

Marsh Creek Eagles Youth Football League

2010 Registration Package

Welcome to the 2010 Marsh Creek Eagles football season!

Registration Information:

Session 1

Saturday, February 20
9:00 AM to 12:00 Noon

The Palace Bowling and Entertainment Center
977 E. Lancaster Ave, Downingtown, PA 19335

Session 2

Saturday, February 27
9:00 AM to 12:00 Noon

The Palace Bowling and Entertainment Center
977 E. Lancaster Ave, Downingtown, PA 19335

Session 3

Wednesday, March 24
5:30 PM to 7:30 PM

Winner's Circle Sports Grille - EXTON
Routes 30 & 100 in the Whiteland Towne Center
143 West Lincoln Highway
Exton, PA 19341

All tackle football players must attend one of the registration sessions to weigh-in and be sized for their jersey.

Registration is on a "first come, first served" basis, which relates to jersey number selection (for tackle football players) and our criteria for any potential wait lists.

* You must attach one copy of a state issued birth certificate to the registration package.

* All participants must include a current photo with the registration package; these photos will not be returned.

Report Cards

Copies of report cards must be the final report card for the 2009-2010 School Year. All marking periods must be shown and it must fit on a single sheet of 8 1/2 x 11 (double sided if your report card is more than one page). This means many of the report cards will have to be reduced so that they fit in our binders properly. Report cards not copied in this format cannot be accepted. We need three copies submitted before July 15, 2010. Examples of report cards are available on the MCE Web site at <http://www.marshcreekeagles.org/registration.htm>.

2009 Marsh Creek Eagles Fee Structure:

Flag Football (Ages 5-6)	\$60.00 (late fees do not apply to Flag Football)
Tackle Football (Ages 7-15)	\$225.00 (includes jersey)
Cheerleading (Ages 5-15)	\$160.00
Family Maximum	\$450.00

There is a \$25 late fee for registrations submitted after March 24, 2010

Ages are as of July 31, 2010

MCE has a No refund policy.

Payment must be made by Cash, Check or Money Order. MCE does not accept Credit Cards.

It is our policy to never let our registration fees prevent a child from playing football or cheerleading.

If you have any questions regarding our financial assistance program, please call Matt Milano @ (610)458-5359 or email him at matthew.milano@zurichna.com.

MARSH CREEK EAGLES

2010 Parental Requirements Form

Child's Name

The Marsh Creek Eagles is a successful organization due to the dedication and involvement of countless individuals who give unselfishly of their time, talents and enthusiasm. We do require all parents to volunteer their time and service to their team parent on several of the following committees.

Chain Gang	Game Snacks	Clean Up	Snack Bar	Reporter
Press Box	Spirit Night	Play Counter	Filming	

Every family is required to assist in these assignments. The assignments will be different for flag, tackle and cheer families. Your team parent will have the sign up sheets for the different areas of volunteering. Once you have signed up for a particular assignment and you are unable to complete your time slot, it is your responsibility to find a replacement and to inform your team parent of the changes.

I understand that the Head Coach is responsible for the actions of all the youth participants, coaching staff and parents that are involved in the events for the team in which my child participates.

I understand that it is my responsibility as a parent/guardian of the above named child, to advise any individual(s) who I invite or bring to a team event of all rules and regulations. I understand that I will be held accountable for their conduct, while in attendance at a team event.

I hereby understand that disciplinary action of a warning, written reprimand or a suspension of two weeks or less will not be appealed by contacting my association league representative and following the procedures in accordance with Pop Warner Little Scholars guidelines.

My signature below will confirm that I understand and accept the above as conditions to my child's participation in the Bux-Mont Youth football league and the policy of Marsh Creek Eagles volunteer requirements.

I acknowledge that I have read and understand the participant code of conduct. Each parent/guardian must sign this form. No team roster will be certified without this completed form.

