



P.O. Box 162 Glenmont, NY 12077
www.bpwfootball.com
register@bpwfootball.com

REGISTRATION FORM

(complete one form for each child/participant)

FOOTBALL ONLY

Jersey Size: S M L XL 2XL

Jersey Number: _____
(first choice)

Jersey Number: _____
(second choice)

Weight: _____ pounds

PARTICIPANT INFO

First Name: _____ Middle: _____ Last Name: _____

Date of Birth: _____ Age on July 31st: _____ Gender: **M** **F** * Mother's birthday: _____
mm/dd/yyyy *mm/dd*

** required for entry into the national Pop Warner Database*

Primary Parent/Guardian: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Numbers: Home: _____ Mobile: _____ Office: _____
(at least one phone number must be provided)

* Email Address: _____
*(*an email address is required and will be used solely for providing information regarding BPW)*

Secondary Parent/Guardian: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Numbers: Home: _____ Mobile: _____ Office: _____
(at least one phone number must be provided)

Email Address: _____
(your email address will be used solely for providing information regarding BPW)

HOW DID YOU HEAR ABOUT BPW REGISTRATION? (check all the apply)

- | | | | |
|--|---------------------------------------|--|---|
| <input type="checkbox"/> SCHOOL NEWSLETTER | <input type="checkbox"/> SPOTLIGHT AD | <input type="checkbox"/> BPW WEBSITE | <input type="checkbox"/> POSTER AT: _____ |
| <input type="checkbox"/> WORD OF MOUTH | <input type="checkbox"/> EMAIL | <input type="checkbox"/> OTHER WEBSITE | <input type="checkbox"/> PLAYED/CHEERED LAST YEAR |
| <input type="checkbox"/> OTHER: _____ | | | |

MEDICAL, TRANSPORTATION & PHOTO RELEASE

I hereby grant permission to Bethlehem Pop Warner, Inc.

- to act on my behalf to permit emergency medical treatment to the above named participant, as needed, until I can be contacted.
- to transport the above named participant on trips or to activities, as necessary.
- to use photographs and images of the above named participant in the annual banquet slide show, the BPW web site and on promotional materials.

Parent/Guardian Signature: _____ Date: _____

By signing above, I also acknowledge receipt of the BPW Membership Manual and agree to abide by its contents.