



2023 CCSYSA PARTICIPANT REGISTRATION FORM

The following must be provided to fulfill registration requirements:

- 2023 CCSYSA Participant Registration Form (both sides)
- 2023 CCSYSA Code of Conduct
- 2023 Pop Warner Participant Contract and Parental Consent Form which includes the 2023 Parental/Guardian Permission & Waiver Form (both sides)
- 2023 Pop Warner Physical Fitness & Medical History Form (both sides)
- Copy of Birth Certificate
- Copy of 2022-2023 FINAL report card with full grades for all quarters
- Registration Fee:
 - Football – All Divisions - \$258.00 plus service fees = \$265.00

A minimum deposit of \$150 (football) is required to reserve a place on any team. The full balance is due by August 1, 2023. Note there will be an additional service fee when paying installments.

No participant shall be allowed to begin practice until the full balance is paid and registration paperwork is complete. The \$150 (football) minimum deposit is non-refundable. **The full registration is non-refundable after August 1, 2023.**

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, social media sites and other promotional material. 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.

ATHLETE NAME (AS IT APPEARS EXACTLY ON BIRTH CERTIFICATE)

First: _____ Middle: _____ Last: _____ Suffix: _____

Hair Color: _____ Eye Color: _____

PARENT/GUARDIAN INFORMATION

MOTHER/GUARDIAN

First Name: _____ Last Name: _____

Email: _____ Cell Phone: _____ Home Phone: _____

FATHER/GUARDIAN

First Name: _____ Last Name: _____

Email: _____ Cell Phone: _____ Home Phone: _____

INSURANCE INFORMATION

Policy Holder: First Name: _____ Last Name: _____

Provider: _____ Policy Number: _____

ADDITIONAL QUESTIONS

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

Are you returning to the Steelers? Yes ☐ No ☐ If yes, 2023 Team & Coach: _____

If new, were you referred to the Steelers? Yes ☐ No ☐

If yes, please indicate who you were referred by: _____