Montclair Bulldogs

Football/Cheerleading

“Get Involved” Volunteer Football/Cheerleading coaches are needed. Will train

“Be part of a winning tradition with the Bulldogs.”

Registration open’s May 2nd Online at www.communitypass.net/Montclair

1st time players are welcomed.

Benefits of Playing Pop Warner

- No Tryouts
- Instruction Program
- Safety first program
- Mandatory play requirements
- Little scholars’ program

Levels of play
(Ages as of July 31st 2022)

- Flag Football/cheerleading ages 5-7
- 9U Football/Cheerleading ages 7-9
- 11U Football/Cheerleading ages 9-11
- 13U Football/Cheerleading 11-14

Fee’s
Cheer/Football ages 5-7 $150.00
Cheer/Football ages 7-14 $175.00

Sibling discounts available
(Same household)

Season runs Aug 1-Oct 31

Recreation office 973-509-4915

Equipment/Uniform supplied
Participants must supply own cheer sneakers, football cleats (nonmetal)

Payment/Player packets must be completed before participating.

Items needed (Packet)
2 x 2 Head shot photo (recent)
Copy of Birth Certificate
Sports Physical (valid for 2022)
Signed Player/Parent code of conduct
Copy of 2021 Final Report card

www.montclairbulldogs.com
Bulldog Parents,

Welcome to the Montclair Recreation/Pop Warner Little Scholars program. Montclair Bulldogs is a Youth Cheerleading and Football program for boys and girls of Montclair ages 5-14 years. We are very excited for our upcoming 15th Pop Warner season. Ever since joining pop warner, our program has continued to grow both in numbers, as well as success through academics and athletics with over 125 participants selected to the Pop Warner All Academic National teams maintaining a 97% GPA in the classroom during the season and 11 Cheerleading and Football Championships.

Our Pop Warner program is a community based program where we will require our young people to perform above average grades in the classroom as well as participation in team sports and activities in a safe and structured environment. We also rely heavily on YOU, “the parents” to become involved in helping us to continue to build a great program for your kids. Through this active participation, Montclair Pop Warner will teach fundamental values, skills and knowledge that young people will use throughout their lives.

Our Pre season practice will run from August 1st-26th. During the month of August, all of our participants are required by Pop Warner rules to perform 20 hours of conditioning during the first two weeks of August. Practice sessions during this period will be everyday Monday-Friday from 6pm- 8pm at Nishuane Park. We will then continue this process for the remainder of the month until our first game of the season which is scheduled August 27-28. If you have vacation planned during the month of August, please be sure that ALL of your paperwork is completed prior to Aug 1. This way we will have everything ready to go for certification when you return. There is an extensive administration process that we must have in order with our league before your child steps on the field. Inside this packet, there is a check list of everything that is needed during registration. Please be sure that you schedule your child’s yearly physical as soon as possible as this will delay your participation process as well. Post season play will begin the following weekend October 22-23 on Sunday mornings starting 9am then throughout the day with the younger teams playing first (please note that some games may be played on Saturdays as well) plus playoffs and all Cheerleading competitions (if qualify) in the post season after Oct 18th. Cheerleaders are required to cheer at all football games rain or shine. All of our home games will be played at Woodman field (MHS) and away games will be played at the surrounding communities in Essex, Union and Middlesex counties.

Parents, your involvement in our program is vital to our success. As I’m sure that you are all aware than in order for our program to be productive and enjoyable for your family, we will need your help volunteering during our home games, fundraisers and awards banquet to help subsidize cost of our program.

We are also in need of your help with team managers, coaches, field crews and concession stand help (during our games). You will be asked to commit to our “New” Parent Work bond program (of $100 per family, Refundable at end of season “IF” job task are completed) to assure your volunteer involvement to run this program. This is not, a venture to pull more money from the families, but with the success of our kids and the size of the program, there is a lot of work to be done and we will need EVERYONES assured participation to have a Great and enjoyable season. We hope that you will have a great time with the Bulldogs this season, and help us to provide your child with everything that Pop Warner has to offer them.

