

**SOUTHEAST
REGION**



Football • Cheer & Dance • Scholastics

**Southeast Region
Pop Warner
Team Book
Manual**

Updated 2019

About Us

► ROLE OF A COMPLIANCE OFFICER

Ensure that the organization is conducting business under National Pop Warner & Southeast Region Pop Warner Rules and Regulations.

- A. CERTIFY PARTICIPANTS & COACHES ELIGIBILITY
- B. PROBLEM SOLVE
- C. ULTIMATE GOAL IS NO CHILD LEFT BEHIND



Our Promise

► Compliance

- No Child Left Behind
- We never want a child to be held accountable for the actions of an adult.
- ACOs need to obtain paperwork prior to the first practice, verify the books are in order, and present them to the LCOs for certification.
- LCOs need to certify paperwork prior to the first game. LCOs need to re-verify the paperwork prior to the League Championships. LCOs need to re-verify qualifying team at the paperwork prior to the Regional events
- We **MUST** be problem solvers.

Good Practices

► THE ASSOCIATION COMPLIANCE OFFICER

- Create a timeline reminder with important deadlines for board members, coaches and parents.
- Obtain paperwork prior to the first practice
- Build a reminder spreadsheet to assist with follow ups on missing information
(i.e. Scholastics Progress Reports, coaching certificates).
- Email blasts to parents & coaches with missing information as a reminder.
- Begin entering participants in roster software immediately.
- Highlighting (YELLOW) important info on forms as you check the books to insure you haven't missed content.
- Keep copies of Coaching Certificates on a “Cloud based” drive.



Job description of Association Compliance Officer (ACO) Mandatory 2019

1. Collect all paperwork for the participants at the Association level and create 3 ring binders for each team. The ACO would be the go to person from the League Level.
2. Transfer the players information from Blue Sombrero to Affinity Software.
3. Responsible for all Books, Cross County Waivers, Rosters and hand out badges.
4. Train all ACO Assistants/ Team Parents on the Paperwork, Books, Waivers and Rosters.
5. The ACO will be the representative to volunteer for the TCFC Certification Process in August. Would be asked to volunteer all days and certify other association books.

Treasure Coast Conference Practice Schedule

- ▶ **No participant shall take the field for practice unless all of their completed official paperwork is in the Team Book as of August 1st, 2019.**
- ▶ **No Coach shall take the field for Practice unless they are background checked, have all valid coach's certificates in their books and are Approved by the TCFC to coach.**
THERE WILL BE NO EXCEPTIONS!
- ▶ **No practices shall begin before the official start date mandated by Pop Warner. This season is Aug 1st of the current year**

Key points for books

- **NO WHITEOUT ON PLAYER CARDS OR ANY DOCUMENTATION.**
- **Hard Cards- 2019** Can not be shared between Football and Cheer
- **Pictures- Color only! NO black and white pictures**
Current Picture!!! size should be 2x2
- **Birth Certificate**-Highlight the child's name and date of birth. Original Birth certificate needs to be seen and then a copy can be made. Associations will stamp the copy with their association stamp.
- **Physicals-** If a participant does not have insurance than N/A needs to be written in and the legal guardian needs to initial next to the N/A.
 - If the player has insurance the PW insurance is secondary.
 - Questions on the first page (if yes to any) must write and explain why on the front page. **Get a copy of the Insurance card for the book.**
 - If the doctor need to follow the backup needs to be attached.
- A copy or faxed physical is acceptable. SO LONG AS ALL INFORMATION IS legible.

Key points for books

- **Consent Form-** Sleeve 7 should open to the bottom with the form with signatures at bottom of the page.
- **Guardian who signs the Parent Consent form.**
 - EX. Mom signs the form please highlight moms name on the consent form and also highlight the Moms name on the birth certificate.
 - Discourage having mom sign one form and dad signing the other form.
- **Guardianship documents-** Court issued paperwork requires a court case #
- **Proof of residence-** Must match the guardian who signed all documents. Ex: Dad is listed on birth certificate he can then provide a utility bill if mom has no bills in her name. If this is the case dad should sign all documents. ASSOCIATIONS ONLY

Team Book Order for Book Check

Numbers below are clear plastic sheet protector sleeves.

