

# Coastside Football and Cheer List of Required Forms

The following forms are required by July 9, 2010. These forms are needed for certification. If the forms are not received your child cannot participate.

	<b>2010 Participant Contract and Parental Consent Form</b>
	<b>2010 Parental/Guardian Permission and Waiver</b> <i>Signed by both player and parent</i>
	<b>2010 Physical Fitness &amp; Medical History Form</b> <i>Exam must be dated January 1, 2010 or after (2 page form)</i>
	<b>Volunteer Request Letter</b> <i>Completed with your volunteer preferences selected.</i>
	<b>Coastside Football &amp; Cheer Pop Warner Code of Conduct Policy</b> <i>Signed by both player and parent</i>
	<b>Pop Warner Little Scholars, Inc. All-American Application</b> <i>ONLY need signature of Player and Signature of Parent on this form</i>
	<b>Disciplinary Action Agreement</b>
<b>The following <u>must</u> accompany the registration packet:</b>	
	<b>A current 2x3 photograph.</b> No hats or dark glasses. Polaroid's are not allowed.
	<b>2 8.5 x11 inch copies of report card (or equivalent).</b> <i>Report card must contain ALL academic grading periods during the 2009-2010 school year.</i>
	<b>Copy of birth certificate or passport.</b> <i>Participates who played the 2009 season do not need to supply this document.</i>
	<b>\$100.00 Equipment Deposit Check</b> for Football players only made out to CYA Coastside Pop Warner – <b>Checks will <u>not</u> be cashed unless equipment is not returned. Check will be returned when ALL equipment is returned at the end of season.</b>
<b>Player registration check</b> (made out to: CYA Coastside Football and Cheer).	
	<b>FOOTBALL - \$275.00      \$235 for 2nd player,      \$600 maximum for 3 players</b> <i>(Early Registration - Before June 1<sup>st</sup> \$250.00)</i>
	<b>CHEERLEADING - \$125.00      \$115 FOR 2ND PLAYER</b> <i>(Early Registration – before June 1<sup>st</sup> - \$100.00)</i> <b>**Uniform is not included in registration fee</b>

All forms and accompanied items must be received no later than **July 9, 2010**.

If you have any questions regarding registration please contact:

Tonia Leonardos [leonardos@delta.org](mailto:leonardos@delta.org) 415-793-0875

Please mail the completed packet to:

**Coastside Football and Cheer**

**c/o Tonia Leonardos**

**PO Box 1943**

**EI Granada, CA 94018**

## Need A Physical?

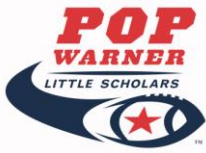
**If you cannot get a physical scheduled with your regular doctor prior to August 1<sup>st</sup>, we recommend:**

Half Moon Bay Chiropractic  
Dr. Daniel Rhodes  
717 Main Street  
Half Moon Bay  
(650) 726-8390

or

Heath Family Care Chiropractic  
Dr. Mark Heath  
339 Main Street  
Half Moon Bay  
(650) 726-5265

Dr. Rhodes and Dr. Heath are available by appointment only, ask for Pop Warner participants special \$.



**Pop Warner Little Scholars, Inc.**  
**2010 PARTICIPANT CONTRACT AND PARENTAL CONSENT FORM**



**Special Note: This form must be dated after January 1, 2010 and is applicable only for the 2010 season.**

This form must be submitted to your LOCAL Pop Warner organization prior to the athlete participating in Pop Warner. No other forms are acceptable. Every Pop Warner Association must have a fully completed and signed original of this form prior to allowing the athlete to participate.

**Legal Name of Participant (must match birth certificate):**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Also known as \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No: \_\_\_\_\_ Birth date \_\_\_\_\_ Gender: \_\_\_Male \_\_\_Female

Sport: \_\_\_Football \_\_\_Cheer \_\_\_Dance

School: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_ Alternative Form Participant: \_\_\_\_\_

(must meet Scholastic Fitness Requirement of 2.0/70% or else fill out the Scholastic Eligibility Form or Home School Eligibility Form).