Parent/Guardian

Date

Parent/Guardian

Date

Marsh Creek Eagles Youth Football League

2010 Emergency Treatment Authorization Form

To Whom it May Concern:

As a parent and/or guardian of , a minor, I hereby authorize the treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger my child's life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of Parent/Guardian:

Address:

City: State: Zip:

Daytime Phone: Daytime Phone:

Cellular Phone: Cellular Phone:

Evening Phone: Evening Phone:

Family Physician: Phone:

Insurance Coverage Information

Insurance Company: Policy Number:

Employer Name: Phone:

Policy Holder Name: Phone:

Indicate specific medical allergies, chronic illnesses, or other medical conditions coaches and medical personnel should be aware of:

Other person to contact in case of emergency:

Relationship to child:

Daytime Phone: Cellular Phone:

Evening Phone:

The release is granted for the dates including the beginning of the practice season through the end of the season. This release form is completed and signed of my own free will for the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signature: _____

Date: _____



Pop Warner Little Scholars, Inc.
 586 Middletown Blvd. Suite C-100 ▪ Langhorne ▪ PA ▪ 19047
 Phone: 215-752-2691 ▪ Fax: 215-752-2879
www.popwarner.com



2010 PHYSICAL FITNESS & MEDICAL HISTORY FORM

Special Note: This form must be dated after January 1, 2010 and then submitted to your LOCAL Pop Warner organization. No other forms are acceptable unless Section II is modified or substituted ONLY to comply with local and/or state laws or because of medical practitioner regulations (i.e. the medical practice insists on its own form). In either case, Section I must still be filled out entirely and attached to the modified/substituted form. Section II must be completed in its entirety ONLY by a Licensed State Examiner (medical doctor, nurse practitioner, etc.)

Section I: FOR PARENT/GUARDIAN COMPLETION ONLY

Legal Name of Participant (must match birth certificate):

Last _____ First _____ Middle _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone No: _____ Date of Birth: _____ Male _____ Female _____

Name of Primary Medical Insurance Company: _____ Policy Number: _____

Membership Number: _____ Name of Primary Insured: _____

Sport (check one): Cheer _____ Dance _____ Tackle _____ Flag _____

PARTICIPANT MEDICAL HISTORY

- | | | | |
|-----|---|-----|----|
| 1. | Are there any injuries requiring medical attention? | Yes | No |
| 2. | Are there any past surgeries or scheduled surgeries? | Yes | No |
| 3. | Is the participant currently under the care of a medical practitioner? | Yes | No |
| 4. | Is the participant currently taking any medications? | Yes | No |
| 5. | Does the participant have any allergies (penicillin, bee stings, etc)? | Yes | No |
| 6. | Does the participant have asthma/require the use of an inhaler? | Yes | No |
| 7. | Is the participant diabetic/require medication for diabetes? | Yes | No |
| 8. | Does the participant currently require medication? | Yes | No |
| 9. | Does/has the participant have/had seizures? | Yes | No |
| 10. | Does the participant wear glasses or contact lenses? | Yes | No |
| 11. | Does the participant wear a brace or other medical support device? | Yes | No |
| 12. | Does the participant have any other physical limitations or medical conditions? | Yes | No |

If you answered yes to any of the above questions, please provide the question number and an explanation in the following space:

I hereby certify that this information is accurate to the best of my knowledge. I understand that this medical authorization may be voided in the event of injury, illness or accident and my child may not be cleared for participation at such time. Furthermore, I hereby acknowledge that it is my responsibility to inform my child's coach or organization official in writing if there is any change in the medical condition of my child. I also understand that it's my responsibility to obtain written permission from my child's physician on official medical stationery in order to seek permission for my child to resume participation after any and all such injury, illness or accident.

Signature of Parent or Legal Guardian: _____

Print Name _____

Relationship to Participant _____

Dated _____



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

Name of Participant: _____

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

Height	Weight	Eyes
Ears	Mouth	Nose & Throat
Respiratory	Cardiovascular	Neurological
Muskoskeletal	Dermatological	Blood Pressure

I hereby certify that I am a licensed state examiner and have examined the above named individual and understand that he/she will be involved in participating in Pop Warner football, cheer or dance programs. I hereby swear and attest that this individual is physically fit and I have found no medical reason which would prevent this individual from safely participating in Pop Warner activities for the 2010 season. I am therefore clearing this individual for athletic participation without limitation.