Administration Section:

- 1a. Regional Book Certification (post season)
2. Certified National Roster
- 3a. Emergency Action Plan
- 3b. Music License / Receipt (Spirit only)
- 4a. First Aid – CPR recommend for 2 on roster

Participant Section - Football & Spirit participants should be listed in alphabetical order

- 5a. ID Card (pictures (Current) no hats or sunglasses)
- 5b. Proof of age (Birth Certificate) (do not tape)
5a & b Between Waivers, legal paperwork, Guardianship, Name changes, Adoption papers
- 6a. Physical Practitioner side Page 2 (approved Licensed State Examiner's Signature)
- 6b. Physical Guardian side (Parents Signature)
- 7a. Participant Contract Page 2 (**Sleeve open at bottom**)
- 7b. Parental Consent Page 1
- 8a. Scholastic Data Sheets
8a & 8b Between- Drivers License, Insurance Cards
- 8b Report Card face up (All 4 quarters)
9. Absentee Forms (old game forms)

Certification Section:

10. All Certificates in order of the roster
11. Final Skill Progression Sheet/Head Coach Declaration (Spirit Only)

Certified National Roster

Official Football Team Roster



Union County PWA

Putnam Athletic League

2017 Fall

Team: UC Tigers - Jr. Pee-Wee Football

Color:

Age Group: Jr. Pee Wee

Division: D3

Name	Role	Cert	Street Address	City	St	Zip	Phone	Cell	Email	Bkg Chk Exp
1 Lang, William	Head Coach	FB		Lake Butler	FL	32054				12/31/2017
2 Durrance, Tad	Asst Coach	FB		Lake Butler	FL	32054				12/31/2017
3 Lang, Bronson	Asst Coach	FB		Lake Butler	FL	32054				12/31/2017
4 Whitehead, Brad	Asst Coach	FB		Lake Butler	FL	32054				12/31/2017
5 Williams, Travis	Asst Coach	FB		Lake Butler	FL	32054				12/31/2017
6 Smith, Crystal	Trainer	FB		Lake Butler	CA	32054				12/31/2017
7 Tomlinson, Jessica	Trainer	FB		Gainesville	FL	32653				12/31/2017
8 Cox, Ashley	Team Parent	FB		Lulu	FL	32061				12/31/2017

Players

Name	Jer#	Awy	DOB	Age	Wgt	Street Address	City	St	Zip	Phone	Cell	Sch Fit	GPA	Medical Condition
1 Barnett, Rodney	23	23		11	78	O/L	Lake Butler	FL	32054			Report Card		
2 Chaikin, Jesse	14	14		10	73		Lake Butler	FL	32054			Report Card		
3 Cooper, Jhailynnd	18	18		10	71		Lake Butler	FL	32054			Report Card		
4 Cox, Dallen	13	13		10	67		Lulu	FL	32061			Report Card		
5 Dision, Dayquan	6	6		11	71	O/L	Lake Butler	FL	32054			Report Card		
6 Durrance, Kutter	85	85		10	73		Lake Butler	FL	32054			Report Card		
7 Elixson, Eli	17	17		11	67	O/L	Railford	FL	32083			Report Card		
8 French, Alec	24	24		10	60		Lake Butler	FL	32054			Report Card		
9 Jackson, Ryian	3	3		11	74	O/L	Alachua	FL	32615			Report Card		
10 Jarvis, Keaton	33	33		10	67		Lake Butler	FL	32054			Report Card		
11 Johnson, Logan	7	7		10	81		Railford	FL	32083			Report Card		
12 Kelley, Nash	22	22		11	81	O/L	Lake Butler	FL	32054			Report Card		
13 Klein, Trenton	10	10		10	84		Lake Butler	FL	32054			Report Card		
14 Lynn, Landyn	2	2		11	68	O/L	Lake Butler	FL	32054			Report Card		
15 Middleton, Kane	25	25		10	115		Railford	FL	32083			Report Card		
16 Miller, Landen	28	28		10	86		Lake Butler	FL	32054			Report Card		
17 Nettles, Brody	15	15		11	61	O/L	Lake Butler	FL	32054			Report Card		
18 Newsome, Ashton	8	8		10	82		Lake Butler	FL	32054			Report Card		
19 Prevatt, Garrett	58	58		9	105		Lake Butler	FL	32054			Report Card		
20 Shuler, Keegan	41	41		9	107		Lake Butler	FL	32054			Report Card		
21 Smith, Branden	4	4		10	78		Lake Butler	FL	32054			Report Card		

Johnna Gilkes
League Signature

Printed: 4/14/2018 11:47:27 AM

QWLL
Date

Sleeve #2 League One Roster
This is printed out from Affinity

Roster Information

SLEEVE 2

- 10 Football Staff members only on the rosters.
- The rule book lists:
- 1 Head coach, 5 Assist Coaches, 1 Equip Manager
- 1 Trainer, 1 coach Trainee. 1 Team Parent per roster
- Names are to be spelled correctly, Date of birth and address need to be correct. Correct GPA on roster taken from the Scholastic form .
- If you would like to list any of your Association board members i.e. President, Football Commissioner please allow room to have them added to roster as they would be considered part of the 10 staff.
- All rostered staff members **MUST** pass Background and have SE Region, USA or YCADA current Certifications. This includes Head coaches, Assist coaches, Team Parents, Coach Trainee, Equipment manager, Weigh masters, Trainers, President and football/cheer commissioners and or anyone listed under staff.

