



San Diego Pop Warner



MAKING A POSITIVE IMPACT ON OUR YOUTH

Participant Name: _____ Priority #: _____

Parent Name: _____ Phone #: _____

Sign up date: _____

Item	Completed	Signed off
Weigh in		
Sign in		
Received Priority #		
Assigned to Division		
Picture		
Little Scholars		
Snack Bar		
Fundraising		
Forms Completed Entirely		
Participant Contract		
Physical Form		
Zero Tolerance Form		
Waiver Form (if needed)		
Payment/ Submit all forms		

Notes: _____

Verified by (Please Print)

Signature