Mailing Address if different from above: \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_ Relationship to Athlete: \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Emergency Contact Information (if the parent/guardian can not be reached):**

Name \_\_\_\_\_ Relationship to Athlete \_\_\_\_\_

Home Telephone No: \_\_\_\_\_ Cell or work No.: \_\_\_\_\_

**Pop Warner Official Use Only:**

Registration Number: \_\_\_\_\_ Witnessed By: \_\_\_\_\_

**Participant Fees**

Amount Paid \$ \_\_\_\_\_

Type of Transaction: \_\_\_Cash \_\_\_Check \_\_\_Credit Card \_\_\_Other (please explain)

Proof of Age verified? Yes No

Birth Certificate Other (please explain)

Division of Play (circle one): Flag / Tiny Mite / Mitey Mite / Jr. Pee Wee / Pee Wee / Jr. Midget / Midget / U/L

Weight at Time of Registration (Football Only): \_\_\_\_\_

Proof of Scholastic Fitness verified? Yes No

**2010 Parental/Guardian Permission and Waiver**

**Participant Name:** \_\_\_\_\_

**1. PERMISSION TO PARTICIPATE:** I, the parent/guardian of the above-named participant hereby acknowledge that my child is in good general health and I give my approval for my child to participate in any and all Pop Warner national, regional, league/conference, association and team/squad activities, including transportation to and from the activities by a licensed driver with proof of insurance.

**2. INTENT TO INFORM:** I acknowledge that I am fully aware of the potential dangers of participation in any sport and I fully understand that participation in football, cheerleading and/or dance may result in **SERIOUS INJURIES, PARALYSIS, PERMANENT DISABILITY AND/OR DEATH.** Furthermore, I fully acknowledge and understand that protective equipment does not prevent all participant injuries, and therefore I do hereby waive, release, absolve, indemnify, and agree to hold harmless the local, league and regional Pop Warner organization(s), Pop Warner Little Scholars, Inc., and any and all organizers, sponsors, supervisors, participants, and persons transporting the above named participant to and from activities, from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.

**3. EMERGENCY MEDICAL AUTHORIZATION:** I hereby grant my permission for any and all emergency medical/dental treatment and/or first aid to be administered to my child/participant, including authorizing any medical treatment facility/hospital to administer emergency treatment, for any illness/injury/accident resulting from participation in any and all Pop Warner activities.

**4. EQUIPMENT RESPONSIBILITY:** I agree to assume full responsibility for any and all equipment/uniforms loaned to the above named participant and I agree to promptly return, upon request, the uniform and other equipment issued to the above named participant in as good condition as when received except for normal wear and tear. If I fail to adhere to this policy, I will be responsible for the replacement cost of such equipment. I agree to furnish an authentic certified copy of a birth certificate of the above-named participant to local Pop Warner officials.

**5. INSURANCE DISCLOSURE:** I am aware that my local Pop Warner organization carries group accident insurance which is considered secondary or excess for medical purposes to any and all valid insurance I possess is considered primary insurance. Furthermore, I agree to notify in writing my head coach and local Pop Warner organization of any medical claim as a result of participation in Pop Warner as soon as reasonably possible. I understand that any registration fee paid does not constitute a direct premium for insurance and that a deductible(s) may apply.

**6. SCHOLASTIC VERIFICATION:** I hereby stipulate that either my child is scholastically fit, or that I have completed the scholastic eligibility form or the Home School Eligibility Form and will adhere to all rules and regulations therein. Furthermore, I hereby authorize my child's school to release school grades, report card results, and any and all other pertinent scholastic information to the local Pop Warner organization in order to comply with Pop Warner's scholastic fitness requirements.

**7. FINANCIAL RESPONSIBILITY:** I hereby stipulate that I have been advised by the local Pop Warner Organization of my rights, if any, to a refund in accordance with the local organization policies, and I have also been advised of my fundraising obligations for the entire season and agree to fully comply with those obligations.

**8. COMMUNICATION AND PROMOTIONAL CONSENT:** As a condition to my child's participation, I hereby consent to receive communications via email and mail from Pop Warner Little Scholars, Inc. and its partners. I understand that Pop Warner Little Scholars does not sell its contact lists and communications sent may contain program information as well as special offers and may be opted out of by following the instructions in the email or via written request to the Pop Warner National Office. Furthermore, I hereby grant to Pop Warner the absolute right and permission to make, reproduce, broadcast or otherwise use participant's name and likeness, any photograph, films, videos, recordings, or other depictions or images in whatever form or media in connection with participation in Pop Warner throughout the universe in perpetuity and in any and all advertising and promotion materials, in any manner or media whatsoever for purposes of art, advertising, editorial, trade or promotion or any other purpose whatsoever. To the extent that any benefit accrues or may accrue to Pop Warner, I hereby and forever waive any interest in or claim to such benefits and acknowledge that Pop Warner is under no obligation to exercise any rights granted herein.

