

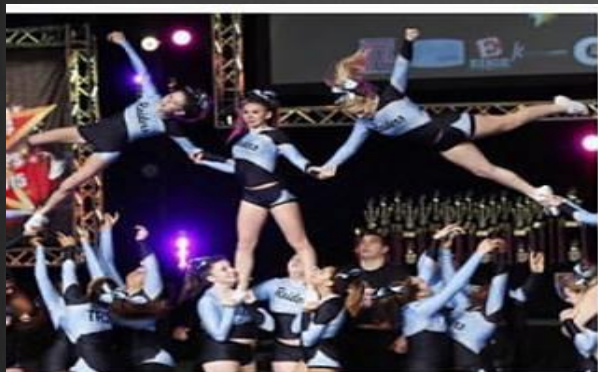
# American Youth Football

Paperwork Certification Instructions



## **COMPLIANCE OFFICERS 2016**

Keva Coleman-Johnson, Cheer  
BJ Green, Football







GIVING BACK TO YOUR PROGRAM AND YOUR COMMUNITY



# Paperwork Procedure

**SAFETY FIRST!** Paperwork is required from all participants including Players, Cheerleaders, Volunteers and Associations. It is the responsibility of the conference or any event host to verify that all items on the checklist are complete.

Paperwork is for your safety as well as the participants.

**NO** person, team, or conference shall be eligible to participate in any AYF/AYC intra-league competitive event/tournament in Football or Cheer without completing the required paperwork.

**\*\*Conferences/Association should keep waiver forms for a minimum of 7 years to protect against liability; laws vary by STATE so you should consult local counsel.\*\***

**Download forms:**  
**[www.MyAyf.com](http://www.MyAyf.com)**



# Getting Ready for Certification

## Notes:

✓To simplify this presentation, each required form will be shown in the order that they should appear in the book.

✓This handout will show you each form and give you important information you should know.

✓You may use less sheet protectors by combining sheets, using the “front” and “back” format if you choose to.

✓**PLEASE NOTE:** this presentation directly relates to **Football Books**, **Cheer books** are *slightly* different.

✓**PLEASE NOTE** National & All American Participation Cards are different.

✓Don't Forget: You need a minimum of **16 players** per team.

### Player Book Supply List

- 1) Large 5” D-ring Binder for each team
- 2) 7 Tab Dividers (for section breaks)
- 3) Sheet Protectors for all pages
- 4) Sticker type Tab Dividers (for Player Names)

### Certification Day Supplies

- 1) Team Stamp (supplied by AYF Staff to Regional Host)
- 2) Highlighters
- 3) Scissors
- 4) Post it notes
- 5) 9x12 Envelope

## All Paperwork Requirements

### Player Documents

- ☐ Participant, Tracking and ID Card page 1
- ☐ Participant, Tracking and ID Card page 2
- ☐ Medical Clearance Form
- ☐ **Original / Certified Copy stamped Birth Certificate**
- ☐ Emergency Medical Treatment, Consent & Information
- ☐ Waiver & Release of Liability - Minor
- ☐ Image Release - Minor
- ☐ AYF Code of Conduct
- ☐ Resume Participation - Medical Clearance Form (if needed)
- ☐ **Reports Card (National & All-American Divisions)**
- ☐ Absentee Forms (if needed)

### Organizational Documents

- ☐ Official Roster - (2 Copies)
- ☐ Mandatory Play Roster (MPR) Form (10 copies, football only)
- ☐ Background Check and Coaches Training Affidavit (Head coaches required to have \$2 million liability coverage)
- ☐ Scholastic Eligibility & Confidentiality Affidavit
- ☐ Certificate of Insurance/Proof of Insurance
- ☐ Amateur Athletic Waiver & Release of Liability - Adult
- ☐ Image Release - Adult
- ☐ Red Cross Certified Volunteer Cards
- ☐ Player Age & Weight Chart
- ☐ Concussion Statement Child / Parent (New for 2013)
- ☐ Coaches Concussion Certification Affidavit (New for 2013)
- ☐ AYF 2016 Rule Book

## Get a Large D-Ring Binder

(Preferably locking, so you don't lose your papers if you drop your book.)  
All pages should be in a page protector, don't hole punch your documents.

Put the Head Coach's name and  
Phone number on the side of  
the book

Coaches Name xxx-xxx-xxxx



The cover should include:

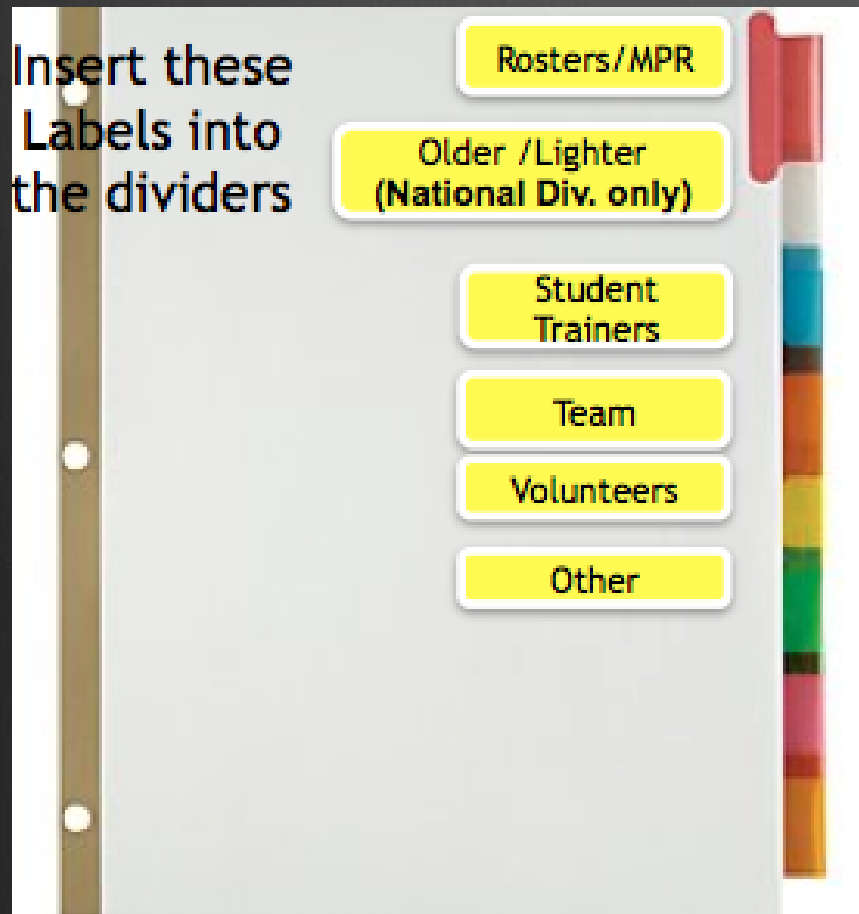
**[YEAR]**

**[CITY]**

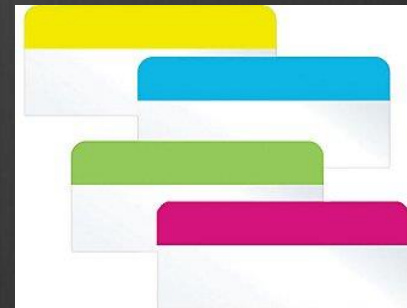
**[MASCOT]**

**[TEAM NAME]**

## Label Your Divider Tabs



We highly recommend that you use the sticker type of label-tabs and write in the last name, first initial of the participant. Stick this tab on the Sheet Proctor holding the Player Card. (This could be one of the last things you do). It speeds up the weigh in process and really helps the weighmaster and coach.



