017 FM REGISTRATION FORM
FM YOUTH FOOTBALL ASSOCIATION
P.O. BOX 340 MANLIUS, NY 13104
www.fmpopwarner.org

_____ **Football**

_____ **Cheer**

PLAYER INFORMATION

NAME:	_____	AGE (AS OF 8/1)	_____
ADDRESS:	_____	BIRTHDAY	_____
CITY:	_____	ZIP	_____
TEL:	_____	GRADE (IN SEPT)	_____
SCHOOL:	_____	APPROX. WGHT (FOOTBALL)	_____

PREVIOUS PLAYING EXPERIENCE

ORGANIZATION _____ LEVEL(S) _____ WAIVER REQUIRED _____

OTHER SIBLING(S) IN PROGRAM

FOOTBALL	FL	TM	MM	JrPW	PW
CHEER	FL	TM	MM	JrPW	PW

FATHER _____ MOTHER: _____

ADDRESS: _____

TEL: _____

CELL#, TXT OK? _____

EMAIL: _____

DO YOU HAVE SKILLS YOU WOULD LIKE TO VOLUNTEER OR ARE YOU CPR CERTIFIED?

All communications will be done via email unless other arrangements are made with team coordinator/coach.

I consent to allow the use of my child's photo and/or likeness in promotional video, photographs or advertisements. Additionally, my child's picture may appear in newspapers, magazines or on the fmpopwarner.org website.

Signature _____

*** ASSOCIATION USE ONLY

CONTRACT _____ PHOTO _____ PHYSICAL _____ BIRTH CERT _____ REPORT CARD _____

NO REFUNDS WITHOUT BOARD APPROVAL



POP WARNER LITTLE SCHOLARS, INC TEMPLATE ID CARD 2017 SEASON



PARTICIPANT INFORMATION <input type="checkbox"/> CHEER <input type="checkbox"/> DANCE <input type="checkbox"/> FOOTBALL <input type="checkbox"/> FLAG		ATTACH PHOTO HERE PHOTO MAY BE NO MORE THAN TWO YEARS OLD PHOTO MUST HAVE OVERLAPPING OFFICIAL SEAL
DIVISION OF PLAY (check one) <input type="checkbox"/> TM <input type="checkbox"/> MM <input type="checkbox"/> JPW <input type="checkbox"/> PW <input type="checkbox"/> JV <input type="checkbox"/> V <input type="checkbox"/> JB <input type="checkbox"/> B <input type="checkbox"/> UNLIMITED <input type="checkbox"/> CHALLENGER		
Weight at 1st Practice _____ <small>Last Name, First Name Middle Initial</small>		
Address (city, State, Zip Code) _____		
Home Phone _____	Work/Emergency Phone _____	
Association /League _____	Home Jersey Number & Color _____	Away Jersey Number & Color _____

LEAGUE CERTIFICATION OFFICIAL							
League Signature _____				Association Release _____			
DATE OF BIRTH	AGE AS OF 07/31	O/L	MEDICAL	CERTIFIED WEIGHT & DATE	CHEER CERTIFIED INSERT DATE	SCHOLASTICS	RECLASSIFIED DATE
TO THE BEST OF MY KNOWLEDGE AND BELIEF, I CERTIFY THAT THE INFORMATION ABOVE IS TRUE. SIGNATURE AND DATE OF CERTIFYING OFFICIAL:							

REGULAR SEASON	GAME DATE	WEIGH MASTER'S CERTIFICATION	(P) PASS (F) FAIL (D) DNW	POST SEASON	GAME DATE	WEIGH MASTER'S CERTIFICATION	(P) PASS (F) FAIL (D) DNW
FOOTBALL OR CHEER JAMBOREE			P F D	9 TH GAME CHEER INV. PLAY OFFS 1 ST ROUND			P F D
1 ST GAME			P F D	10 TH GAME PLAY OFFS 2 ND ROUND			P F D
2 ND GAME			P F D	PLAY OFFS 3 RD ROUND			P F D
3 RD GAME			P F D	LEAGUE FB CHAMPIONSHIP			P F D
4 TH GAME			P F D	LEAGUE SPIRIT CHAMPIONSHIP			P F D
5 TH GAME			P F D	REGIONAL SEMI-FINALS			P F D
6 TH GAME			P F D	REGIONAL SEMI-FINALS			P F D
7 TH GAME			P F D	REGIONAL CHAMPIONSHIP			P F D
8 TH GAME			P F D	NATIONAL CHAMPIONSHIP			P F D



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: _____

2/28/2017 PWLS, INC.



Pop Warner Little Scholars, Inc.



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 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 _____



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
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 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.

FM POP WARNER
EMERGENCY MEDICAL AUTHORIZATION FORM



I, _____

Parent/ Son/ Daughter/ Guardian of

Born on _____, do hereby give my consent to

_____, to secure and authorize such emergency medical treatment as the above name might require while under the supervision of said care provider.

I also agree to pay all the costs and fees contingent on emergency medical care or treatment for this person as secured or authorized under this consent.

NOTE: Every effort will be made to notify the parents/ son/ daughter/ guardian, etc. in case of an emergency.