**9. ADULT CODE OF CONDUCT: S1:** In order to uphold the goals of Pop Warner and ensure that all participants have the benefit of a safe and fun learning environment, all parents, guardians and other adults and attendees of Pop Warner events, including but not limited to practices, competitions, and banquets, must behave accordingly in a respectful, courteous and sportsmanlike manner at all times. **S2:** Any adult who is using alcohol, tobacco or non-prescription drugs and/or appears intoxicated at a Pop Warner event, and/or who is flagrantly rude, attempts to intimidate, verbally abuse, heckles, taunts, ridicules, boos, throws objects and/or uses vulgarity or profane language/gestures with an official, coach, volunteer, staff member, participant or other event attendee, must receive a verbal warning and/or be asked to leave a Pop Warner event. The member organization may also provide a written warning to the individual regarding the misbehavior. The adult's children may also be removed from the event. Any adult who commits one of the above stated offenses a second time, will be banned from any and all Pop Warner events for a period of one year from the date of the second offense, and their children may also be removed from the program(s) for that time period. **S3:** Any adult who physically assaults an official, coach, volunteer, staff member or participant or threatens grave bodily harm may be banned from any and all Pop Warner events for one year from the date of the offense, and their children may also be removed from any and all Pop Warner programs for that same period of time. After the ban has expired, if the individual commits another offense of the adult code of conduct, the individual will be permanently banned from any and all Pop Warner events and the individual's children may also be permanently removed from any and all Pop Warner programs.

**10. ADHERENCE TO POP WARNER RULES AND PROCEDURES:** I hereby understand and acknowledge that as a parent/guardian of a Pop Warner participant it is my responsibility to comply with all rules and regulations stipulated, adopted or recognized by Pop Warner Little Scholars Inc. or any of its member organizations and understand that any non-compliance with any and all rules and regulations may be cause for discipline and/or dismissal of the participant, myself, and/or any spectators or other persons affiliated with the undersigned and the above named participant. I further understand that the participant must meet Pop Warner age and/or weight requirements on their official certification date as established by Pop Warner Little Scholars, Inc. without exception and that the decision of the Weigh Master is final. I agree to furnish an authentic certified copy of a birth certificate of the above-named participant to local Pop Warner officials and understand that valid proof of age, a current year's signed medical release, participant contract and parental consent, and scholastic fitness forms must be presented by date of certification in order to participate further in Pop Warner activities.

**11. DISPUTE RESOLUTION POLICY:** I hereby understand and acknowledge that all civil disputes between Pop Warner and any and all affiliated parties will be subject to binding arbitration in the locale of the Pop Warner Little Scholars, Inc. National Office in Langhorne, PA in accordance with Pennsylvania law under the guidelines and rules of the American Arbitration Association. I hereby agree that this binding arbitration shall be in lieu of any litigation by and between myself, Pop Warner and any and all affiliated parties. I also understand and agree that if I contest any decision or ruling of Pop Warner Little Scholars, Inc. and seek other recourse, that I will reimburse Pop Warner for all legal fees and expenses it reasonably incurs. If any portion of this form shall be deemed unenforceable or invalid, the remainder shall remain in full force and effect.

**RULES & REGULATIONS** - By my signature below, I hereby stipulate that I have read, fully understand and voluntarily agree to all of the above:

Signature of Parent/Guardian \_\_\_\_\_ Print Full Legal Name \_\_\_\_\_

Signature of Participant \_\_\_\_\_ Print Full Legal Name \_\_\_\_\_

Date \_\_\_\_\_

# Coastside Football & Cheer Pop Warner Code of Conduct Policy

<b>League Participant's Code</b>	<b>League Parent's Code</b>	<b>League Coach's Code</b>
<p><b><i>I WILL:</i></b></p> <p>Emphasis the ideas of team/squad sportsmanship, ethical conduct and fair play.</p> <p>Show courtesy to my opponents and officials.</p> <p>Recognize athletic contests are serious educational endeavors.</p> <p>Give complete allegiance to my coaches who are the child's instructional authority for my team.</p> <p>Discourage fans, fellow teammates and parents from undercutting my coach's authority.</p> <p><b><i>I WILL NOT:</i></b></p> <p>Use profanity or talk "trash" before, during or after any game.</p> <p>Use drugs, alcohol or tobacco.</p> <p>Criticize my teammates</p> <p>Act in any way that may incite spectators.</p>	<p><b><i>I WILL:</i></b></p> <p>Support my child's team/squad and teach the value of commitment to the team/squad - Emphasis the ideals of sportsmanship, ethical conduct and fair play.</p> <p>Help my child and Pop Warner make athletic contests a positive educational experience.</p> <p>Show courtesy to opponents and officials.</p> <p>Direct constructive criticism of my child's athletic program to the athletic director or association officials and work towards a positive result for all concerned,</p> <p><b><i>I WILL NOT:</i></b></p> <p>Criticize officials, direct abuse or profane language toward them, or otherwise subvert their authority.</p> <p>Undermine, in word or deed, the authority of the coach or administration.</p> <p>Intrude onto the field; stand on the sideline or yell from the bleachers to the coaches, referees or administration.</p>	<p><b><i>I WILL:</i></b></p> <p>Respect the integrity and judgment of contest officials/judges and work with them to promote positive experiences.</p> <p>Establish and model fair play sportsmanship, and proper conduct.</p> <p>Hold in highest priority establishment of the child's safety and well fair.</p> <p>Provide proper supervision to athletes at all times.</p> <p>Use discretion when providing constructive criticism and when reprimanding the athlete. Maintain consistency in requiring athletes to adhere to established rules and standards of the contest to be played.</p> <p>Follow the Pop Warner rules of behavior and the procedures for responsible crowd control.</p> <p>Vigorously encourage and support athletes.</p> <p><b><i>I WILL NOT:</i></b></p> <p>Suggest, provide, or encourage athletes to use non-prescription drugs or substances.</p> <p>Promote acts that will in any way incite spectators in a negative manner.</p>

**PARTICIPANT AND PARENT MUST SIGN** this form and by signing he/she is assuring the PPWLS/Coastside that you have reviewed and support the "Code of Conduct" policy.

\_\_\_\_\_  
Print Name (Participant)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name (Parent)

\_\_\_\_\_  
Signature

Association: Coastside

Division, if known (circle one)    TM    MM    JPW    PW    JM    M





# Coastside Cougars

Football Education Cheer

## 2010 Coastside Football & Cheer Pop Warner Disciplinary Action Agreement

Dear Parents and Participants,

The general objectives of Pop Warner Football & Cheer are to inspire youth, regardless of race, creed or national origin, to practice the ideals of sportsmanship, scholarship, and physical fitness, as reflected in the life of the late Glenn Scobie "Pop" Warner.

Pop Warner strives to make the game fun for all boys and girls. Coaches must constantly keep in mind the ages of the participants. The program stresses learning lessons of value far beyond the playing or cheering days of the boys and girls involved, such as self-discipline, teamwork, concentration, friendship, leadership, and good sportsmanship.

It is very important that the rules of the organization be enforced to ensure the criteria set forth.

Please be advised disciplinary actions will be enforced should they arise. If you would like to receive the official Pop Warner Football and or Cheer rules, you may obtain them by going to the official website at [www.popwarner.com](http://www.popwarner.com).

### **Warnings can include:**

- 2 unexcused tardiness
- 1 unexcused absence
- inappropriate language
- inappropriate behavior
- disrespect towards any Pop Warner member

An excused absence is **prior** notice, of an event (practice, game, etc.) to the coaching staff due to illness, doctor/dentist appointments and vacations.

### **Procedures**

**First warning** - Note to parents to be signed and returned at next practice, game or event.

**Second warning** - Meeting with parent and participant.

**Third warning** - Suspended for one week; however, will be required to attend practice, game or event without participating for the duration of the suspension.

**Fourth warning** - Expulsion from the team.

I have read and understand the Disciplinary Action Agreement procedures.

Print Child's Name \_\_\_\_\_

Parent(s)/Guardian Sign & Date below  
Pop Warner Participant Sign & Date \_\_\_\_\_

Parent(s)/Guardian Sign & Date below



Pop Warner Little Scholars, Inc.

2010 PHYSICAL FITNESS & MEDICAL HISTORY FORM



Special Note: This form must be dated after January 1, 2010 and then submitted to your LOCAL Pop Warner organization.

