

SADDLEBACK VALLEY POP WARNER FOOTBALL & CHEER ASSOCIATION

PLAYER AND PARENT INFORMATION FORM

Returning Player _____ New Player _____ Weight at Registration _____

Player Name: _____ Birth date: _____

Age as of July 31st: _____

Parents Name(s): _____ Home Phone # _____

Mother's Work Phone #: _____ Father's Work Phone #: _____

Mother's Cell Phone# _____ Father's Cell Phone #: _____

Participant Lives With: _____

Email address (that is checked regularly): _____

Alternate email address (if you have more than one): _____

Are there any health restrictions, special conditions or medications taken regularly that your Coach will need to know about your child (i.e., asthma, allergies, contacts, frequent nose bleeds, etc.):

SVPW is a volunteer organization. Every family is required to help in the League Snack Bar and assist with volunteer duties of your child's Team. Please check the following positions that you or your spouse would be interested in filling for this season. Check position & please note name of interested person. **Note – Assistant Coach positions require a 5 days a week commitment during August; Player Administrator must be present at all games.**

____ Coaching: Defense; Offense; Line; Backs/Receivers; Special Teams (circle interest)

____ Team Mom

____ Photographer

____ Business Manager (manages team funds) _____ Little Scholar Coordinator

____ Game Day Videographer

____ Chain Gang

____ Fundraising/Sponsor Coordinator

____ Snack Bar Coordinator

____ Game Day Towels

____ Writer (weekly newspaper article)

____ Field Set Up/Take Down

____ First Aid (must have CPR card)

____ Player Administrator

____ Game Spotters (assists Player Administrator)

____ Scoreboard (home games only)