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

Signed _____ Date: _____

Print Name _____

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

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

Address _____ City _____ State _____

Telephone _____ /Fax Number: _____

Section II must be completed in its entirety ONLY by a Licensed State Examiner (medical doctor, nurse practitioner, etc. – this may vary by state). NO other forms are acceptable unless Section II is modified or substituted ONLY to comply with local and/or state laws or because of medical practitioner regulations (i.e. the medical practice insists on its own form). In either case, Section I must still be filled out entirely and attached to the modified/substituted form.



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2010 PARTICIPANT CONTRACT AND PARENTAL CONSENT FORM

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

Legal Name of Participant (must match birth certificate):

Last _____ First _____ Middle _____ Also known as _____

Address _____

City _____ State _____ Zip _____

Phone No: _____ Birth date _____ Gender: ___ Male ___ Female

Sport: ___ Football ___ Cheer ___ Dance

School: _____ Grade Level: _____

Grade Point Average: _____ Alternative Form Participant: _____

(must meet Scholastic Fitness Requirement of 2.0/70% or else fill out the Scholastic Eligibility Form or Home School Eligibility Form).

Mailing Address if different from above: _____

Name of Parent/Guardian _____ Relationship to Athlete: _____

Address (if different from above) _____

City _____ State _____ Zip _____

Telephone No: _____ Email Address: _____

Emergency Contact Information (if the parent/guardian can not be reached):

Name _____ Relationship to Athlete _____

Home Telephone No: _____ Cell or work No.: _____

<p><u>Pop Warner Official Use Only:</u></p> <p>Registration Number: _____ Witnessed By: _____</p> <p><u>Participant Fees</u></p> <p>Amount Paid \$ _____</p> <p>Type of Transaction: ___ Cash ___ Check ___ Credit Card ___ Other (please explain)</p> <p>Proof of Age verified? Yes No</p> <p>Birth Certificate Other (please explain)</p> <p>Division of Play (circle one): Flag / Tiny Mite / Mitey Mite / Jr. Pee Wee / Pee Wee / Jr. Midget / Midget / U/L</p> <p>Weight at Time of Registration (Football Only): _____</p> <p>Proof of Scholastic Fitness verified? Yes No</p>

1. PERMISSION TO PARTICIPATE

I, the parent/guardian of the above-named participant hereby acknowledge that my child is in good general health and I give my approval for my child to participate in any and all Pop Warner national, regional, league/conference, association and team/squad activities, including transportation to and from the activities by a licensed driver with proof of insurance.

2. INTENT TO INFORM

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

3. EMERGENCY MEDICAL AUTHORIZATION

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

4. EQUIPMENT RESPONSIBILITY

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

5. INSURANCE DISCLOSURE

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

6. SCHOLASTIC VERIFICATION

I hereby stipulate that either my child is scholastically fit, or that I have completed the scholastic eligibility form or the Home School Eligibility Form and will adhere to all rules and regulations therein. Furthermore, I hereby authorize my child's school to release school grades, report card results, and any and all other pertinent scholastic information to the local Pop Warner organization in order to comply with Pop Warner's scholastic fitness requirements.

7. FINANCIAL RESPONSIBILITY

I hereby stipulate that I have been advised by the local Pop Warner Organization of my rights, if any, to a refund in accordance with the local organization policies, and I have also been advised of my fundraising obligations for the entire season and agree to fully comply with those obligations.