Special Post Season Note - Fundraising is an important part of the Competitive Cheer and Football Teams should they successfully move past the NJPW competition and Post season play. The cost to participate at Nationals in Orlando, Florida, is approximately $850 per player which includes airfare, hotel, park tickets, etc. It is strongly recommended that each cheerleader and or Football player be accompanied by a parent/guardian chaperone. We, as an organization will
arrange additional mandatory fundraisers for competition level squads to help offset the cost of any post-season advancement competition. In the event that a team advances to Nationals and the fundraising doesn’t cover the entire cost of the child’s trip, families are responsible for paying the remaining cost of the trip as required. Parents are responsible for their own costs.

Sincerely,

[Signature]

Garland Thornton Montclair Pop Warner President
REGISTRATION

Payment

1. Log onto www.communitypass.net/Montclair
2. Create an account if you do not have one.
3. Click drop down in upper right-hand corner of page
4. Select 2022 Spring/Summer
5. Follow prompts to Pop Warner Football/Cheerleading
6. Make payment.
7. If you have issues, please contact our recreation office at 973-509-4915
   Monday-Friday 8:30am-4:30pm Monday-Friday.

Pop Warner Player Packet

1. Log onto www.montclairbulldogs.com
2. Click registration at top of page
3. Download 2022 registration packet (Each participant must have one)
4. Packets also available at Recreation office 205 Claremont Ave or on township
   website www.montclairnjusa.org

Packet needs (Each player must have the following)

1. Head shot photo sized 2 x 2 (passport) for player ID card
2. Copy of Birth Certificate (1st time players will need to provide original BC for
   verification. Date will be scheduled for League rep to certify team.
3. Physical forms 1 & 2, Both forms must be filled out. Form #2 must be signed
   or stamped by doctor valid for 2022.
4. Player/Parent Code of Conduct Must be read and signed by both
5. Copy of 2021 Final report card
Pop Warner Little Scholars, Inc.
2022 PHYSICAL FITNESS & MEDICAL HISTORY FORM

Special Note: This form is to be dated after January 1, 2022 and then submitted to your LOCAL Pop Warner organization. No other forms are acceptable. Section II must be completed in its entirety ONLY by a Licensed State Examiner (medical doctor, nurse practitioner, etc.). Section II is modified or substituted ONLY to comply with local and/or state laws or medical practitioner regulations (i.e. the medical practice insists on its own form). In either case, Section I must still be filled out entirely and attached to any modified/substituted form.

Section I: FOR PARENT/GUARDIAN COMPLETION ONLY

Legal Name of Participant (must match birth certificate):

Last: ___________ First: ___________ Middle: ___________

Address: ___________________________________________
City: ___________ State: _______ Zip: ___________

Telephone No: ___________ Date of Birth: ___________ Male: _______ Female: _______

Name of Primary Medical Insurance Company: ___________
Policy Number: ___________

Membership Number: ___________ Name of Primary Insured: ___________

Does primary insured have Medicaid? Yes _______ No _______ Does primary insured have Medicare? Yes _______ No _______

Sport (check one): Cheer _______ Dance _______ Tackle _______ Flag _______

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, 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 and/or attach to this form:

__________________________________________________________________________________________

If you answered yes about concussions, provide the name of the doctor or qualified medical professional who cleared Participant for this activity:

__________________________________________________________________________________________

I certify that this information is accurate. I understand that this medical authorization may be voided in the event of injury, illness or accident and my child may not be cleared for participation at such time. Further, I acknowledge that it is my responsibility to inform my child’s coach or organization official in writing if there is any change in the medical condition of my child. I also understand that it’s my responsibility to obtain written permission from my child’s physician on official medical stationary in order for my child to resume participation after any and all such injury, illness or accident.

Signature of Parent or Legal Guardian: ________________________________
Print Name: ______________________________________________________
Relationship to Participant: _________________________________________
Dated: ____________

1/1/2022 PWLS, INC.
Section II: THIS SECTION MUST BE COMPLETED ONLY BY A LICENSED MEDICAL PROFESSIONAL ON OR AFTER JANUARY 1ST of the CURRENT CALENDAR YEAR.

Name of Participant: ____________________________
(Please check the following if healthy or note otherwise):

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
<th>Eyes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ears</td>
<td>Mouth</td>
<td>Nose &amp; Throat</td>
</tr>
<tr>
<td>Respiratory</td>
<td>Cardiovascular</td>
<td>Neurological</td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>Dermatological</td>
<td>Blood Pressure</td>
</tr>
</tbody>
</table>

I hereby certify that I am a licensed state examiner and have examined the above named individual and understand that he/she will be participating in Pop Warner football, cheer or dance programs. I hereby attest that this individual is physically fit and has no medical condition which would prevent this individual from participating in Pop Warner activities for the 2022 season. I am therefore clearing this individual for athletic participation without limitation.