# Rule Book

A copy of the **2016 AYF Football Rule Book** must be included in the front of all books. (print at MyAyf.com)

Use front and back printing to save space, and make sure you staple the book. Then place both documents in the same sheet protector.

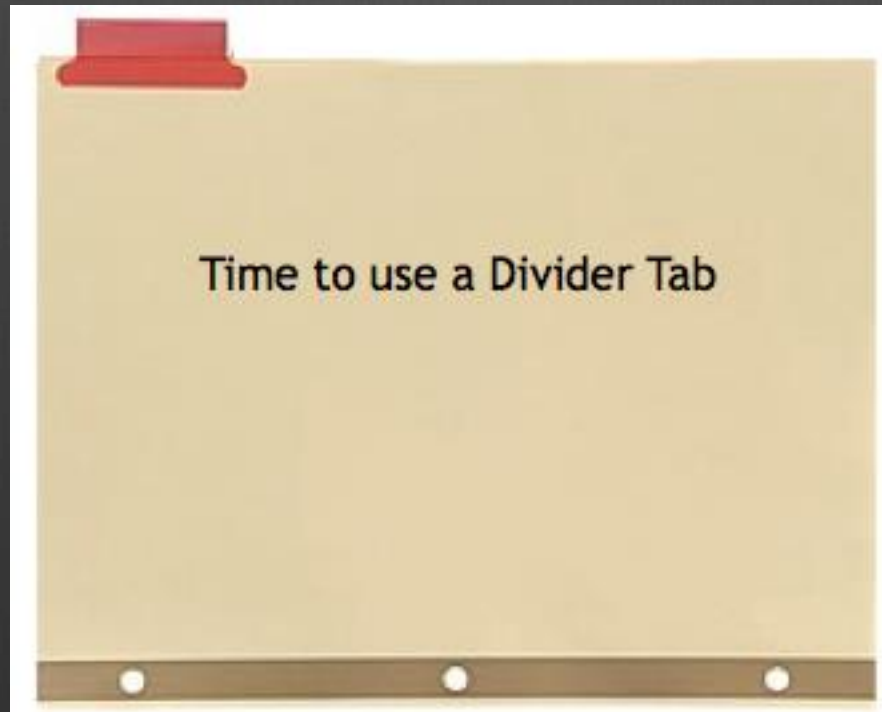
This document is the first in the book,  
before the **Rosters/MPR** divider tab.

Please note: Every coach should print a copy of the rule book, and thoroughly understand its contents. **They will need a copy at our certification.**

*Why do we have a rule book in every book?* We require a copy in each book to alleviate any disputes, regarding the interpretation of our rules and regulations.



# 1. Rosters/MPR



# Rosters

The next two pages after the rulebook is your **Official Rosters**. This is a two-page document and should be placed front to back, in one sleeve protector.

2 Roster copies are required, and both those rosters will be certified by the conference.

Be sure to **type** all information completely.

Also note...football and cheer uses different types of rosters.

*Be advised: Regional and National tournament members will have their rosters verified against the rosters uploaded at MYAYF.COM. All rosters are due by Oct 1<sup>st</sup>.*



## Page 2 of Official Roster

This is what the back will look like. Again, the roster is a two-page document.

Therefore, you should have two sets of the same 2-sided roster.

The players **MUST** be listed in **Numerical Order** according to their **jersey #**.

**This form MUST be typed.**

**Print 10 copies** to handle all your games for the season. All copies will get a certification stamp from the conference.

All of the MPR forms can be placed in one sheet protector.

At the conclusion of your game, and after you have all the required signatures, place the completed MPR form in a sheet protector in the back of the book.

[illegible]



# Participant Paperwork

It's now time to put in the paperwork for your participants.

Older/Lighters (National Div. only) are listed first in the book, and are separated by their own tab.

All the remaining participants will be behind the **Players** tab.

Players are listed in alphabetical order, by the **LAST name**. Do NOT put players by the order on your MPR sheet.

## HELPFUL HINT

This is a sample of the labels used to print **player pictures**, for your player cards.

