

**FAIRPORT POP WARNER  
Football/Cheer Registration 2008**

**Football** \_\_\_\_\_ Weight \_\_\_\_\_ Date \_\_\_\_\_ **Cheer** \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ School (Sept. 2008) \_\_\_\_\_ Grade (9/08) \_\_\_\_\_

School Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Years played in Pop Warner to Date \_\_\_\_\_ Level of Play Last Season \_\_\_\_\_ Level 2006 \_\_\_\_\_

Father: Full Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Employer \_\_\_\_\_ Employer Phone \_\_\_\_\_

Mother: Full Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Employer \_\_\_\_\_ Employer Phone \_\_\_\_\_

**EMERGENCY CONTACTS** (In case of parent unavailability):

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**MEDICAL:** Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Hospital Affiliation \_\_\_\_\_

Insurance Name \_\_\_\_\_ ID# \_\_\_\_\_

Last Tetanus Booster Date(month/day/year) \_\_\_\_\_

Any Chronic Medical Condition? \_\_\_\_\_

Taking Medications: \_\_\_\_\_

Allergies (Drug/Food/Other) \_\_\_\_\_

- I, as parent of the above name participant registered in the Fairport Pop Warner Association, hereby give my approval and consent for participation in any and all Pop Warner activities.

- In case of an emergency, if my family physician cannot be reached, I hereby authorize that my child, the above named participant, be treated by qualified personnel or another qualified, licensed physician.

-I assume all risks and hazards, incidental to such participation including transportation to and from activities. I hereby waive, release and absolve, indemnify and agree to hold harmless, the Fairport Pop Warner Association, the organizers, supervisors, participants and person transporting my child to and from activities, for any claim arising out of injury whether to the result of negligence or for any other case, except to the extend and in the amount covered by accident and/or liability insurance.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

**\*\* PLEASE SUBMIT BOTH (two) COPIES**