No other forms are acceptable unless Section II is modified or substituted ONLY to comply with local and/or state laws or because of medical practitioner regulations (i.e. the medical practice insists on its own form). In either case, Section I must still be filled out entirely and attached to the modified/substituted form. Section II must be completed in its entirety ONLY by a Licensed State Examiner (medical doctor, nurse practitioner, etc.)

Section I: FOR PARENT/GUARDIAN COMPLETION ONLY

Legal Name of Participant (must match birth certificate):

Last First Middle

Address: City: State: Zip:

Telephone No: Date of Birth: Male Female

Name of Primary Medical Insurance Company: Policy Number:

Membership Number: Name of Primary Insured:

Sport (check one): Cheer Dance Tackle Flag

PARTICIPANT MEDICAL HISTORY

- 1. Are there any injuries requiring medical attention? Yes No
2. Are there any past surgeries or scheduled surgeries? Yes No
3. Is the participant currently under the care of a medical practitioner? Yes No
4. Is the participant currently taking any medications? Yes No
5. Does the participant have any allergies (penicillin, bee stings, etc)? Yes No
6. Does the participant have asthma/require the use of an inhaler? Yes No
7. Is the participant diabetic/require medication for diabetes? Yes No
8. Does the participant currently require medication? Yes No
9. Does/has the participant have/had seizures? Yes No
10. Does the participant wear glasses or contact lenses? Yes No
11. Does the participant wear a brace or other medical support device? Yes No
12. Does the participant have any other physical limitations or medical conditions? Yes No

If you answered yes to any of the above questions, please provide the question number and an explanation in the following space:

Blank lines for providing question numbers and explanations.

I hereby certify that this information is accurate to the best of my knowledge. I understand that this medical authorization may be voided in the event of injury, illness or accident and my child may not be cleared for participation at such time. Furthermore, I hereby acknowledge that it is my responsibility to inform my child's coach or organization official in writing if there is any change in the medical condition of my child. I also understand that it's my responsibility to obtain written permission from my child's physician on official medical stationary in order to seek permission for my child to resume participation after any and all such injury, illness or accident.

Signature of Parent or Legal Guardian:

Print Name

Relationship to Participant

Dated



**Section II: THIS SECTION IS TO BE COMPLETED ONLY BY A MEDICAL PROFESSIONAL**

Name of Participant: \_\_\_\_\_

(Please check the following if healthy or note otherwise):

Height	Weight	Eyes
Ears	Mouth	Nose & Throat
Respiratory	Cardiovascular	Neurological
Muskoskeletal	Dermatological	Blood Pressure

**I hereby certify that I am a licensed state examiner and have examined the above named individual and understand that he/she will be involved in participating in Pop Warner football, cheer or dance programs. I hereby swear and attest that this individual is physically fit and I have found no medical reason which would prevent this individual from safely participating in Pop Warner activities for the 2010 season. I am therefore clearing this individual for athletic participation without limitation.**

**Please place medical professional stamp here or fill out the following:**

Signed \_\_\_\_\_ Date: \_\_\_\_\_

Print Name \_\_\_\_\_

Please indicate medical profession (M.D., D.O. R.N., etc.) \_\_\_\_\_

Complete this section or the medical professional's stamp may be placed below.

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Telephone \_\_\_\_\_ /Fax Number: \_\_\_\_\_

**Section II must be completed in its entirety ONLY by a Licensed State Examiner (medical doctor, nurse practitioner, etc. – this may vary by state). NO other forms are acceptable unless Section II is modified or substituted ONLY to comply with local and/or state laws or because of medical practitioner regulations (i.e. the medical practice insists on its own form). In either case, Section I must still be filled out entirely and attached to the modified/substituted form.**



# Pop Warner Little Scholars, Inc.

## All-American Application

### 2010 Pop Warner Season



Only those participants with a **96 percent or above** from the previous academic year need to fill out this form to be considered for All-American candidacy. All-American scoring is based on a candidate's complete report card (full year) from the **previous year and the addendum**. **Note: A complete full prior year's Report Card and Addendum must be submitted in order to be considered.**

### PLEASE TYPE THIS FORM & FILL OUT COMPLETELY

Do Not Fill out this portion		
ONLY SIGN FORM BELOW - WHERE INDICATED		
Have Player sign and date form and parent sign and date form	Select One: Football Cheer Dance:*	<b>Football</b>
	School Grade for 2010-11 Year: (5th, 6th, 7th, 8th, 9th, etc.)	