ROSTERS

- ▶ All players for each division of play shall be placed on an approved TCFC/Pop Warner Roster, MPR sheet. As per Southeast Region Rules, the following has been mandated for all rosters.
- ▶ Players shall be listed in the following manner:
- ▶ Football/ Cheer shall be in alphabetical order.
- ▶ All players and spirit participants must show on the roster: legal name, address, city, state, zip code, birth date, phone number, scholastic eligibility indicated by an “R” or “O”. Football players must also list jersey number.
- ▶ Adding and dropping participants will be done through Blue Sombrero/Affinity, the official Pop Warner roster software. After the initial participant is added, you will need to submit that participant for approval by the TCFC roster software coordinator before he or she will appear on the approved roster. If a participant has been dropped in the roster software he or she will no longer appear on the roster or MPR sheet and this must be reported By September 20th to the TCFC LCO (League Compliance Officer).
- ▶ The certified roster (the roster that is signed and dated by a TCFC Board Member) and any updated rosters should always be kept at the front of the certification book.
- ▶ Any player/cheerleader/dancer listed on the roster that does not have all required and proper paperwork signed by all authorized TCFC representatives shall be considered an illegal player.

CHEER ROSTERS

Max Staff = 8

- 1 Head Coach
- 3 Asst Coaches
- 1 ACDC
- 1 Team Parent
- 2 Student Demonstrators /or/Coach Trainee

► Pop Warner rosters were designed for football. Cheer does not need a Trainer, Equipment Manger, etc.. And those slots will no longer be utilized.

► Pop Warner requires 1 Adult coach for every 12 participants on a team ; a max team of 35 would require a max 3 coaches. The above breakdown still provides for more than required. You do not need to utilize all 8 slots but there are 8 available.

► Student demos are 14 to 16 years old and must also be 2 years older than the oldest participant on the roster. Coach Trainee is 17years old. Student demos and Coach Trainees require the same certifications as an adult coach, YCADA and SE Region certifications, as well as all the same paperwork as a player placed in the book with a player card. A team parent only needs YCADA certification. The ACDC , Asst Coach and Head coach need both YCADA and SE Region.

CHEER ROSTERS

- ▶ Make sure your rostered staff is staff that can be hands on and at practices and games, not just names on the roster. If your rostered staff can not commit to the schedules they do not need to be on your roster.
- ▶ Make sure there is more than 1 coach with the entire team for practices and games regardless of what the coach to child ratio is. Leaving 1 coach accountable for the team is a liability. This gives room for children or parents to report things said or done by the sole coach present without opportunity for the sole coach to defend them selves as they had no back up or witness. If I show up at a practice and see only 1 coach present your practice will be shut down and the kids sent home. No exceptions.
- ▶ Team parent : A team parent is not a coach and can not assist with the team in any type of coaching manner. They are not considered back up staff should you only have 1 coach on hand for a practice or game. They are not to instruct the children in any way. A team parent is there for you to assist with fundraising, parent meetings, paperwork, books, etc.. Not to help you coach or train the team. If I attend a practice and observe a team parent coaching physically or verbally critique, I will remove them from your roster.

Player Assignment for Cheer

- ▶ Pop Warner has now added Mitey Mite to the competitive bracket. The reason for this is because the JPW category is the largest in all skill divisions. They feel coaches are too eager to compete and are taking 8 year old's and pushing them up to JPW in order to do so. They want to level it out. Perfection before progression.
- ▶ It was noted at Nationals many Eastern and New England teams were of the older/lighter percentage. They truly hold teams down until the majority ages out. This is why they dominate those categories, the girls are older, bigger and stronger. I would like us to do our best to do the same. It will not work for everyone but lets do our best to do it or get real close to it.
- ▶ Mitey Mite is 7,8, and 9
- ▶ JPW 8,9,10,11 (lets try 10,11)
- ▶ PW 9,10,11,12 (lets try 11,12)
- ▶ JV 10,11,12,13 (lets try 12,13)
- ▶ VARSITY 12,13,14,15,16 (lets try 14,15,16)

Emergency Action Plan



EMERGENCY ACTION PLAN



Association / Park: _____

Team / Division: _____

SEASON YEAR: 2015 _____

Practice Site: _____

Address: _____

Head Coach: Name: _____ Phone: _____

Asst. Coach: Name: _____ Phone: _____

CPR Certificate Staff: Name: _____ Phone: _____

USA Player Safety Coach: Name: _____ Phone: _____

Team Book Keeper: Name: _____ Phone: _____

Team Parent: Name: _____ Phone: _____

Football Commissioner: Name: _____ Phone: _____

Cheer Commissioner: Name: _____ Phone: _____

- Injury occurs: If required Call 911.
 - Head Coach will log date, time, and location.
 - An Asst. Coach will notify commissioner immediately
- Designated Asst. Coach will move all players and/or Jr. Coaches to the bleachers area or the designated safe zone & are to remain completely quiet.
- Head coach or designated adult staff to evaluate injury and remain with injured player/participant
- Head coach or designated adult staff will call for emergency assistance/ambulance
- Designated person(s) will go to the front of park to direct the ambulance/emergency vehicle.
- Team Parent will call parents by use of Emergency contact
- Head Coach and/or designated adult staff accompanies player/participant to the hospital until parents arrive.