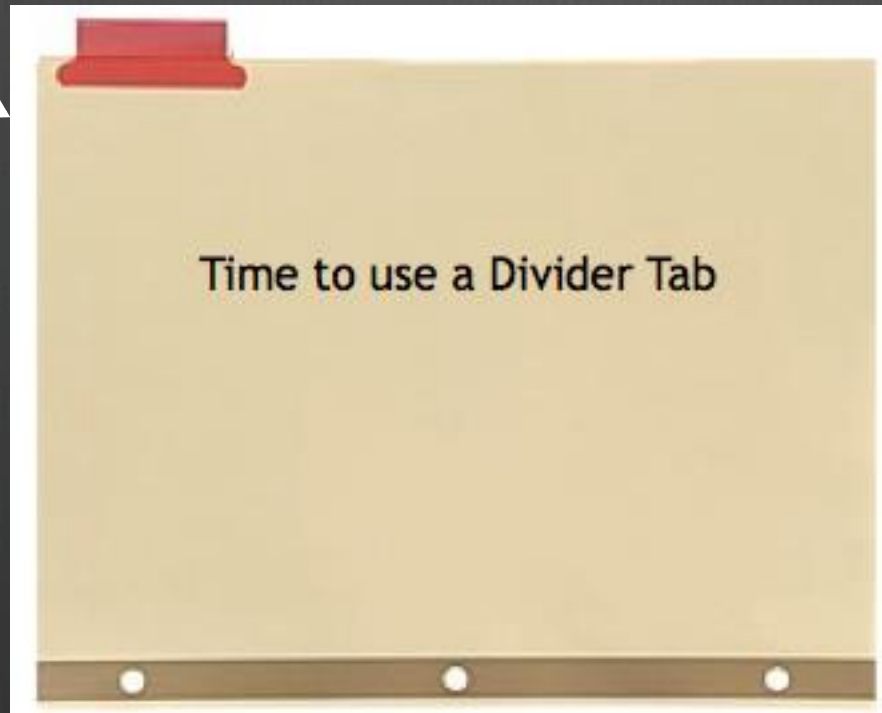


☐ Compare

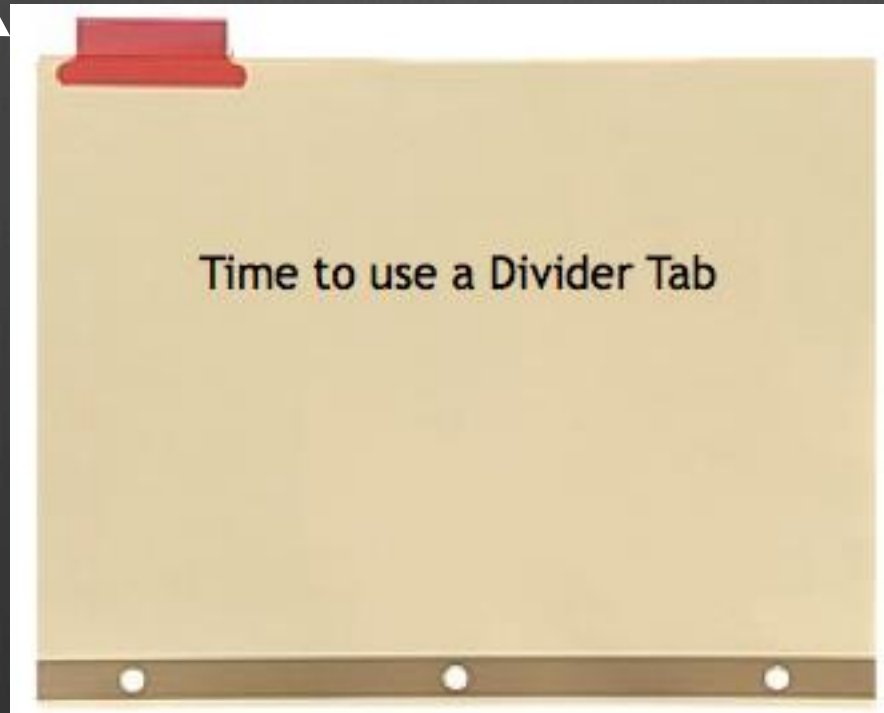
Avery® White Labels For  
Color Laser Printers,  
Shipping, 2" x 3 3/4", Pack Of  
200 Labels  
Item # 182494

Your Price **\$15.49**

## 2. Older/Lighter



# 3. Players





So far you should have your rule books, roster, and MPR forms in your binder. The next section is for your players, and starts with the **Participant, Tracking and ID Card**.

\*Many people also call this the **PLAYER CARD**

\*Don't forget: Players are listed in alphabetical order by last name, with **older lighter** kids grouped in a section before your normal players.

Please Note: **Jersey Numbers are required on the Players Card.**

\*Player cards should be printed on **thick cardstock paper**, and ideally, this should be one sheet, using front to back printing.



\*If you cannot merge the picture prior to printing, it is highly recommended that you merge your player pictures on mailing/shipping labels. The space on the card is 2 ½" tall by 3 ½" wide. (sample is on page 10). This way you can print your cards in black and white, but have a color picture. Using the label is also a better option than taping and gluing pictures.

\*This form is used by the league to certify that all the documents are present. We will train you on how this card is stamped at our certification clinic.

Important Note: Use Clean cards. Don't recycled or modified them in any way.

\*Cut out this section (on the sheet protector) for the Weighmasters, so the card does not have to be removed at weigh-ins.

Please note, **National** and **All American** divisions use different cards.


**AMERICAN YOUTH FOOTBALL**  
**Participation, Tracking and ID Card - National Division**  
 ASSOCIATION NAME - \_\_\_\_\_
 

<b>A S S O C I A T I O N</b>	ASSOCIATION NAME	PLACE PHOTO / DMV / MILITARY ID CARD HERE
	DIVISION OF PLAY - TEAM NAME	
	PARTICIPANT NAME	
	JERSEY #      AGE (7/31)      OIL WEIGHT	
	PARTICIPANT PARENT/GUARDIAN NAME	
	HOME PHONE      WORK PHONE      CELL PHONE	

I, Hereby, With My Signature, Do Certify That The Information Below Has Been Collected And Verified By The Means, As A Minimum, As Instructed In The AYF National Rulebook And/Or Operations Manual, Current Version.

Conference Verification Signature/STAMP		OFFICIAL PLAYER CERTIFICATION LEAGUE USE ONLY		Association Verification Signature/STAMP	
DATE OF BIRTH  Month / Day / Year	Age As Of Age Cut off Date  Older/Lighter:	CERTIFICATION WEIGHT	PARTICIPANT CONTRACT	MEDICAL CLEARANCE	WAIVER/ RELEASE
EMERGENCY MEDICAL / CONSENT		SCHOLASTICS			

GAME DATE	WEIGH MASTER	CODE
JANBOREE		
Week 1		
Week 2		
Week 3		
Week 4		
Week 5		
Week 6		
Week 7		
Week 8		
Week 9		
Week 10		

GAME DATE	WEIGH MASTER	CODE
Week 11		
Week 12		
Week 13		
Week 14		
Week 15		
Week 16		
Week 17		
Week 18		
Week 19		
Week 20		
Week 21		

INSTRUCTIONS: Weigh Master Will Enter Date, Verify The Identity, Weight, Of Each Participant, Initial Each Participant Card.

CODE: **OK** = Everything Perfect    **ENTER WEIGHT** = Over Weight    **OK** = Under Weight    **A** = Absent    **D** = Dropped

ALL MUST BE CHECKED IN / VERIFIED PLAYING OR NOT - IF OVERWEIGHT ENTER THE WEIGHT UNDER "CODE"

**P  
O  
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A  
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O  
N**

## Next: Page 2 of the ID Card

You must complete all the information on the upper half of the document.

The card will not get certified if it is missing the parents initials and signature.

Please note: A lot of players were not certified and books were incomplete because of information missing on this sheet. Please make sure all the information is here, and you have the signatures.

**Participation Contract, Tracking and ID Card - Page 2**

Last Name		First Name		Initial	Preferred (nick) Name	
Street Address		City / Town		State	Zip Code	Home Phone
Date Of Birth (M/D/YR)	Age as of 7/1	Weight	Parent/Guardian First Name		Parent/Guardian Last Name	
Grade in Fall	School in Fall	School Phone	Home Email Address			
Medical Insurance (circle one)		Name Of Insurance Carrier		Policy #		
YES / NO						
Football:	<input type="checkbox"/>	Cheer:	<input type="checkbox"/>	--CHECK ONE--		Registration Fee: \$
						Check# Cash: <input type="checkbox"/>

**GRAY AREAS FOR OFFICIAL USE ONLY !!**

Association: _____	Division: _____	Team: _____
Jersey Number Assigned: _____	Equipment / Uniform Issued <input type="checkbox"/>	Returned <input type="checkbox"/>

**PERMISSION TO PARTICIPATE** 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, dance and/or step 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. I, the parent/guardian of the above-named participant, do hereby give my approval for my child/ward to participate, and further assert that I have verified with my child/wards' physician, and in my opinion, my child/ward is physically fit and can participate without limitation in any and all Local, Regional, National, League/Conference, Association and team/squad activities, including transportation to and from the activities by a licensed driver. Initial: \_\_\_\_\_

**SCHOLASTIC FITNESS** I am of the opinion that my son/daughter/ward is scholastically fit and would benefit by participation in this program. I agree to submit a copy of my son/daughter/ward's last completed grade, end of year/last complete report card or a written statement of scholastic fitness from the school administration. Initial: \_\_\_\_\_