8. COMMUNICATION AND PROMOTIONAL CONSENT

As a condition to my child's participation, I hereby consent to receive communications via email and mail from Pop Warner Little Scholars, Inc. and its partners. I understand that Pop Warner Little Scholars does not sell its contact lists and communications sent may contain program information as well as special offers and may be opted out of by following the instructions in the email or via written request to the Pop Warner National Office. Furthermore, I hereby grant to Pop Warner the absolute right and permission to make, reproduce, broadcast or otherwise use participant's name and likeness, any photograph, films, videos, recordings, or other depictions or images in whatever form or media in connection with participation in Pop Warner throughout the universe in perpetuity and in any and all advertising and promotion materials, in any manner or media whatsoever for purposes of art, advertising, editorial, trade or promotion or any other purpose whatsoever. To the extent that any benefit accrues or may accrue to Pop Warner, I hereby and forever waive any interest in or claim to such benefits and acknowledge that Pop Warner is under no obligation to exercise any rights granted herein.

9. ADULT CODE OF CONDUCT:

S1: In order to uphold the goals of Pop Warner and ensure that all participants have the benefit of a safe and fun learning environment, all parents, guardians and other adults and attendees of Pop Warner events, including but not limited to practices, competitions, and banquets, must behave accordingly in a respectful, courteous and sportsmanlike manner at all times.

S2: Any adult who is using alcohol, tobacco or non-prescription drugs and/or appears intoxicated at a Pop Warner event, and/or who is flagrantly rude, attempts to intimidate, verbally abuse, heckles, taunts, ridicules, boos, throws objects and/or uses vulgarity or profane language/gestures with an official, coach, volunteer, staff member, participant or other event attendee, must receive a verbal warning and/or be asked to leave a Pop Warner event. The member organization may also provide a written warning to the individual regarding the misbehavior. The adult's children may also be removed from the event. Any adult who commits one of the above stated offenses a second time, will be banned from any and all Pop Warner events for a period of one year from the date of the second offense, and their children may also be removed from the program(s) for that time period.

S3: Any adult who physically assaults an official, coach, volunteer, staff member or participant or threatens grave bodily harm may be banned from any and all Pop Warner events for one year from the date of the offense, and their children may also be removed from any and all Pop Warner programs for that same period of time. After the ban has expired, if the individual commits another offense of the adult code of conduct, the individual will be permanently banned from any and all Pop Warner events and the individual's children may also be permanently removed from any and all Pop Warner programs.

10. ADHERENCE TO POP WARNER RULES AND PROCEDURES

I hereby understand and acknowledge that as a parent/guardian of a Pop Warner participant it is my responsibility to comply with all rules and regulations stipulated, adopted or recognized by Pop Warner Little Scholars Inc. or any of its member organizations and understand that any non-compliance with any and all rules and regulations may be cause for discipline and/or dismissal of the participant, myself, and/or any spectators or other persons affiliated with the undersigned and the above named participant. I further understand that the participant must meet Pop Warner age and/or weight requirements on their official certification date as established by Pop Warner Little Scholars, Inc. without exception and that the decision of the Weigh Master is final. I agree to furnish an authentic certified copy of a birth certificate of the above-named participant to local Pop Warner officials and understand that valid proof of age, a current year's signed medical release, participant contract and parental consent, and scholastic fitness forms must be presented by date of certification in order to participate further in Pop Warner activities.

11. DISPUTE RESOLUTION POLICY

I hereby understand and acknowledge that all civil disputes between Pop Warner and any and all affiliated parties will be subject to binding arbitration in the locale of the Pop Warner Little Scholars, Inc. National Office in Langhorne, PA in accordance with Pennsylvania law under the guidelines and rules of the American Arbitration Association. I hereby agree that this binding arbitration shall be in lieu of any litigation by and between myself, Pop Warner and any and all affiliated parties. I also understand and agree that if I contest any decision or ruling of Pop Warner Little Scholars, Inc. and seek other recourse, that I will reimburse Pop Warner for all legal fees and expenses it reasonably incurs. If any portion of this form shall be deemed unenforceable or invalid, the remainder shall remain in full force and effect.



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RULES & REGULATIONS

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

Signature of Parent/Guardian_____

Print Full Legal Name_____

Signature of Participant_____

Print Full Legal Name_____

Date_____

1/18/2010