



## 2021 CCSYSA PARTICIPANT REGISTRATION FORM

The following must be provided to fulfill registration requirements:

- 2021 CCSYSA Participant Registration Form (both sides)
- 2021 CCSYSA Code of Conduct
- 2021 Pop Warner Participant Contract and Parental Consent Form which includes the 2021 Parental/Guardian Permission & Waiver Form (both sides)
- 2021 Pop Warner Physical Fitness & Medical History Form (both sides)
- Copy of Birth Certificate
- Copy of 2020-2021 FINAL report card with full grades for all quarters
- Registration Fee:
  - Tackle Football – All Divisions - \$250.00
  - Cheer – All Divisions except Tiny Mite - \$175; Tiny-Mite \$125

A minimum deposit of \$125 is required to reserve a place on any team. The full balance is due by August 1, 2021. **No participant shall be allowed to practice until the full balance is paid and registration paperwork is complete. The \$125 minimum deposit is non-refundable. The full registration is non-refundable after August 1, 2021.**

Participants *cannot* participate in CCSYSA activities until registration is completed and I understand the refund policy. **Parent/guardian initial here \_\_\_\_\_**

Participants may not be rostered for the same sport with Pop Warner and any school during the same season. **Parent/guardian initial here \_\_\_\_\_**

PARENT AGREEMENT: As the parent/guardian of the below named child, I give my approval for their participation in the Pop Warner Little Scholars, Inc. football/cheerleading program sponsored by the CCSYSA. I understand the CCSYSA operates its programs with the safety of the children participating in mind. I understand that despite all reasonable precautions, injuries can occur. I agree to assume all risks and hazards related to the conduct of activities of the CCSYSA on behalf of the organizers, board members, coaches, and sponsors. In the case of injury to my child, I waive all claims against the organizers, officers, board members, sponsors or any person appointed by them. I further understand that the CCSYSA requires the completion of a physician's statement for participant certification in the program. I agree that I am responsible for any equipment and uniforms issued to the above-named player/cheerleader. I realize that the equipment and uniforms must be kept in proper condition and will be returned end of season in good condition except for normal use. I further understand that a refund of any fees will not be made after equipment is issued. CCSYSA reserves the sole right to place each player/cheerleader on the appropriate team. I hereby waive any and all objection to posting my child's picture/information on the CCSYSA web site. Returned checks will be charged a \$25 NSF fee.

***Release for Emergency Treatment: If I cannot be reached in an emergency, I give full permission to the physician selected by the Head Coach to provide all necessary and appropriate medical treatment.***

**I have read and understand all the provisions of the Parent Agreement with the CCSYSA:**

Signed \_\_\_\_\_ for: \_\_\_\_\_ on: \_\_\_\_\_  
Parent/guardian Print participants name Date



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**Instructions:** Complete form in its entirety. Please write legibly.

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**ATHLETE NAME (AS IT APPEARS EXACTLY ON BIRTH CERTIFICATE)**

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First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Suffix: \_\_\_\_\_  
Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

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**PARENT/GUARDIAN INFORMATION**

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**MOTHER/GUARDIAN**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**FATHER/GUARDIAN**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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**INSURANCE INFORMATION**

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Policy Holder: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

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**ADDITIONAL QUESTIONS**

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Did you participate in Pop Warner last year? Yes  No  If yes, Association: \_\_\_\_\_  
\_\_\_\_\_

Are you returning to the Steelers? Yes  No  If yes, 2019 Team & Coach: \_\_\_\_\_  
\_\_\_\_\_

If new, were you referred to the Steelers? Yes  No   
If yes, please indicate who you were referred by: \_\_\_\_\_