**HELMET WAIVER (for football participants)** We acknowledge, AND WE understand the risks involved in my CHILD/WARD, my playing FOOTBALL, which is a collision sport; the NCCSAE committee has adopted the following warning to be read by, and signed by, both the parent/guardian and participant: "DO NOT USE THIS HELMET TO BUTT, RAM OR SPEAR AN OPPOSING PLAYER, THIS IS IN VIOLATION OF FOOTBALL RULES AND CAN RESULT IN SEVERE HEAD, BRAIN OR NECK INJURY, PARALYSIS OR DEATH AND POSSIBLE INJURY TO YOUR OPPONENT, THERE IS A RISK THAT THESE INJURIES MAY ALSO OCCUR AS A RESULT OF AN ACCIDENTAL CONTACT WITHOUT INTENT TO BUTT, RAM OR SPEAR. NO HELMET CAN PREVENT ALL SUCH INJURIES." Parent/Guardian Initial: \_\_\_\_\_ Player Initial: \_\_\_\_\_

**EQUIPMENT/UNIFORM RESPONSIBILITY** I assume full responsibility for any and all equipment/uniforms loaned to my child/ward and I agree to promptly return, upon request, the uniform and other equipment 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 and promptly pay the replacement cost of such equipment. Initial: \_\_\_\_\_

**CODE OF CONDUCT** The Ideology Of Youth Sports Including This Program Is To Promote Good Understanding And Fundamental Knowledge Of The Sport. It Is Also Critical That Good Sportsmanship Including The Ability To Always Conduct Oneself In An Appropriate Manner Of Positive Accord Both On And Off The Field. It Is Understood That Any Incident Considered Deleterious To The Pursuit Of This Ideology Will Not Be Tolerated. It Will Be Addressed In Accordance With The Statutes Of The Association, Conference, Current National Affiliation, State and Local Laws, And May Result In Dismissal From The Program And The Inability To Participate In Any Future Related Activities Of The Association. This Code Of Conduct Applies To All Involved With The Program Including But Not Limited To, The Football Players, Cheerleaders, Spirit Participants, Parents And Guardians. Initial: \_\_\_\_\_

PRINT Parents/Guardian Name: _____	Parents/Guardian Signature: _____	Date Signed: _____
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**NOTE:** This form as with any and all forms used by your Association should be reviewed by your local counsel for compliance with any state or local statutes.

Page 2 of 2

Placed on the backside of the physical form

- i. **Original birth Certificate** -will be returned after certification (please include a photo-copy, which will be certified *by being stamped by region*)
- ii. **State/city/town raised seal certified** copy of birth certificate
- iii. **Notarized / Stamped copy** of original birth certificate
- iv. Letter from school\* certifying copy of birth certificate
- v. **State issued sport** birth certificate
- vi. DMV ID cards
- vii. Military ID cards
- viii. Passports, and/or any government issued photo id with birth date (not a copy of)

CITY AND COUNTY OF SAN FRANCISCO			
<b>California State Board of Health</b> <b>Division of Vital Statistics</b>		<b>State Index No.</b> _____ <b>Local Registration No.</b> <b>8490</b>	
<b>STANDARD CERTIFICATE OF BIRTH</b>			
<b>Place of Birth</b> <b>City and County of</b> <b>SAN FRANCISCO</b>		<b>At. Francis Nordisk</b> <b>Full Name of Child</b> <b>Joseph Richard Waters</b>	
<b>PERSONAL DATA (AT BIRTH)</b>			
<b>Time</b> <b>Male</b>	<b>Date</b> <b>December 22</b>	<b>Year</b> <b>1912</b>	
<b>Place of Birth</b> <b>San Francisco, Calif.</b>		<b>Place of Birth</b> <b>San Francisco, Calif.</b>	
<b>Color</b> <b>White</b>		<b>Color</b> <b>White</b>	
<b>Weight</b> <b>15</b>		<b>Weight</b> <b>23</b>	
<b>Height</b> <b>54</b>		<b>Height</b> <b>54</b>	
<b>Complexion</b> <b>Fair</b>		<b>Complexion</b> <b>Fair</b>	
<b>Build</b> <b>Medium</b>		<b>Build</b> <b>Medium</b>	
<b>Occupation</b> <b>San Francisco, Calif.</b>		<b>Occupation</b> <b>San Francisco, Calif.</b>	
<b>Marital Status</b> <b>Single</b>		<b>Marital Status</b> <b>Single</b>	
<b>Religion</b> <b>Catholic</b>		<b>Religion</b> <b>Catholic</b>	
<b>Education</b> <b>High School</b>		<b>Education</b> <b>High School</b>	
<b>Parents</b> <b>Joseph John Waters</b> <b>Carrie Margaret Sylvia</b>		<b>Parents</b> <b>Joseph John Waters</b> <b>Carrie Margaret Sylvia</b>	
<b>Address</b> <b>2402 Clement St.</b>		<b>Address</b> <b>2402 Clement St.</b>	
<b>City</b> <b>San Francisco</b>		<b>City</b> <b>San Francisco</b>	
<b>State</b> <b>Calif.</b>		<b>State</b> <b>Calif.</b>	
<b>County</b> <b>San Francisco</b>		<b>County</b> <b>San Francisco</b>	
<b>Birth</b> <b>San Francisco, Calif.</b>		<b>Birth</b> <b>San Francisco, Calif.</b>	
<b>Death</b> <b>San Francisco, Calif.</b>		<b>Death</b> <b>San Francisco, Calif.</b>	
<b>Age</b> <b>1</b>		<b>Age</b> <b>1</b>	
<b>Sex</b> <b>Male</b>		<b>Sex</b> <b>Male</b>	
<b>Color</b> <b>White</b>		<b>Color</b> <b>White</b>	
<b>Weight</b> <b>15</b>		<b>Weight</b> <b>23</b>	
<b>Height</b> <b>54</b>		<b>Height</b> <b>54</b>	
<b>Complexion</b> <b>Fair</b>		<b>Complexion</b> <b>Fair</b>	
<b>Build</b> <b>Medium</b>		<b>Build</b> <b>Medium</b>	
<b>Occupation</b> <b>San Francisco, Calif.</b>		<b>Occupation</b> <b>San Francisco, Calif.</b>	
<b>Marital Status</b> <b>Single</b>		<b>Marital Status</b> <b>Single</b>	
<b>Religion</b> <b>Catholic</b>		<b>Religion</b> <b>Catholic</b>	
<b>Education</b> <b>High School</b>		<b>Education</b> <b>High School</b>	
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<b>Birth</b> <b>San Francisco, Calif.</b>		<b>Birth</b> <b>San Francisco, Calif.</b>	
<b>Death</b> <b>San Francisco, Calif.</b>		<b>Death</b> <b>San Francisco, Calif.</b>	
<b>Age</b> <b>1</b>		<b>Age</b> <b>1</b>	
<b>Sex</b> <b>Male</b>		<b>Sex</b> <b>Male</b>	
<b>Color</b> <b>White</b>		<b>Color</b> <b>White</b>	
<b>Weight</b> <b>15</b>		<b>Weight</b> <b>23</b>	
<b>Height</b> <b>54</b>		<b>Height</b> <b>54</b>	
<b>Complexion</b> <b>Fair</b>		<b>Complexion</b> <b>Fair</b>	
<b>Build</b> <b>Medium</b>		<b>Build</b> <b>Medium</b>	
<b>Occupation</b> <b>San Francisco, Calif.</b>		<b>Occupation</b> <b>San Francisco, Calif.</b>	
<b>Marital Status</b> <b>Single</b>		<b>Marital Status</b> <b>Single</b>	
<b>Religion</b> <b>Catholic</b>		<b>Religion</b> <b>Catholic</b>	
<b>Education</b> <b>High School</b>		<b>Education</b> <b>High School</b>	
<b>Parents</b> <b>Joseph John Waters</b> <b>Carrie Margaret Sylvia</b>		<b>Parents</b> <b>Joseph John Waters</b> <b>Carrie Margaret Sylvia</b>	
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<b>City</b> <b>San Francisco</b>		<b>City</b> <b>San Francisco</b>	
<b>State</b> <b>Calif.</b>		<b>State</b> <b>Calif.</b>	
<b>County</b> <b>San Francisco</b>		<b>County</b> <b>San Francisco</b>	
<b>Birth</b> <b>San Francisco, Calif.</b>		<b>Birth</b> <b>San Francisco, Calif.</b>	
<b>Death</b> <b>San Francisco, Calif.</b>		<b>Death</b> <b>San Francisco, Calif.</b>	
<b>Age</b> <b>1</b>		<b>Age</b> <b>1</b>	
<b>Sex</b> <b>Male</b>		<b>Sex</b> <b>Male</b>	
<b>Color</b> <b>White</b>		<b>Color</b> <b>White</b>	
<b>Weight</b> <b>15</b>		<b>Weight</b> <b>23</b>	
<b>Height</b> <b>54</b>		<b>Height</b> <b>54</b>	
<b>Complexion</b> <b>Fair</b>		<b>Complexion</b>	



