

NAUGATUCK POP WARNER-PARTICIPANT CONTRACT AND PARENTAL CONSENT/RELEASE FORM

Send the Registration Form and \$100.00 Registration Fee to Naugatuck Pop Warner, PO Box 692 Naugatuck CT 06770

Participant Info:
Last Name: _____ **First Name:** _____
Birth Date: _____ **Shirt Size:** _____ **Gender:** _____
Home address _____
City: _____ **Zip Code** _____
Home Phone: _____ **Cell Phone:** _____
Parent/Guardian Info:
Last Name: _____ **First Name:** _____
Cell: _____ **Can you receive text messages?** Yes No
Email Address: _____
Best way to reach you: Home Phone Cell Phone Email

Do you wish to coach? Yes No

Emergency Contact Information (parent/guardian unreachable):
Name: _____
Relationship to participant: _____
Home Phone: _____ **Cell/Work Phone:** _____
Name of Primary Medical Insurance Company: _____
Policy Number: _____
Membership ID: _____
Name of Primary Insured: _____

PARTICIPANT MEDICAL HISTORY		
1. Are there any injuries requiring medical attention?	Yes	No
2. Are there any past surgeries or scheduled surgeries?	Yes	No
3. Is there any history of concussions and/or head injuries?	Yes	No
4. Is the participant currently under the care of a medical practitioner?	Yes	No
5. Is the participant currently taking any medications?	Yes	No
6. Does the participant have any allergies (penicillin, bee stings, food, etc.)?	Yes	No
7. Does the participant have asthma/require the use of an inhaler?	Yes	No
8. Is the participant diabetic/require medication for diabetes?	Yes	No
9. Does the participant carry sickle cell trait/suffer from sickle cell disease?	Yes	No
10. Does the participant currently require medication?	Yes	No
11. Does/has the participant have/had seizures?	Yes	No
12. Does the participant wear glasses or contact lenses?	Yes	No
13. Does the participant wear a brace or other medical support device?	Yes	No
14. Does the participant have any other physical limitations or medical conditions?	Yes	No

If you answered yes to any of the above questions, please provide the question number and an explanation in the following space. If more space is required please attach a separate sheet of paper.

In consideration of Naugy Pop Warner permitting my child to participate in this league, I hereby for myself, my heirs, administrators and assigns waive and release any and all rights and claims of any nature I may have against Naugy Pop Warner and any individuals/organizations connected with this league, their representatives, successors, and assigns for any and all injuries or damages of any nature my child may suffer while taking part in any activities connected with this league.

I also acknowledge that Naugy Pop Warner is not responsible for primary medical insurance coverage and agree to take full responsibility for fees and costs incurred in the event my child is injured while participating in this league.

Parent/Guardian Signature: _____ Date: _____

League Use Only: **Amt Paid:** \$ _____

Method of Payment: Cash Check# _____

Proof of Age Verified? Yes No

Division Assigned To: _____

Team Assigned To: _____