

2010 SALINAS POP WARNER FOOTBALL

Membership fees for 2010:

\$250 Open Registration 2/1 - 4/30/10
 \$300 Late Registration 5/01 - 7/15/10

\$150 DEPOSIT REQUIRED FOR EQUIPMENT

Not included: Molded rubber football cleats and colored mouthpiece (not white),
 girdle, practice pants

PLAYER INFORMATION

Athlete Last Name _____
 Athlete First Name _____ Legal Middle Initial _____
 Age as of 7/31/2010: _____ Date of birth _____
 Weight _____ Height _____
 Parent Name _____
 Parent Name _____
 Siblings Name _____ Team _____ Age _____
 Siblings Name _____ Team _____ Age _____
 Primary Phone () _____ Cell Phone () _____
 Parent Work () _____ Alt. Phone () _____
 E-mail _____
 Address _____
 City _____ Zip _____
 Emergency Contacts (MUST be different from above)
 Last Name _____ First _____
 Primary Phone () _____ Cell Phone () _____
 School & Grade Level
 for 2009-2010 school year _____
 Squad played in 2009 season TM__ MM__ JPW__ PW__ JMD__ MD__
 Organization other than SPW 2008-09 season _____
 Allergies _____
 Medications _____
 Shirt Size YS__ YM__ YL__ YXL__ ADSM__ ADM__ ADLG__
 Short Size YS__ YM__ YL__ YXL__ ADSM__ ADM__ ADLG__

PARENT EMERGENCY PERMISSION

I give approval for participation in all activities of Salinas Pop Warner, Inc.
 during the 2010 season. I assume all risk and hazards incidental to the
 program. In case of emergency, I hereby authorize any necessary treatment.

 PRINTED NAME OF PARENT/GUARDIAN

 SIGNATURE OF PARENT/GUARDIAN DATE

OFFICIAL USE ONLY

Check # _____	Cash Amt. _____	Paid \$ _____	Received by _____	Wait List # _____
Team Assign. _____	Reg Date / / 2010	Brother _____	Sister _____	option _____

**THE FOLLOWING
 MUST BE RECEIVED
 BY THE END OF OPEN
 REGISTRATION:**

4/30/10

- A current 2x2 or 2x3 photograph.
 No hats or dark glasses. No polaroids
- COPY of birth certificate or
 Passport. (Those who played last year
 Do not need to supply this document.)

Your registration check made out
 to Salinas Pop Warner, Inc.

**YOU WILL NEED TO
 SUBMIT THE
 FOLLOWING BY: July
1, 2010 :**

- Completed Pop Warner Player
 Contract & parent consent form
- Completed Pop Warner medical
 Form dated January 1st 2010 or after
 stating the athlete may participate in the
 2010 Pop Warner season.
- Copies of report card (or equivalent)
 for ALL academic grading periods during
 the 2009-2010 school year. (must maintain
 2.0 ("C") or better average in order to
 participate.) ****

Players must be no more than 6 pounds
 above their weight category on Aug. 1, 2010
 and will be cut due to weight restrictions if
 space is unavailable on the next division or
 the player does not qualify for the age group
 minimum.

Last Name _____

First _____

Team