

**SADDLEBACK VALLEY
POP WARNER FOOTBALL, INC.**
P.O. Box 905, Lake Forest, CA 92609 (949) 699-0229

2010 Season Membership Application

<hr/> Participant's Last Name	<hr/> First	<hr/> Home Telephone	<hr/> Weight at Registration
<hr/> Street Address		<hr/> Date of Birth	<hr/> Grade This Fall
<hr/> City and Zip		<hr/> Age on 7/31/10	
<hr/> Father's (or Guardian) Name		<hr/> Father's Home #	<hr/> Father's Cell #
<hr/> Father's Address (if different from participant)		<hr/> City and Zip	<hr/> Father's Email
<hr/> Mother's (or Guardian) Name		<hr/> Mother's Home #	<hr/> Mother's Cell #
<hr/> Mother's Address (if different from participant)		<hr/> City and Zip	<hr/> Mother's Email

Participant lives with: mother father both parents other (please explain) _____

If your child participated in our program last season, please indicate what team: _____

Number of years your child has played on an organized tackle football team: _____ Positions played: _____

Number of years your child has played on an organized flag football team: _____ Positions played: _____

Is there a Head Coach on whose team you do NOT wish your child to be placed on for the upcoming season? _____

If yes, please state the name of the coach _____ (This information will remain confidential, but you will be contacted to discuss the reason for this decision. If the opt off is granted, there is no choice on whose team your child will ultimately be placed.)

REGISTRATION FEES

Flag \$210.00 Tackle \$315.00 Challenger \$40.00

A copy of your child's county certified birth certificate or passport is required for registration

Registration fees will be increased after 5/01/10 and again after 7/15/10

REFUND POLICY: ABSOLUTELY NO REFUNDS

ANY RETURNED PAYMENTS WILL BE ASSESSED A \$15 FEE

FALSIFICATION OF ANY INFORMATION SHALL BE GROUNDS FOR IMMEDIATE DISMISSAL

I have read and understand the above statements regarding refunds, returned payment fees and falsification of information:

Parent Signature: _____ Date: _____

SVPW USE:

League Age: _____ Team Assigned: _____

Registration Fee \$ _____

Spirit Pack Cost \$ _____

Total Amount Due \$ _____ Payment Method _____ Received by _____ Date _____