Date Practiced: _____

This emergency action plan (EAP) has been discussed with all players and staff.

Sleeve #3a

This is required to be filled out for every team book

CPR Certified Identification Cards



Sleeve #4

There must be a minimum of one adult on each team roster that is CPR certified. Copies of the CPR certification cards from the certifying company are placed here.

HARD CARD COLORS

- ▶ Tiny Mites- Gray
- ▶ Mite Might's- White
- ▶ Jr Pee Wee- Light Blue
- ▶ Pee Wee- Red
- ▶ Jr Varsity- Light Green
- ▶ Varsity- Yellow
- ▶ Unlimited- Purple
- ▶ **At Certification- Hard cards are to be 3 hole punched and placed in the 3 ring binder in front empty sleeve.**
- ▶ **After the player has been completely certified then the card can be placed in the bottom cut out sleeve.**

Sleeve #5a Front -Official ID card

Age Based Football Participants

Complete by Association

League Stamp across photo and card

Certification Section

New Scholastics section

2019 SOUTHEAST REGION POP WARNER AGE BASED FOOTBALL OFFICIAL ID CARD

AGE BASED FOOTBALL		LEVEL OF PLAY (check one) Print on the appropriate cardstock color.			ATTACH COLOR PHOTO. MAY BE NO MORE THAN TWO YEARS OLD. NO HIGH GLOSS. MUST HAVE OVERLAPPING OFFICIAL SEAL																																																																							
<input type="checkbox"/> BU 5&8 (GRAY) <input type="checkbox"/> 12U 15&12 (RED) <input type="checkbox"/> Coaches Trainer <input type="checkbox"/> Water Boy		<input type="checkbox"/> BU 7&8 (WHITE) <input type="checkbox"/> 14U 13&14 (PURPLE)			<input type="checkbox"/> 10U 8&10 (BLUE)																																																																							
Last Name, First Name, Middle Initial (NAME ON PHOTO CERTIFICATE)																																																																												
Address (City, State, Zip Code) (NAME ON PHOTO CERTIFICATE)																																																																												
Primary/Emergency Phone		Secondary/Emergency Phone																																																																										
Association		League	Home Jersey #	Date	Away Jersey #	Date																																																																						
TO BE COMPLETED BY LEAGUE CERTIFICATION OFFICIAL																																																																												
DATE OF BIRTH	AGE AS OF 07/31	CURRENT YEAR PHYSICAL FORM	MEDICAL PROFESSIONAL LICENSE TYPE	SCHOLASTICS	TO THE BEST OF MY KNOWLEDGE AND BELIEF, I CERTIFY THAT THE INFORMATION FOR THIS PARTICIPANT IS TRUE.																																																																							
		Y/N Circle one		GPA <input type="checkbox"/> BER Spreadsheet <input type="checkbox"/> OTHER Form <input type="checkbox"/> Progress Report	Sept. 1-Oct. 15																																																																							
SIGNATURE/STAMP CERTIFYING OFFICIAL:					DATE																																																																							
<table border="1"> <thead> <tr> <th>REGULAR SEASON</th> <th>GAME DATE</th> <th>CERTIFICATION STAMP</th> <th>(P) PLAY (D) DNP</th> <th>POST SEASON</th> <th>GAME DATE</th> <th>CERTIFICATION STAMP</th> </tr> </thead> <tbody> <tr> <td>JAMBOREE</td> <td></td> <td></td> <td>P D</td> <td>8TH GAME PLAY OFFS 1ST ROUND</td> <td></td> <td>P D</td> </tr> <tr> <td>1ST GAME</td> <td></td> <td></td> <td>P D</td> <td>10TH GAME PLAY OFFS 2ND ROUND</td> <td></td> <td>P D</td> </tr> <tr> <td>2ND GAME</td> <td></td> <td></td> <td>P D</td> <td>LEAGUE CHAMPIONSHIP</td> <td></td> <td>P D</td> </tr> <tr> <td>3RD GAME</td> <td></td> <td></td> <td>P D</td> <td>REGIONALS 1ST ROUND</td> <td></td> <td>P D</td> </tr> <tr> <td>4TH GAME</td> <td></td> <td></td> <td>P D</td> <td>REGIONALS 2ND ROUND</td> <td></td> <td>P D</td> </tr> <tr> <td>5TH GAME</td> <td></td> <td></td> <td>P D</td> <td>REGIONAL SEMI-FINALS</td> <td></td> <td>P D</td> </tr> <tr> <td>6TH GAME</td> <td></td> <td></td> <td>P D</td> <td>REGIONAL CHAMPIONSHIP</td> <td></td> <td>P D</td> </tr> <tr> <td>7TH GAME</td> <td></td> <td></td> <td>P D</td> <td>NATIONAL CHAMPIONSHIP</td> <td></td> <td>P D</td> </tr> <tr> <td>8TH GAME</td> <td></td> <td></td> <td>P D</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>							REGULAR SEASON	GAME DATE	CERTIFICATION STAMP	(P) PLAY (D) DNP	POST SEASON	GAME DATE	CERTIFICATION STAMP	JAMBOREE			P D	8 TH GAME PLAY OFFS 1 ST ROUND		P D	1 ST GAME			P D	10 TH GAME PLAY OFFS 2 ND ROUND		P D	2 ND GAME			P D	LEAGUE CHAMPIONSHIP		P D	3 RD GAME			P D	REGIONALS 1 ST ROUND		P D	4 TH GAME			P D	REGIONALS 2 ND ROUND		P D	5 TH GAME			P D	REGIONAL SEMI-FINALS		P D	6 TH GAME			P D	REGIONAL CHAMPIONSHIP		P D	7 TH GAME			P D	NATIONAL CHAMPIONSHIP		P D	8 TH GAME			P D			
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DO NOT USE “WHITEOUT” ON THIS FORM!