Please indicate medical profession (M.D., D.O. R.N., etc.) _______________________

Are you licensed in your state to perform physical examinations? YES NO

Today’s Date: _______________________

Please sign and fill out the following information OR place Official Medical Practice Stamp here:

Signature ______________________ Printed Name ______________________
Address ______________________ City ______________________ State __________ Zip __________
Phone ______________________ Fax: ______________________
Email/Website: Email ______________________ (Optional)

Section II must be completed in its entirety ONLY by a Licensed State Examiner (medical doctor, nurse practitioner, etc. – this may vary by state). NO other forms are acceptable unless Section II is modified or substituted ONLY to comply with local and/or state laws OR because of medical practitioner regulations (i.e. the medical practice insists on its own form). In either case, Section I must still be filled out entirely and attached to any modified/substituted form that MUST be signed in the current calendar year.
Pop Warner Little Scholars, Inc.
2022 PARTICIPANT CONTRACT AND PARENTAL CONSENT FORM

Special Note: This form must be dated after January 1, 2022 and is APPLICABLE ONLY FOR THE 2022 SEASON.

This form must be submitted to your LOCAL organization before the athlete participates in Pop Warner. No other forms are acceptable. Every Pop Warner Association must have a fully completed and signed original of this form before allowing the athlete to participate.

Legal Name of Participant (must match birth certificate):
Last __________________________ First __________________________ Middle __________________________ Also known as __________________________

Address ________________________________________________________________

City __________________________ State _______ Zip __________________________

Phone No: __________________________ Birth date __________________________ Gender: _____Male_____Female

Sport: ______ Football ______ Cheer ______ Dance ______ Flag ______

Parent/Guardian Birthday (mm/dd/yyyy) __________________________

School: __________________________ Grade Level __________________________

Grade Point Average: ______________ Alternative Form Participant: ______________

(Must meet Scholastic Fitness Requirement of 2.0/70% or else fill out the Scholastic Eligibility Form or Home School Eligibility Form).

Mailing Address if different from above: _______________________________________

Name of Parent/Guardian __________________________ Relationship to Athlete: __________________________

Address (if different from above) __________________________________________________________

City __________________________ State _______ Zip __________________________

Telephone No: __________________________ Email Address: __________________________

Emergency Contact Information (if the parent/guardian can not be reached):

Name __________________________ Relationship to Athlete __________________________

Home Telephone No: __________________________ Cell or work No.: __________________________

Pop Warner Official Use Only:

Registration Number: __________________________ Witnessed By: __________________________

Participant Fees

Amount Paid $ __________________________

Type of Transaction: Proof of Cash _______ Check _______ Credit Card _______ Other (please explain)

Age verified? Yes No

Birth Certificate Other (please explain)

Division of Play (check one):

Traditional Divisions: Flag _______ Tiny Mite _______ Mitey Mite _______ Jr. Pee Wee _______ Pee Wee _______ Jr. Varsity _______ Varsity _______

Age-Based Division: 5-6 6-7 7-8 7-8-9 8-9-10 9-10-11 10-11-12 11-12-13 12-13-14

Proof of Scholastic Fitness verified? Yes No

1/1/2022 PWLS, INC.
2022 Parental/Guardian Permission and Waiver

Participant Name: __________________________

1. PERMISSION: I am the parent or legal guardian of the above-named participant. I acknowledge that my child is in good health. I give permission for my child to participate in any and all Pop Warner national, regional, league/conference, association and team/squad activities, including transportation to and from the activities. I give permission for, and assume any and all risk of my child's use of various playing surfaces including natural and artificial grass, cheer mats, hard dirt, and under varying conditions, including, dry, wet and muddy, and I hereby understand that any surface may be regular or irregular.

2. RISK INFORMATION: I acknowledge the potential dangers of participation in any sport and I understand that participation in football, cheerleading and/or dance may result in BODILY INJURY, PARALYSIS, BRAIN INJURY, PERMANENT DISABILITY AND/OR DEATH. I acknowledge that protective equipment does not prevent all participant injuries. I release, indemnify, hold harmless and waive any claim against the coaches, local, league and regional Pop Warner organization(s), Pop Warner Little Scholars, Inc., and any and all organizers, sponsors, supervisors, participants, and persons transporting my child to and from activities, for any injury to my child whether for negligence or for any other cause.

