Montclair Bulldogs

YOUTH FOOTBALL & CHEERLEADING

AGES 5-13

1st time Participants are welcomed.

Registration open’s May 1st Online at
www.communitypass.net

Benefits of Pop Warner

- No cuts, everyone plays.
- Instructional program
- Safety first program
- Mandatory play requirements
- Little scholars’ program
- Certified coaches
- Township program

Registration Packet info

- All registration fees and player packets must be paid and completed by Aug 1st.
- Registration packet can be found at www.montclairbulldogs.com and at Recreation office 205 Claremont ave during business hours 8:30am-4:30pm Monday-Friday

Cheerleading Registration fee’s

- Cheerleading ages 5-7 $125.00 by June 1st $150.00 after
- Cheerleading ages 8-14 $150.00 by June 1st $175.00 after

Registration covers insurance, issued Equipment, game jersey and pants. Participants purchase own cleats (non-metal)

First day of Pre-season Tuesday August 1st-14th Monday-Friday -6pm-8pm Nishuane Park
Game season August 27th-October 15th (Flag games Saturdays TBA) (Tackle games Sundays)

For more information Call the Recreation office at 973-509-4915

Monday-Friday 8:30am-4:30pm

VISA MasterCard DISCOVER
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 5-13 years. We are very excited for our upcoming 16th 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 135 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 participate 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 Preseason practice will run from August 1st-26th. During this period, all our participants are required by Pop Warner rules to perform 20 hours of conditioning before being permitted to play. 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 26-27th. If you have vacation planned during the month of August, please be sure that ALL 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 onto 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. All physicals must be valid for 2023. Post season play will begin the following weekend October 21-22 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 15th. Cheerleaders are required to cheer at all football games rain or shine. All 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 that 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 the cost of our program.

We know that Volunteer help is essential to the success of our program. We have developed a fun and successful program for our parents to get involved and have some fun with the program. We need team managers, coaches, field crews and concession stand help (during our games). There is a lot of work to be done but with everyone’s help, we are assured of having a great and enjoyable season.

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 the Nationals in Orlando, Florida, is approximately $950 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. The end goal of our program is for our participants to have a healthy and safe pop Warner football and cheerleading experience. We want our kids to fall in love with the sport because of what it does for their self-confidence and skill building. Teamwork is also a key component, as football and cheerleading are ultimate team sports. We all encourage more for our kids, but we know that most of this comes with a price tag. If we pull together and raise funds for our teams. There is no limit to what we can bring to our future stars.

Sincerely,

Garland Thornton

Montclair Pop Warner President
BULLDOG REGISTRATION

Payment:

1. Log onto www.communitypass.net
2. Create an account if you do not have one.
3. Click the drop down upper right corner of page.
4. Select 2023 Spring/Summer
5. Follow prompts to Pop Warner Football/Cheerleading
6. Make payment.
7. If you have any issues, please contact our office at 973-509-4915
   Monday-Friday, 8:30am-4:30pm

Registration Packet:

1. Go to www.montclairbulldogs.com
2. Go to register to make a family account.
3. Complete all required information.
4. Click Registration Info
5. Go to Forms
6. Complete “participant contract, parental consent, and medical history form

(Note: physical fitness form must be signed or stamped by doctor. Valid for 2023)

7. Click Save forms.
8. Upload photo, birth certificate, report card and completed forms.
9. Please bring ALL hardcopies to team managers to be placed in the team book.

Packet Needs:

1. Head shots photo sized 2X2 (passport size) for ID card
2. Copy of Birth Certificate (1st time player 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 2023.
4. Player/Parent Code of Conduct Must be read and signed by both.
5. Copy of 2023 Final
Special Note: This form must be dated after January 1, 2023 and is APPLICABLE ONLY FOR THE 2023 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 __________________________

Mailing Address (if different from above): __________________________

Birth date: __________________________ Parent/Guardian Birth date: __________________________

Participant's Gender: Male □ Female □

Sport: Tackle Football □ Flag Football □ Cheer □ Dance □

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).

Name of Parent/Guardian __________________________ Relationship to Athlete __________________________

Telephone No: __________________________ Email Address: __________________________

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

Name __________________________ Relationship to Athlete __________________________

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

2023 Parental/Guardian Permission and Waiver

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 inherent risk and danger 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 the result of 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.

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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, heckles, taunts, ridicules, boos, throws objects and/or uses vulgar or profane language/gestures 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 second offense, and their children may also be removed from the program(s) for that time period. S3: Any adult who physically assaults 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. ADHERENCE 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 Langhorne, 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: ___________________________________________

Date: _________________________________________________________

If you're uploading this signed document directly into your participant profile within the Sports Connect roster system, please make sure both pages are scanned to include your signature. Documents can be scanned as PDF files from your smartphone or tablet. CLICK HERE to learn how.

1/1/2023 PWLS, INC.
Pop Warner Little Scholars, Inc.
2023 PHYSICAL FITNESS & MEDICAL HISTORY FORM

Special Note: This form is to be dated after January 1, 2023 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 in the event of injury, illness or accident my child may not be cleared for participation. I acknowledge that it is my responsibility to inform my child’s coach or organization official in writing if there is any change in my child’s medical condition. I also understand it is my responsibility to obtain written permission from my child’s physician on official medical stationary to resume participation after any and all injury, illness or accident.

Signature of Parent or Legal Guardian: ____________________________
Print Name: ____________________________
Relationship to Participant: ____________________________

1/1/2023 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.

This form 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).

Name of Participant: __________________________________________

(Please check the following if healthy or note otherwise):

- Height ______  Weight ______  Eyes
- Ears  Mouth  Nose & Throat
- Respiratory  Cardiovascular  Neurological
- Musculoskeletal  Dermatological  Blood Pressure

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 2023 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)

Note to Pop Warner participants: If you’re uploading this signed document directly into your participant profile within the Sports Connect roster system, please make sure each page includes a proper signature. It will not be accepted without signatures. Documents can be scanned as PDF files from your smartphone or tablet. CLICK HERE to learn how.

1/1/2023 PWLS, INC.
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)

- Copy of FINAL 2022-2023 REPORT CARD

Packet will NOT be accepted if incomplete or without payment.