

# 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 31<sup>st</sup>: \_\_\_\_\_

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.):

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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)