The front of this sleeve must be cut out on the bottom section to allow the card to be stamped without removing the sheet each week.

The Association/parent fills out the top section with the participant's information. The league will complete the second section at book certification.

The League adds the 'certified weight & date' for football, for Spirit the League adds the 'certified date'. Once the participant passes certification, the League Official signs or stamps the ID card.

**Sleeve # 5 between 5a & 5b
Waivers/Special information.**

**All Legal paperwork including:
Examples:**

Cross County Waivers-(1st)

Name Changes

Guardianship

Adoption papers

**Foreign Language Birth Certificate
Sample Translation Form
If applicable should be in Sleeve sb**

TRANSLATION OF FOREIGN BIRTH CERTIFICATE

It is hereby certified that the following information is taken from the original record of birth which is entered in the register of:

ISSUING NATION	ISSUING STATE/VILLAGE	ISSUING CITY / MUNICIPALITY
DATE OF REGISTRATION	CERTIFICATE NUMBER	ID / REGISTRATION CODE

REGISTERED CHILD

<u>FIRST NAME</u>	<u>MIDDLE NAME</u>	<u>SURNAME (S)</u>
<u>DATE OF BIRTH</u>	<u>SEX</u>	<u>PLACE OF BIRTH</u>

PARENTS

MOTHER'S FIRST NAME	MIDDLE NAME	SURNAME (S)
FATHER'S FIRST NAME	MIDDLE NAME	SURNAME (S)

CIVIL REGISTRY OFFICIAL

Seal of issuing office/authority:

TITLE: _____ **FIRST NAME:** _____ **LAST NAME (S):** _____

Notes:

CERTIFICATE OF TRANSLATION

CERTIFICATE OF TRANSLATION

This is the true and correct translation of the original document from (enter language of origin) to English.

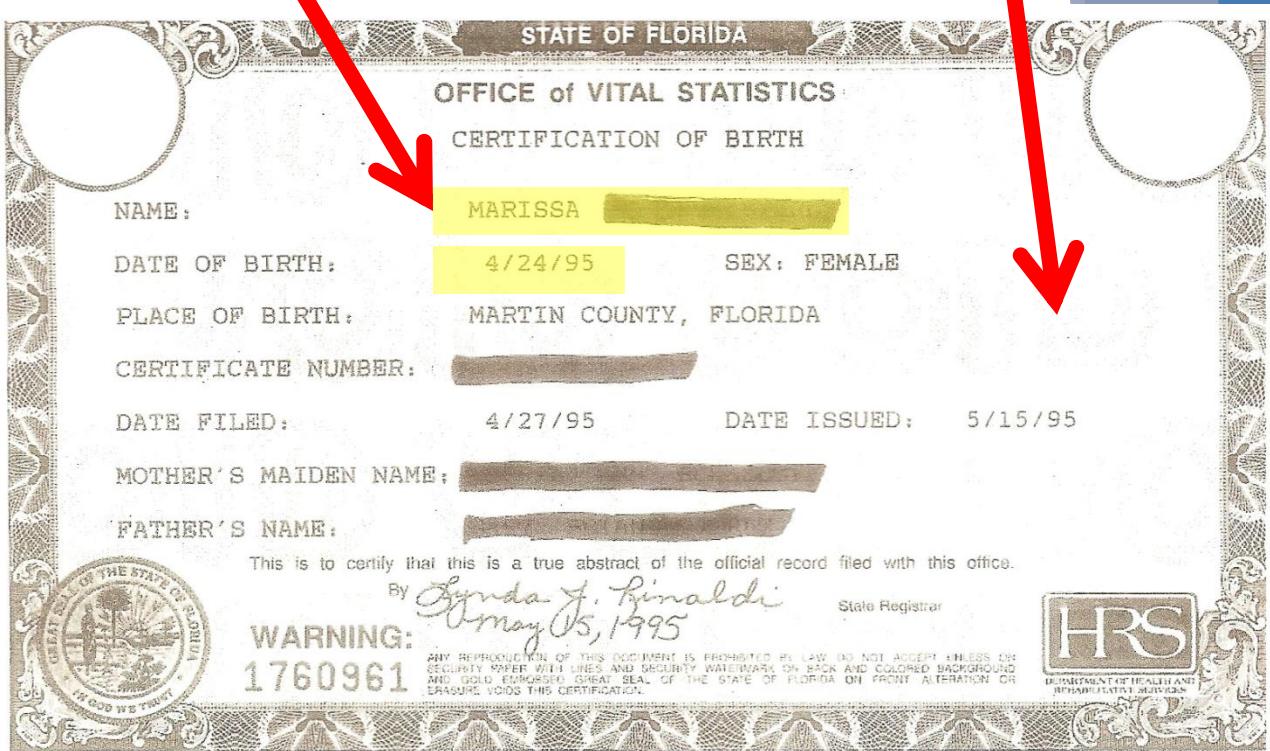
Signature of Translator
Phone#:

Date of Translation:
Email:

Notary Stamp/Seal & Signature

Highlight
Name and
Date of Birth

League
Stamp in clear area



Sleeve #5b Back - Birth Certificate (an original certificate or a certified copy)

The League Official should stamp in a clear area on the copy which verifies they have compared the original certified document to the copy.

If the birth certificate is in a foreign language, a notarized document translating the vital information into English should be attached. (Sample translation form on next slide).

Tip: When comparing the birth certificate to the ID card and the roster, make sure to check the spelling of the child's name and verify the date of birth was used instead of the date filed as this is a common mistake.



Pop Warner Little Scholars, Inc.

2019 PHYSICAL FITNESS & MEDICAL HISTORY FORM



League Only
Highlight
Year of Form

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 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 2019 season. I am therefore clearing this individual for athletic participation without limitation.

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

Are you licensed in your state to perform physical examinations? YES NO

Today's Date: _____

Please sign and print 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 practice 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.

Added 2019
"Today's Date"

League
Stamp Here

1/11/2019 PWT S. INC

Sleeve #6a Approved License Medical Examiner's Signature Page

No Whiteout

The League Official should verify the following: the participant's name, the physical section is filled out, the Dr. has signed or stamped the form, the Date of Signature is in the current year, the medical profession is on the list of approved degrees (see attached list) and if the Dr. has indicated that follow up is required that there is documentation this has been done.

**NOTE: the following professions are not permitted to perform physicals - RN, Medical Assistants (MA), LPN, CAN, Athletic Trainers, Certified or Registered Chiropractor Assistants, Acupuncturists.

List of licensed Examiners to perform a physical in Florida

Title	Can They Complete and sign off Reason on the Physical		Authority
Medical Doctor (MD)	Yes	Able to diagnose	Fla. Stat. 458.305
Doctor of Osteopathy (DO)	Yes	Able to diagnose	Fla. Stat. 459.003
Physician Assistants	Yes	Is licensed to perform medical services and diagnose.	Fla. Stat. 458.347(2)(e); F.A.C. 64B8-30.001 and 64B8-30.012
Medical Assistant	No	Not able to perform diagnoses	458.3485
Advanced Registered Nurse Practitioner (ARNP): including certified registered nurse anesthetists, certified nurse midwives, and nurse practitioners	Yes	Given explicit authority to diagnose.	Fla. Stat. 464.003(3) and (20); Fla. Stat. 464.012(3); F.A.C. 64B9-4.001 and 64B9-4.009
Clinical Nurse Specialist (CNS)	Yes	Given explicit authority to diagnose.	Fla. Stat. 464.003(6), (7) and (20); F.A.C. 64b9-15.002
Registered Nurse (RN)	No	Practices professional nursing, the same as a CNS and ARNPs. ARNPs are just certified in advanced or specialized nursing practices. Can perform assessments and nursing diagnosis. RN's are licensed to do what is referred to as a nursing diagnosis. Physicals fall within the scope of what is referred to as a medical diagnosis, however, and RNs are not licensed to perform them.	Fla. Stat. 464.003(20) and (22); F.A.C. 64B9-15.001
Licensed Practical Nurse (LPN)	No	no authority to perform an diagnosis .(19); 464.003(5); F.A.C. 64B9-15.001	Fla. Stat. 464.003(16) and
Certified Nursing Assistant (CNA)	No	Nursing Diagnosis is not listed as a function and must perform job under	Fla. Stat. 464.201(5); F.A.C. 64B9-15.002



Pop Warner Little Scholars, Inc.

2019 PHYSICAL FITNESS & MEDICAL HISTORY FORM



Special Note: This form must be dated after January 1, 2019 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:

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

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: _____

1/11/2019 PWLS, INC.