# Emergency Medical Treatment Form

Please note:

**ALL INFORMATION MUST BE COMPLETELY FILLED OUT. NO EXCEPTIONS.**



This form should be in the front of the next sheet protector. The back side is the Waiver and Release of Liability.

Emergency Medical Treatment, Consent and Information			
<p>The following information will be used in the event that a parent / legal guardian is not available. The purpose of this information is to provide a quick reference for medical personnel should the need arise. Please fill out this form completely. If a particular question is not applicable write "none", n/a, or other appropriate comment otherwise none will be assumed. If additional space is needed, please use the back of this form. All information disclosed here will be treated as confidential. It will be the responsibility of the parent/legal guardian to notify the participant's coach and league/event officials if any information needs to be added, deleted, changed, or updated in any way.</p>			
ATHLETE INFORMATION			
Athlete's Name:	Nick Name:	Phone: ( )	
Address:	City:	State:	Zip:
PARENT OR GUARDIAN INFORMATION			
Father's Name:			
Address:	City:	State:	Zip:
His Phone: ( )	Daytime Phone: ( )	Email:	
Employer:			
Mother's Name:			
Address:	City:	State:	Zip:
His Phone: ( )	Daytime Phone: ( )	Email:	
Employer:			
Guardian's Name:			
Address:	City:	State:	Zip:
His Phone: ( )	Daytime Phone: ( )	Email:	
Employer:			
FAMILY MEDICAL INSURANCE			
Carrier:	Group:		
Policy #:	Group #:		
Policy Holder Name:			
Family Physician's Name:			
Dr's Address:	City:	State:	Zip:
Phone: ( )	Fax: ( )	Email:	
EMERGENCY MEDICAL INFORMATION			
Preferred Hospital(s):			
EMERGENCY CONTACT:		Phone: ( )	Relationship:
Please list any medical conditions (allergies, asthma, etc.) And medications being taken by the participant named above. Please list any other information you may deem relevant, and helpful to emergency medical personnel; (please note if no information is given and the words "none" or "n/a" is not filled in then, "none" will be assumed.			
Allergies:			
Medical Conditions:			
Other:			
<p>I hereby give my signature grant permission for my childward to participate in any and all (Association name) and American Youth Football, Inc / American Youth Cheer cba, program(s) sanctioned event(s), be they official or un official, including but not limited to, athletic, social and/or fundraising activities. I further hereby consent to any and all health care providers, authorize any first aid, emergency treatment, including but not limited to transportation to and from health care facilities and/or any medical professional to provide treatment, order injections, hospitalize, give anesthesia or perform surgery. I understand that this authorization is given prior to any need for medical care, but given to avoid unnecessary delay in emergency treatment which the attendant and/or medical professional may deem advisable in the exercise of best judgment. I presume a reasonable attempt was made to contact me.</p>			
Print Parent/Legal Guardian Name		Signature Parent/Legal Guardian	
<p>The original Emergency Medical Treatment, Consent and Information form should travel with the coach and a copy should be kept at the administrative office of the sports organization. Due to privacy concerns, completed forms should be stored in a secure location with access restricted to those on a need to know basis for the purpose of medical care.</p>			

# Waiver and Release of Liability - Minor

Make sure everything is filled out completely, with signatures.

This form should be placed behind the Emergency Medical Treatment and Consent form.

**AMERICAN YOUTH FOOTBALL**  
**Waiver and Release of Liability - Minor**  
ASSOCIATION NAME - \_\_\_\_\_

**READ BEFORE SIGNING**

IN CONSIDERATION OF \_\_\_\_\_ my child/ward, being allowed to participate in any way in American Youth Football, Inc.(AYF) or American Youth Cheer dba, Regional/National Championships, my Local AYF Affiliation(s), athletic sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1) The risk of injury to my child/ward, myself, from the activities involved in these programs is significant, including the potential for permanent disability, paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- 2) FOR MYSELF, SPOUSE, AND CHILD/WARD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for child/ward, participation; and,
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation; If, however, I observe any unusual significant concern in my child/wards', readiness or, hazard during my presence or participation, and/or in the program itself, I will remove my child/ward, from participation and bring such to the attention of the nearest official immediately; and,
- 4) I, for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS American Youth Football, Inc (AYF); American Youth Cheer dba, my Local AYF Affiliation, their officers, directors, officials, volunteers, agents, and/or employees, other participants, sponsoring agencies, tournament host, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, incident to my child/wards', involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, TO THE FULLEST EXTENT PERMITTED BY LAW.
- 5) I, for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my child/wards' involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

\_\_\_\_\_  
Print Name of Parent/Guardian:

\_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

UNDERSTANDING OF RISK  
I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

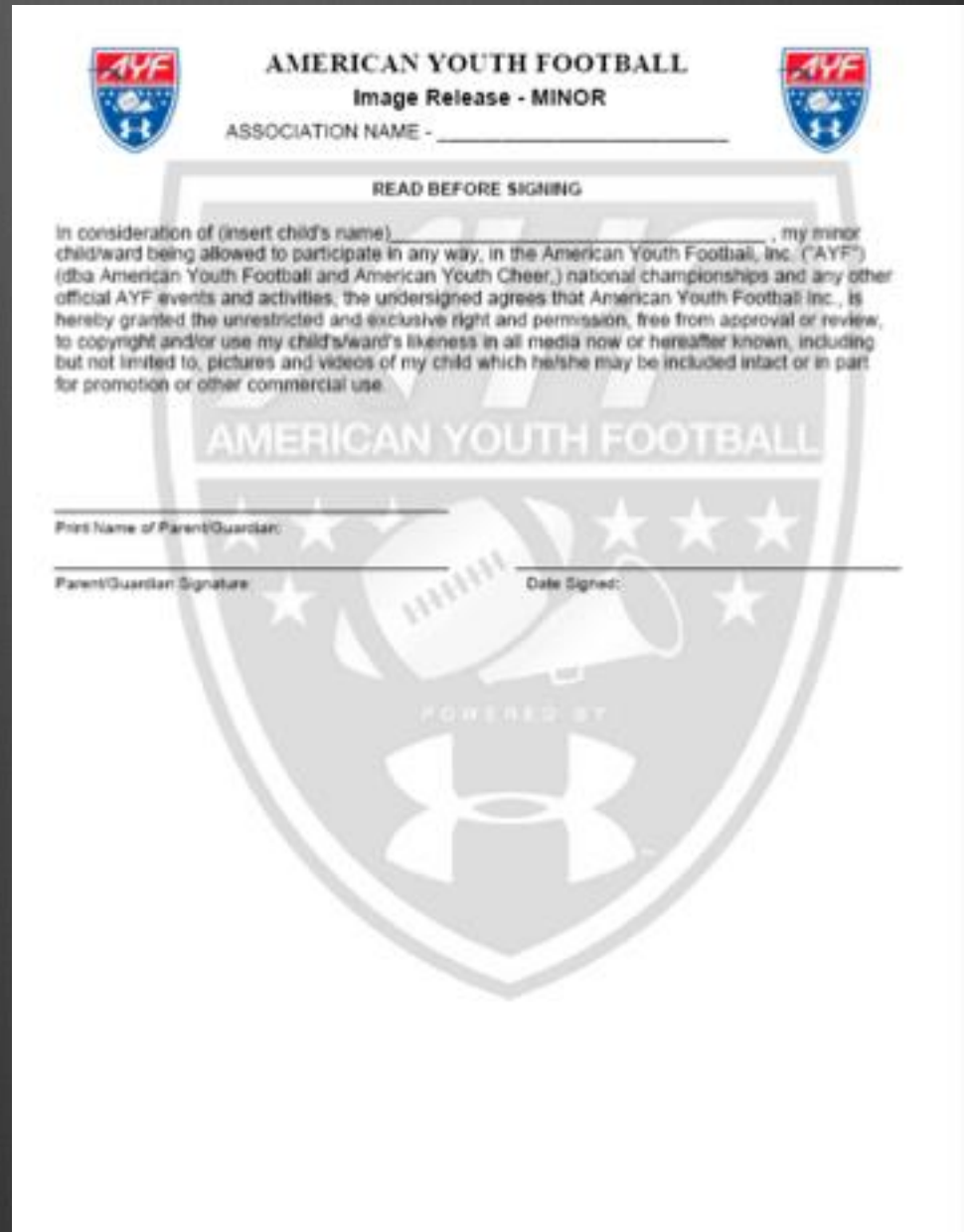
\_\_\_\_\_  
Print Participant's Name:

\_\_\_\_\_  
Participant's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**NOTE:** This form as with any and all forms used by your Association should be reviewed by your local counsel for compliance with any state or local statutes. This form should be kept on file for a minimum of 7 years, longer in the event of an injury. Please confer with your local attorney for advice as to the appropriate maintenance and storage term for this and all such forms.

# Image Release - Minor

Make sure this is fully completed.



The form is titled "AMERICAN YOUTH FOOTBALL Image Release - MINOR" and includes the AYF logo on both sides. Below the title is a line for "ASSOCIATION NAME -". The main body of the form is a large shield-shaped area with a background image of a football field and the Under Armour logo. Inside the shield, the text "READ BEFORE SIGNING" is at the top. Below it is a paragraph of text: "In consideration of (insert child's name) \_\_\_\_\_, my minor child/ward being allowed to participate in any way, in the American Youth Football, Inc. ("AYF") (dba American Youth Football and American Youth Cheer,) national championships and any other official AYF events and activities, the undersigned agrees that American Youth Football Inc., is hereby granted the unrestricted and exclusive right and permission, free from approval or review, to copyright and/or use my child's/ward's likeness in all media now or hereafter known, including but not limited to, pictures and videos of my child which he/she may be included intact or in part for promotion or other commercial use." Below this paragraph are two lines for "Print Name of Parent/Guardian:" and "Parent/Guardian Signature:". To the right of the signature line is a line for "Date Signed:". At the bottom of the shield, the text "POWERED BY" is above the Under Armour logo.

**AMERICAN YOUTH FOOTBALL**  
**Image Release - MINOR**  
ASSOCIATION NAME - \_\_\_\_\_

**READ BEFORE SIGNING**

In consideration of (insert child's name) \_\_\_\_\_, my minor child/ward being allowed to participate in any way, in the American Youth Football, Inc. ("AYF") (dba American Youth Football and American Youth Cheer,) national championships and any other official AYF events and activities, the undersigned agrees that American Youth Football Inc., is hereby granted the unrestricted and exclusive right and permission, free from approval or review, to copyright and/or use my child's/ward's likeness in all media now or hereafter known, including but not limited to, pictures and videos of my child which he/she may be included intact or in part for promotion or other commercial use.

Print Name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

POWERED BY



# Affidavit Concussion Form

Make sure this is fully completed.



## Affidavit/Compliance Form (Concussion)

### ALL AFFIDAVITS TO BE MAINTAINED AT THE CONFERENCE/LEAGUE ORGANIZATION

- All Coaches Flag/Tackle/Cheer must complete, at a minimum, the online CDC Heads Up Online Concussion Training (endorsed by AYF/AYC).
- A copy of the certificate of completion and successful scoring on the CDC Concussion test must be kept in the team/squad book.
- If a coach completes another seminar or course on concussion (ie: NFHS), a certificate of completion and successful scoring on the test must be kept in the team/squad book.

As an officer of the below named organization, I hereby swear and attest that all of the coaches (including but not limited to, Tackle and Flag Football and Cheer) in organization have met all regulations and requirements established by the state in which our organization competes, in addition to the official rules and regulations including attending classes and passing the test provided by the online class or seminar and have successfully passed the exam that accompanied the concussion program as suggested by American Youth Football and the US Center for Disease Control.

I understand that falsification of the above statement and/or failure to comply with these requirements could result in termination of our membership in American Youth Football.

I affirm and attest, that each football coach; has successfully completed a course, online or otherwise, that provides basic and current concussion awareness and symptoms' and safety practices and standards, which is at least equivalent in content to the CDC Heads Up Concussion Program.