3. EMERGENCY MEDICAL AUTHORIZATION: I give permission for emergency medical/dental treatment or first aid to be administered to my child for any illness/injury/accident resulting from participation in Pop Warner activities.

4. EQUIPMENT RESPONSIBILITY: I acknowledge my responsibility for any and all equipment/uniforms loaned to my child and I agree to promptly return, upon request, the uniform and other equipment in good condition except for normal wear and tear. If I fail to comply, I will be responsible for the cost of such equipment/uniform.

5. INSURANCE DISCLOSURE: I am aware that my local Pop Warner organization carries group accident medical insurance which is secondary or excess to my insurance which is considered primary insurance. Further, I agree to notify in writing my head coach and local Pop Warner organization of any medical claim from participation in Pop Warner as soon as reasonably possible. I understand that the registration fee is not premium for insurance and that deductibles may apply.

6. SCHOLASTIC FITNESS: I confirm that my child is scholastically fit or that I have completed the scholastic eligibility form or the Home School Eligibility Form and will adhere to all rules and regulations therein. Further, I authorize my child's school to release grades, report cards, and all other scholastic information to the local Pop Warner organization in order to comply with scholastic fitness requirements.

7. FINANCIAL RESPONSIBILITY: I acknowledge that my rights, if any, to a refund depends on the local Pop Warner Organization policies, and I have also been advised of my fundraising obligations for the entire season and agree to fully comply with those obligations.

8. COMMUNICATIONS, PROMOTIONS, AND CONSENT: As a condition to my child's participation, I consent to receive communications by email and mail from Pop Warner Little Scholars, Inc. and its sponsors. I understand that Pop Warner Little Scholars does not sell its contact list. Communications may contain program information or special offers. I may "opt out" by instruction in the communication or by my written request to the Pop Warner National Office. Further, I grant Pop Warner the right and permission to make, reproduce, broadcast or otherwise use in perpetuity my child's name and likeness including photograph, films, videos, recordings, or other depictions or images in any form or media throughout the universe, for promotional material, advertising, editorial, trade or other purpose. To the extent that any benefit may accrue therefrom, I forever waive any interest in or claim to such benefit and acknowledge that Pop Warner is under no obligation to exercise any rights granted herein.

9. ADULT CODE OF CONDUCT: S1: In order to uphold the goals of Pop Warner and ensure that all participants have the benefit of a safe and fun learning environment, all parents, guardians and other adults and attendees of Pop Warner events, including but not limited to practices, competitions, and banquets, must behave accordingly in a respectful, courteous and sportsmanlike manner at all times. S2: Any adult who is using alcohol, tobacco or non-prescription drugs and/or appears intoxicated at a Pop Warner event, and/or who is flagrantly rude, attempts to intimidate, verbally abuse, heckle, taunt, ridicule, boos, throws objects and/or uses vulgarity or profane language/behaviors with an official, coach, volunteer, staff member, participant or other event attendee, must receive a verbal warning and/or be asked to leave a Pop Warner event. The member organization may also provide a written warning to the individual regarding the misbehavior. The adult's children may also be removed from the event. Any adult who commits one of the above stated offenses a second time, will be banned from any and all Pop Warner events for a period of one year from the date of the offense, and their children may also be removed from the program(s) for that time period. S3: Any adult who physically assaulsts an official, coach, volunteer, staff member or participant or threatens grave bodily harm may be banned from any and all Pop Warner events for one year from the date of the offense, and their children may also be removed from any and all Pop Warner programs for that same period of time. After the ban has expired, if the individual commits another offense of the adult code of conduct, the individual will be permanently banned from any and all Pop Warner events and the individual's children may also be permanently removed from any and all Pop Warner programs.

10. ADHHERENCE TO POP WARNER RULES AND PROCEDURES: I understand that it is my responsibility to comply with all rules and regulations of Pop Warner Little Scholars Inc and its affiliated organizations and understand that non-compliance may be cause for discipline and/or dismissal of my child, myself, and/or other persons affiliated with me or my child. I further understand that my child must meet Pop Warner age and/or weight requirements on their official certification date as established by Pop Warner without exception and that the decision of the Weigh Master is final. I agree to furnish an authentic certified copy of my child's birth certificate to local Pop Warner officials and understand that valid proof of age, a current calendar year's signed medical release, scholastic fitness form and this form must be presented by date of certification in order to participate in Pop Warner activities. I hereby hold Pop Warner harmless of any financial loss as the result of any disciplinary action.