In the event of an emergency, it would be necessary to have the following information:

Physician's Name: _____ Phone Number: _____

Preferred Hospital: _____

Address: _____ Phone Number: _____

If the parents/ son/ daughter/ guardian is unavailable, other relatives or persons to contact in emergency:

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Relationship: _____

Signature of parents/ son/ daughter/ guardian: _____

Provider Signature _____ Date: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Insurance Provider _____

Phone Number: _____ Group Number: _____

Fayetteville-Manlius Pop Warner

Participant Code of Conduct



I hereby pledge to demonstrate good sportsmanship and show encouragement to my teammates participating in the Fayetteville-Manlius Pop Warner organization by following this Participant's Code of Conduct Pledge:

- I will support and be respectful to all coaches, Board members, volunteers, teammates, parents, opponents and officials.
- I will be a team player and will work hard to improve my skills.
- I will learn and play by the rules.
- I will be a good sport and set a positive example for others. I will learn to win with grace and lose with dignity.
- I will refrain from any vulgar, lewd, obscene language or gestures while participating or watching any League sponsored event.
- Any behavior that reflects poorly on the team during any official team function will result in immediate disciplinary action as decided by the coaches. Poor behavior will not be tolerated.
- I will be on time for practice and inform my coach in advance when I will be unable to make practice or games unless an emergency arises.

Failure to abide by this Participant Code of Conduct will automatically render a child unable to participate or attend a League or Pop Warner sponsored event. The Fayetteville-Manlius Pop Warner Board Members have the sole right to enforce violations.

Signature

Date

Printed Name

Parent Name

FMYFA TRAVEL POLICY (UPDATED 4/4/17)

Players at overnight tournaments/competitions will be under the supervision of their parents. Parents are responsible to get their child to and from the tournament/competition. At tournaments/competitions, parents are responsible to supervise their child any time that they are not at a team function (playing site area, team dinners or team assemblies). We will not travel with team chaperones—
***exception to this policy would be in the event of traveling to the National Pop Warner Competition in Disney World, FL (Please see guidelines below).

PLAYER, COACH, AND TEAM TRAVEL GUIDELINES FOR FMYFA TRAVEL POLICY:
The intention of these guidelines is to insure that the FMYFA Pop Warner players and coaches have a consistent and fair code of conduct for all travel situations involving FMYFA teams.

Conduct Guidelines for Players, Coaches and Teams:

1. It is required that all team members, including coaches, stay at the same hotel for the duration of the out of town team travel. Hotel will be established by the Organization and information will be communicated to the parents.
2. All players and Coaches will act in a polite, professional and courteous manner at all times. This includes, volume of voices, choice of words, course of actions, choice of dress, respect to property, etc.
3. Players must be on time for all team commitments.
4. Players shall have a defined curfew established by the coach.
5. Players must remember that they are representing their team at all times.

*****Guidelines if traveling with team chaperones:**

1. Chaperones will be selected by the Coaches and Program Coordinator.
2. All chaperones must be 21 years or older.
3. All chaperones must complete and satisfactorily pass a background check prior to selection.
4. All chaperones will be informed of their responsibilities and asked to sign off on them.
5. Chaperones will be of the same gender as players being chaperoned.
6. Chaperones will not use, possess or be under the influence of alcohol or illegal substances at any time while conducting their chaperone responsibilities

CHEER ONLY:

Travel expectations to CHEER Competitions:

LOCALS/CNY – Syracuse --NO overnight travel required

STATES – Albany, Syracuse or Utica --MAY require overnight travel

REGIONALS – Trenton, NJ --Likely to require overnight travel

****NATIONALS** – DISNEY, FL

---Would require a minimum of a 3 night stay

---**COST PER participant would be \$1,200-\$1,500 approximately** (this cost would include: round trip flight, hotel, Park admission/Competition entrance fee and meal plan.

---We would travel with Team Chaperones (please see guidelines above).

---**ALL TRAVEL EXPENSES MUST BE PAID IN FULL UPFRONT:** Fundraising events/opportunities would be discussed, agreed upon and implemented by all participants and parents! Fundraising events will HELP offset costs related to travel—please note that there are no guarantees that ALL costs will be raised!!

FOOTBALL ONLY:

****NATIONALS** – DISNEY, FL

---Would require a minimum of a 3 night stay

---**COST PER participant would be \$1,200-\$1,500 approximately** (this cost would include: round trip flight, hotel, Park admission/Competition entrance fee and meal plan.

---We would travel with Team Chaperones (please see guidelines above).

---**ALL TRAVEL EXPENSES MUST BE PAID IN FULL UPFRONT:** Fundraising events/opportunities would be discussed, agreed upon and implemented by all participants and parents! Fundraising events will HELP offset costs related to travel—please note that there are no guarantees that ALL costs will be raised!!

I have read and understand the above FMYFA Travel Policy. By signing this document I am agreeing to follow this policy and understand that if I am in violation of any parts of this policy, my child may be removed from the program. Any outstanding invoices will result in your child being ineligible to participate the following year.

Signature _____

Date _____