The Organization acknowledges that American Youth Football, Inc. ("AYF") is not required to independently conduct online training/classes or seminars on concussion training of coaches associated with the Organization and that AYF is entitled to rely on the statements and affirmations as set forth herein. The Organization hereby indemnifies AYF against any misrepresentation, intentional or otherwise and any claims against AYF in connection with the Organization's failure to properly adopt and execute proper and acceptable concussion awareness training programs and verification protocols. The Organization further indemnifies and holds harmless AYF against any damages in connection with: a failure by the Organization to ensure that its coaches have completed a course which provides concussion awareness, safe coaching techniques and safety practices and standards and or the contents of such a course and the interpretation application and implementation of said contents by the coaches in connection with any warm-ups, practices or games.

Program Type: ☐ Flag ☐ Tackle ☐ Cheer ☐ Dance ☐ Step Check One

Team/Level/Division: \_\_\_\_\_  
(ie: Jr Pee Wee, Pee Wee, 10U Grade)

☐ National ☐ All American ☐ Small ☐ Large / ☐ Red ☐ Blue (Check All That Apply)

ORGANIZATION Name: \_\_\_\_\_

Authorized Representative Name: \_\_\_\_\_ Title: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CONFERENCE/LEAGUE Name (if any): \_\_\_\_\_

Authorized Representative Name: \_\_\_\_\_ Title: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# 2016 AYF /AYC Annual Statement and Acknowledgement Form on Concussion

Make sure this is fully  
completed.



## Mild Traumatic Brain Injury (MTBI) / Concussion Annual Statement and Acknowledgement Form

I, \_\_\_\_\_ (athlete), have chosen to participate in an a sport where injuries may occur and I do understand that it is my responsibility to report all of my injuries and illnesses or suspected injuries and illnesses to the organization's staff, including but not limited to: coaches, team physicians, and athletic training staff. I further understand and recognize that my health and safety is the most important thing and without disclosing all injuries and or illnesses, it can not be properly determined if you are in the physical condition necessary to participate. I understand that I must provide a full and accurate medical history including any symptoms, health complaints and any prior injuries and/or disabilities I have experienced before, during or after athletic activities.

By signing below, I acknowledge:

- My organization has provided me with specific educational materials including the CDC Concussion fact sheet (<http://www.cdc.gov/concussion>) on what a concussion is and has given me an opportunity to ask questions.
- I ACKNOWLEDGE THAT I HAVE READ THE FACT SHEET on the CDC website for Parents and Players.
- I have fully disclosed to the staff any prior medical conditions and will also disclose any future conditions.
- There is a possibility that participation in my sport may result in a head injury and/or concussion. In rare cases, these concussions can cause permanent brain damage, and even death.
- A concussion is a brain injury, which I am responsible for reporting to the team physician, athletic trainer, coach, parent volunteer, or official.
- A concussion can affect my ability to perform everyday activities, and affect my reaction time, balance, sleep, and classroom performance.
- Some of the symptoms of concussion may be noticed right away while other symptoms can show up hours or days after the injury.
- If I suspect a teammate has a concussion, I am responsible for reporting the injury to the staff.
- I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion related symptoms.
- I will not return to play in a game or practice until my symptoms have resolved AND I have written clearance to do so by a qualified health care professional.
- Following concussion the brain needs time to heal and you are much more likely to have a repeat concussion or further damage if you return to play before your symptoms resolve.

Based on the incidence of concussion as published by the CDC football and cheer, among other sports, have been identified as high risk for concussion.

I represent and certify that I and my parent/guardian have read the entirety of this document and fully understand the contents, consequences and implications of signing this document and agree to be bound by this document.

Student Athlete:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Parent or legal guardian must print and sign name below and indicate date signed.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

# AYF Code of Conduct Form

Have your participant sign it, have the parent sign it, and also provide them with a copy they can take home.

This is how we police our behavior on the field, and it is very important to review this with EVERY person in your organization.

It will go on the back side of the Image release sleeve protector.

**2011 - AYF Code of Conduct Form**

**(Insert) ASSOCIATION NAME** will not tolerate verbal abuse of its volunteer coaches from any Fan, Parent or Spectator.

This is American Youth Football, not the pros. Fans, as well as the players and coaches, are expected to abide by a code of conduct at all American Youth Football Events. While 99% of the adults in the program will abide by this code without being told, this code is being published to protect the children and volunteers (which includes all coaches and board members) from the 1%.

**FANS' CODE OF CONDUCT**

Fans will abide by a Code of Conduct which includes the provisions which follow. If any of these rules are broken, **(Insert) ASSOCIATION NAME** shall have the authority to impose a penalty.

Fans shall:

1. Not criticize the players (cheerleaders or coaches) in front of the other spectators in the stands, but reserve constructive criticism for later, in private.
2. Accept decisions of the game officials (including referees and coaches) on the field as being fair and called to the best ability of said officials.
3. Not criticize an opposing team, its players, coaches, or fans by word of mouth or by gesture.
4. Refrain from using physical or verbal abuse or profane language at any time at the game, practice field, or other Pop Warner functions.
5. Abstain from being under the influence of or in possession of and/or drinking alcoholic beverages and the possession or use of any illegal substance on both the game and practice fields.
6. Not be allowed on the sidelines during a game.
7. Not contact or interfere with the coaching staff before, during or after games or at practice.
8. Not express complaints about coaches in stands or to coaches in front of or around the children (i.e. right after a game or practice).

**VIOLATION**

Any parent or fan who violates the code of conduct risks the future participation of the child in the program. The procedure is as follows:

1. Any fan who violates the code of conduct or becomes a nuisance will be asked to leave by the head coach and can be suspended from all team activities.
2. If the fan fails to leave upon request, the child may be suspended from further participation in team activities by the head coach.
3. The head coach along with the executive board will decide if the duration of the suspension is to be longer than one to four weeks or if the child will be dropped from the program. That decision will depend on the attitude of the parents.
4. Any parent or fan who violates the code of conduct risks the future participation of his/her children in the program. Depending on the severity of the incident the board of directors may decide to ban future participation in the program for up to three years.

**CONDUCT OF ALL PLAYERS - PARENTS**

All players are guaranteed 8 plays in each Jamboree, Regular Season or Playoff game. Everything beyond that must be earned in the opinion of the coaching staff whose decisions are final.

**PLAYER'S CODE**

I will: emphasize the ideals of sportsmanship, ethical conduct and fair play. Show courtesy to my opponents and officials. Recognize athletic contests as serious educational endeavors. Give complete allegiance to my coaches who are the **(Insert) ASSOCIATION NAME** authority for my team. Discourage fans, fellow players and parents from undercutting my coach's authority. I will not: Use profanity or talk "trash" before, during or after any game. Use drugs, alcohol, or tobacco. Criticize my teammates. Act in any way that may irritate spectators.

**PARENT'S CODE**

I will: Support my child's team/squad and teach the value of commitment to the team/squad - emphasize the ideals of sportsmanship, ethical conduct and fair play. Help my child and American Youth Football make athletic contests a positive, educational experience. Show courtesy to opponents and officials. Direct constructive criticism of my child's athletic program to the athletic director or association officials and work toward a positive result for all concerned. I will not: Criticize officials, direct abuse or profane language toward them, or otherwise subvert their authority. Undermine, in word or deed, the authority of the coach or administration. Intrude onto the field, stand on the sideline, or yell from the bleachers at or to the coaches, referees or administration.