League Only
Highlight Year
of Form

Answer
ALL
Questions

League
Stamp Here

Sleeve #6a Front- Pop Warner Physical Form- 2nd page Doctors Signature Page

No Whiteout

Highlight the date at the top of the form to verify the correct form is being used.

The League Official should verify the following: the participants name, insurance information is completed at the top, all information is completed in the medical history. If Allergies are listed such as FOOD Allergies, please notify the coach, and team parent. List all important medical information on the roster under Medical.

Participant/Parental Consent Form

2018 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 sand 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 or consider 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 funding 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 Weight 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 Pop Warner Little Scholars, Inc. National Office in Longhorne, 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 acknowledge that if I contest a decision or ruling of Pop Warner Little Scholars, Inc. and seek other relief, in any court, 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 my 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 the rules and regulations of Pop Warner and the above and any other information provided by me is true and accurate to the full extent of my knowledge.

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

Signature of Participant: _____ Print Full Legal Name: _____

Dated: _____

1/24/2018 PWLS, INC.

Sleeve #7 A SLEEVE OPENS FROM THE BOTTOM

The League Official is verifying the following on this form:

- The person signing the form is the parent or legal guardian and the form is dated
- The participant's name is on the form
- The participant has signed the form (regardless of how young)

Participant/Parental Contract Form



Pop Warner Little Scholars, Inc.

2018 PARTICIPANT CONTRACT AND PARENTAL CONSENT FORM



Special Note: This form must be dated after January 1, 2018 and is **APPLICABLE ONLY FOR THE 2018 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.: _____

Complete
All
Questions

Guardianship

Emergency
contact

For
Association
Accounting

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

1/24/2018 PWLS, INC.

SLEEVE 7B

SLEEVE OPENS FROM THE BOTTOM

PARTICIPANT'S NAME	John Doe				
ASSOCIATION	Canopy Oaks				
CURRENT GRADE	8				
ENTER PUBLISHED GPA FROM REPORT CARD					
	%	DECIMAL			
	96.00%	_____			
CONVERSION	LANGUAGE ARTS	MATH	SOCIAL STUDIES	SCIENCE	HUMANITIES
PUBLISHED %					
13 POINT (1)					
13 POINT (2)					
12 POINT					
11 POINT					
10 POINT					
9 POINT					
8 POINT					
7 POINT					
6 POINT					
5 POINT	95.88	94.50	97.25	94.00	97.25
4 POINT (1)					
4 POINT (2)					
4 POINT (3)					
3 POINT (1)					
3 POINT (2)					
2 POINT					

OVERALL TRUE AVERAGES
 averages are calculated using all grades category from all worksheets)

LANGUAGE ARTS	95.875
MATH	94.5
SOCIAL STUDIES	97.25
SCIENCE	94
HUMANITIES	97.25
ELECTIVES	

GPA ELIGIBILITY 95.78
 GPA ALL-AMERICAN 95.78



Sleeve #8 Front- GPA Spreadsheet with full report card behind the spreadsheet

The names on the GPA Spreadsheet and the report card must match. The report card must include all 4 - 9 week periods or semesters from the previous year.

This sheet can ONLY BE STAMPED by the League Scholastic Coordinator. See above for correct format of stamp.

Absentee Form



Official Absentee Form



Check one program: Football Cheer Dance

Affecting: (Check all that apply) League Event Regional Event National Event
 Other _____

Last Name of Athlete: _____

First Name: _____

League Name & Association Name: _____

City, State and Zip code: _____

Team Name: _____

Date of Non-Attendance: _____

Check one division: TM MM JPW PW JV JB B UL Challenger

Cheer & Dance Only: Small Cheer Medium Cheer Large
 PW1 PW2 PW3 PW4 POM THEME HIP HOP

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: _____

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

Parent/Guardian Signature: _____ Dated: _____

Head Coach Signature: _____ Dated: _____

Association Official Signature: _____ Dated: _____

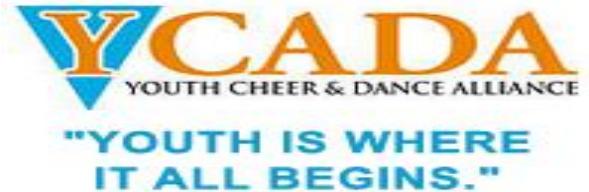
League Official Signature: _____ Dated: _____

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

1/26/2018 PWLS, INC.

Sleeve #9 if a person is absent from an official Association, League, Regional or National Event they are required to have one of these forms on file in the book. The form should be filled out in advance for the event that they are planning to miss, and placed in front of the ID card, then after signed and stamped, moved to sleeve 9 for safe keeping.

