

SADDLEBACK VALLEY POP WARNER FOOTBALL & CHEER ASSOCIATION

PARTICIPANT INFORMATION FOR HEAD COACH

Returning Cheerleader _____ New Cheerleader _____

Cheerleader Name: _____ Birth date: _____

Age as of July 31st: _____ School attending in the fall: _____

Grade in the fall: _____

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.

____ Coaching

____ Cheer Team Mom

____ Photographer

____ Cheer Team Business Manager (manages team funds)

____ Fundraising/Sponsor Coordinator

____ Snack Bar Coordinator