11. DISPUTE RESOLUTION POLICY; SEVERABILITY: I understand and acknowledge that all disputes with Pop Warner and all affiliated parties will be subject to binding arbitration in Longhorne, PA in accordance with Pennsylvania law. I hereby agree that this binding arbitration shall be in lieu of any litigation. I also understand and agree that if I contest any decision or ruling of Pop Warner and seek other recourse, that I will reimburse Pop Warner for all legal fees and expenses it reasonably incurs. If any portion of this form shall be deemed unenforceable, the remainder shall remain in full force and effect.

In consideration of participation in Pop Warner activities and by my signature below, I confirm that I have read, fully understand and voluntarily agree to be bound by all of the above and that all information provided by me is true and accurate.

Signature of Parent/Guardian: __________________________   Print Full Legal Name: __________________________

Signature of Participant: __________________________   Print Full Legal Name: __________________________

Dated: 1/1/2022 PWLS, INC.
Montclair Bulldogs

Parent Fundraising & Work bond agreement

A work bond program is a program where each parent submits an additional fee to the organization upon registration. After a predetermined number of volunteering assignments have been met (which will be given to every Bulldog family), the family is returned this fee at the end of the season.

We at Montclair Bulldogs feel that our kids are performing at a high level, and that means that we need to be sure that we (parents) are doing our part to provide the greatest possible experience possible for our kids.

We have mandated 4 events that will be required for all of you to meet over the course of the season. We will discuss more at the parent orientation dated for Aug 1, at Nishuane

I/We________________________________ parents of ____________________________

Understand that every parent is needed to volunteer in the program in order to have a successful season.

Print Name: __________________________________________

Signature: __________________________________________

Team Manager (1)  Grilling  Team Communication
Field set up       Fundraising  Chain crew
Field clean up    MPR person  Action shots photos
Concession stand Uniform Washing  Fundraising committee
Bulldog Equipment

**Cheerleading:**

The Bulldogs will provide the Following: (Must be returned at end of season)

- Cheer Top & Skirt
- Palm Poms
- Cheer Mats

Participants are responsible for: (Mandatory)

*Fundraising opportunities will be offered to help offset cost

<table>
<thead>
<tr>
<th>Item</th>
<th>Warm up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sneakers</td>
<td>Rain jacket</td>
</tr>
<tr>
<td>Brief</td>
<td>Cheer bag</td>
</tr>
<tr>
<td>Midriff</td>
<td>Practice tank</td>
</tr>
<tr>
<td>Pink bow</td>
<td>Practice shorts</td>
</tr>
</tbody>
</table>

**Football:**

Bulldogs will provide the following: (Must be returned at end of season)

- Flag Belts
- Helmets
- Shoulder Pads
- 1 practice jersey
- Athletic Supporter (Cup)

<table>
<thead>
<tr>
<th>Item</th>
<th>Practice Pants</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Game jerseys Blue &amp; White (Flag 1 Game Jersey)</td>
<td>Mouthguards</td>
</tr>
<tr>
<td>1 pair Game pants</td>
<td>Players are responsible for</td>
</tr>
<tr>
<td>Flag Helmet</td>
<td>Cleats (Sneakers are okay)</td>
</tr>
<tr>
<td>Guardian Caps for helmets</td>
<td>Gloves</td>
</tr>
</tbody>
</table>

Failure to return uniforms or equipment at end of season, participant will be charged full price for merchandise.
Montclair Bulldog Cheerleading & Football

Registration Packet Check List:

- € Payment made through www.communitypass.net
- € Recent 2 x 2 Size Picture (head shot)
- € Copy of Birth Certificate (New Participants ONLY)
- € Parent/Player Contract Forms I & II (Must be signed by both)
- € Medical Forms I & II (Form II MUST be sign or Stamped by Dr)
- € Signed Pop Warner and township Civid-19 Waiver (2 forms)
- € Copy of FINAL 2020-2021 REPORT CARD

Packet will NOT be accepted if incomplete or without payment