All Certificates



Football • Cheer & Dance • Scholastics

Starting with Sleeve #10

(Order of the coaches follows the national roster order)

(One sleeve per coach,

10 A. Regional CLINIC FB or Cheer

10 B. USA/YCADA TM will be the 2nd sleeve

Coaches Certificates

- Check dates on certificates make sure certificate is valid.
- Football 2 certificates SE Region/USA
- Football TM 3 Certs SE Region/ USA and TM Certificate
- Football team parent USA/SE region team parent certificate
- Cheer 2 certificates SE Region/ YCADA
- Cheer team parent YCADA only

*****NEW 2019 CERTIFICATES ARE DUE WITH BACKGROUND PAPERWORK*****

Coach Certification Expirations

USA-1 year

PSC – 1 Year

YCADA – 2 years

SER Cheer Online Temporary Basic – 1 Year

SER Cheer Advance – 3 years, 2 years starting 2019

SER Football Advance – 3 years

SER Football Online Temporary Basic – 1 year

SER Team Parent Live or Online – 3 years

(subject to change)

SER Tiny Mite Football – Forever (subject to change) Everyone on Football roster needs this certification.

Skill Progression Sheet/Head Coach Declaration (Cheer Only)

POP WARNER CHEER AND DANCE CHAMPIONSHIPS HEAD COACH DECLARATION CHECKLIST																																																																																																																																																																																																																																															
HEAD COACH INFORMATION		DETAILS																																																																																																																																																																																																																																													
Head Coach Name Contact E-mail Contact Cell Age Division Cheer Skill Level (1,2,3,4) Dance (Pom or Theme) Number of Participants																																																																																																																																																																																																																																															
CHEER/DANCE APPROVAL ITEM PRIOR YEAR		TASK																																																																																																																																																																																																																																													
2015 Head Coach Rostered Title 2014 2015 Head Coach Skill Division 2014 Returning Number of Participants from 2014 and Level 2014 2014 National Team Placement 2014 National Team Skill Level 2013 National Team Placement 2013 National Team Skill Level		<input type="checkbox"/> Head Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Coordinator <input type="checkbox"/> N/A <input type="checkbox"/> PW1 <input type="checkbox"/> PW2 <input type="checkbox"/> PW3 <input type="checkbox"/> PW4 <input type="checkbox"/> POM <input type="checkbox"/> THEME <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> N/A <input type="checkbox"/> PW1 <input type="checkbox"/> PW2 <input type="checkbox"/> PW3 <input type="checkbox"/> PW4 <input type="checkbox"/> POM <input type="checkbox"/> THEME <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> N/A <input type="checkbox"/> PW1 <input type="checkbox"/> PW2 <input type="checkbox"/> PW3 <input type="checkbox"/> PW4 <input type="checkbox"/> POM <input type="checkbox"/> THEME																																																																																																																																																																																																																																													
CHEER ONLY APPROVAL ITEM (Current Year - Majority of Team)		BASED ON SKILLS PROGRESSION SHEET SKILL LEVEL - SEPTEMBER 1st																																																																																																																																																																																																																																													
Skills: Stunts Skills: Jumps Skills: Pyramids Skills: Dismounts Skills: Tumbling Skills: Tosses		<input type="checkbox"/> PW1 <input type="checkbox"/> PW2 <input type="checkbox"/> PW3 <input type="checkbox"/> PW4 <input type="checkbox"/> PW1 <input type="checkbox"/> PW2 <input type="checkbox"/> PW3 <input type="checkbox"/> PW4 <input type="checkbox"/> PW1 <input type="checkbox"/> PW2 <input type="checkbox"/> PW3 <input type="checkbox"/> PW4 <input type="checkbox"/> PW1 <input type="checkbox"/> PW2 <input type="checkbox"/> PW3 <input type="checkbox"/> PW4 <input type="checkbox"/> PW1 <input type="checkbox"/> PW2 <input type="checkbox"/> PW3 <input type="checkbox"/> PW4 <input type="checkbox"/> PW1 <input type="checkbox"/> PW2 <input type="checkbox"/> PW3 <input type="checkbox"/> PW4																																																																																																																																																																																																																																													
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Head Coach Association Coordinator																																																																																																																																																																																																																																															
Print Form																																																																																																																																																																																																																																															
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Level (Level 2, 3 & 4)						Straight Up Extension (Two Leg Extended Stand) (Level 2, 3 & 4)						Straight Up Extension (One Leg Extended Stand) (Level 2, 3 & 4)						Round Up/Lift Up (Front Level) or One Leg Variation (Level 2, 3 & 4)						1/2 Tuck Load (In/Out) by Flyer (Level 2, 3 & 4)						Step Up, Extended (Injury or One Leg Variation) (Level 2, 3 & 4)						One Tuck Load (In/Out) by Flyer (Level 2, 3 & 4)						One Tuck Load (In/Out) by Flyer to Lunge Below Preg. Level (Level 2, 3 & 4)						One Tuck Load (In/Out) by Flyer to Prep Level (Level 2, 3 & 4)						Roundoff to Spronge (Level 2 & 4)						1/2 or Inverse Spronge (Level 4)						Low to High Tuck (Level 2)						Low to High Tuck (Level 4)													
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