\* Indicates Required Information

### Grading Conversions

To convert the student's grades, please use the official Pop Warner Grading Conversion Scale. If a local approved grade scale is used to convert grades, that scale can be used as long as sufficient proof of that scale is presented (i.e. listed on the report card, submitted in a letter from the school district, etc.). Convert all marks to numerical value (i.e., 100 percent). **Round all figures to 2 decimal places.**

### Subject Areas and Averaging

1. Language Arts (English, Foreign Languages, Reading, Writing, Grammar, etc.)
2. Math (Arithmetic, Algebra, Geometry, General Math, etc.)
3. Social Sciences (Social Studies, Civics, History, Geography, etc.)
4. Sciences (General Science, Health Science, Science, Biology, Chemistry, Computer Science, etc.)
5. Humanities (Art, Music, Religion, Industrial Arts, Vocations Science, etc.)

Subjects **NOT** included are: Physical Education, Behavior, Citizenship, Conduct grades, etc.

If the student took more than one course in a subject area, record the average grade with the number of courses in parenthesis.

**Example:** English 92.20, French 93.50, and Reading 98 = **94.57 (3)** in the Language Arts section.

Language Arts	Math	Social Science	Science	Humanities	Grade Average	PWLS Use Only

*The Pop Warner National Office is not responsible for the inadequate or delinquent filing by any volunteer acting on behalf of a league, association, team, squad, or parent. Thorough review of all information is strongly recommended prior to submission at the local level.*

*We hereby attest to the authenticity of the information provided herein, and authorize PWLS, Inc. to contact the person(s) noted if further information is deemed necessary.*

**Player's Signature:\*** \_\_\_\_\_

**DATE:\*** \_\_\_\_\_

**Parent's Signature:\*** \_\_\_\_\_

**DATE:\*** \_\_\_\_\_

***Form must be signed by both Player and Parent for it to be considered for All-American consideration.  
Failing to sign this form will result in disqualification.***

**\*\*You must complete Addendum on back page to be eligible for All-American consideration.\*\***

# Additional All-American Nomination Addendum

Please complete Addendum with Activities and Honors from the PAST YEAR ONLY. Please do not attach actual awards and honors to your application.

Scholar's Name: \_\_\_\_\_

<b>HONORS:</b> (ex. Honor Roll, Honor Society, Specific School Awards, Gifted or AP Courses, etc.) <b>DO NOT LIST SPORTS HONORS.</b>		
Honor:	_____	Contact: _____
	_____	Phone: _____
Honor:	_____	Contact: _____
	_____	Phone: _____
Honor:	_____	Contact: _____
	_____	Phone: _____
Honor:	_____	Contact: _____
	_____	Phone: _____
Honor:	_____	Contact: _____
	_____	Phone: _____
Honor:	_____	Contact: _____
	_____	Phone: _____
Honor:	_____	Contact: _____
	_____	Phone: _____

<b>Extracurricular Activities/Community Service:</b> (ex. Student Government, Publications, School Clubs, Band, Boy/Girl Scouts, Service Clubs, etc.) <b>DO NOT LIST SPORTS ACTIVITIES, THEY WILL NOT COUNT FOR CREDIT.</b>		
Activity:	_____	Contact: _____
	_____	Phone: _____
Activity:	_____	Contact: _____
	_____	Phone: _____
Activity:	_____	Contact: _____
	_____	Phone: _____
Activity:	_____	Contact: _____
	_____	Phone: _____
Activity:	_____	Contact: _____
	_____	Phone: _____
Activity:	_____	Contact: _____
	_____	Phone: _____

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Honor:	_____	Contact: _____
	_____	Phone: _____
Honor:	_____	Contact: _____
	_____	Phone: _____
Honor:	_____	Contact: _____
	_____	Phone: _____
Honor:	_____	Contact: _____
	_____	Phone: _____
Honor:	_____	Contact: _____
	_____	Phone: _____
Honor:	_____	Contact: _____
	_____	Phone: _____
Honor:	_____	Contact: _____
	_____	Phone: _____

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Activity:	_____	Contact: _____
	_____	Phone: _____
Activity:	_____	Contact: _____
	_____	Phone: _____
Activity:	_____	Contact: _____
	_____	Phone: _____
Activity:	_____	Contact: _____
	_____	Phone: _____
Activity:	_____	Contact: _____
	_____	Phone: _____
Activity:	_____	Contact: _____
	_____	Phone: _____