

Pop Warner Football & Spirit 2015 Registration Form

Which program do you intend to participate in? Football_____ Spirit_____

If you participated **last season**, what team/squad were you on?

TM MM JPW PW JM

Child's **Legal** Last Name_____ First Name_____

*If Another Last Name is used_____

Address_____

City_____ State_____ Zip_____

Date of Birth_____ **Age as of July 31, 2015** _____ Weight_____

Name of Parents/Guardians_____

E-Mail Address_____

Home Phone_____ Cell Phone_____

Work Phone etc. for Parent/Guardian in case of Emergency_____

Emergency Contact Information - Name and Phone:

(Can **NOT** be a person that lives at the same street address **or** a parent)

Video and Photography

I give permission for a photo and/or video of my child to be used in and on the Rockingham County Cougars webpage and flyers. We will never print the name of our participants on the webpage or flyers; however, names may appear in the newspaper.

Parent/Guardian Signature_____

Registration fees are NON-REFUNDABLE unless the Rockingham County Cougars do not field a team for your child.

__Initial Here To Confirm That You Have Read and Understand the Refund Policy.

The Rockingham County Cougars program is a **VOLUNTEER** program. We ask that all families volunteer their time and energy in some capacity each season to help our games run smoothly. In addition to the tasks that **all** parents will be asked to participate in (MPRs, Chains, Yard Markers), Please circle

below the area(s) in which you are willing to help over the season. Your commitment is greatly appreciated!

Concessions Team Mom Field setup/breakdown Parking Head Coach Assistant Coach
Other_____

Remember, It's All About the Kids!