Please cut along this line, sign and return to the head coach  
-----  
This is the FAN'S CODE OF CONDUCT and understanding that is expected.

Child's Name (PRINT) \_\_\_\_\_ Team Name \_\_\_\_\_ Date \_\_\_\_\_

Parents Name (PRINT) \_\_\_\_\_ Parents Signature \_\_\_\_\_

This part of the form must be returned to the head coach before the second game to the season.

Wait there is more...

## Resume Participation Medical Clearance Form

If your player was injured, in an accident, or sick, and required a doctors care, you **MUST** submit a **RESUME PARTICIPATION MEDICAL CLEARANCE FORM** - (Basically another physical clearing them to resume playing football.)

This form will be in the same sleeve protector as the **Medical Clearance Form**. It should be placed over the Medical Clearance form.

Blank forms should be located in the back of the book, under the Others tab. You can combine them in one sheet protector.



AMERICAN YOUTH FOOTBALL  
Resume Participation Medical Clearance Form  
ASSOCIATION NAME - \_\_\_\_\_

**RESUME PARTICIPATION MEDICAL CLEARANCE FORM IS REQUIRED TO RESUME PARTICIPATION OF ANY KIND AFTER ORIGINAL MEDICAL CLEARANCE IS VOIDED BY AN, INJURY, ACCIDENT, OR ILLNESS.**

I, hereby my signature below, do certify that I am licensed by the state and am qualified in determining that: (Child's Name) \_\_\_\_\_ is physically fit and I have found no medical or observable conditions which would contra-indicate him/her from **RESUMING** participating in youth flag football, tackle football, cheer, dance, step or athletic activities. I am therefore clearing this individual for athletic participation.

<div>Signature: _____</div> <div>Date: ____/____/____</div>	<div><i>Please Print - or - Use Office Stamp Here:</i></div> <div>Print Name Clearly: _____</div> <div>Office Address: _____</div>
---	--

PLEASE NOTE: If this Resume Participation Medical Clearance is voided by injury, accident, or illness, it will be the responsibility of the Parent/Legal Guardian to notify the participants Coach and League Officials. It will also be the responsibility of the Parent / Legal Guardian to obtain WRITTEN permission from his/her physician to resume participation. A new "Doctors Resume Participation Medical Clearance Form" is available from the league or you may have the doctor supply his/her own WRITTEN Clearance as long as it is on the doctor's official stationery and includes the following statement: "(Participant's Name) is physically fit and I have found no medical or observable conditions which would contra-indicate him/her from **RESUMING** participating in youth flag football, tackle football, cheer, dance, step or athletic activities. I am therefore clearing this individual for athletic participation."

This statement must be supplied by the physician attending to the injury, accident, or illness.

This form can be modified or substituted **ONLY** to comply with local and/or state laws or due to medical practitioner regulations.

**Other**

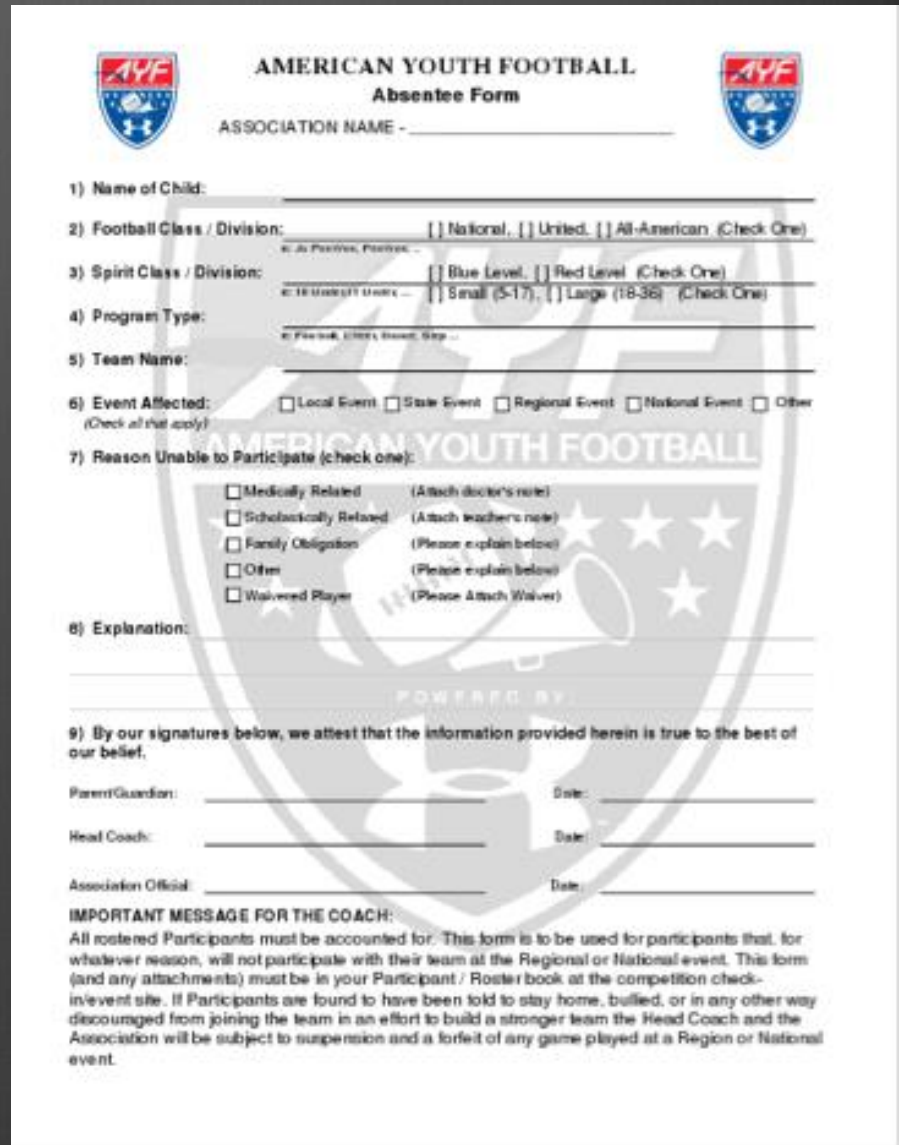
NOTE: This form as with any and all forms used by your Association should be reviewed by your local counsel for compliance with any state or local statutes. This form should be kept on file for a minimum of 7 years, longer in the event of an injury. Please confer with your local attorney for advice as to the appropriate maintenance and storage term for this and all such forms.



# Absentee Form

This form will follow the **Code of Conduct** and will be the front side of a new page protector.

This form is **VERY** important for teams interested in competing in the **National Championship**. Every player on your certified roster must be accounted for. If a player drops mid-season, or cannot attend nationals, fill this form out.



The form is titled "AMERICAN YOUTH FOOTBALL Absentee Form". It features the AYF logo on both the top left and right. The form is designed to be filled out by a team's head coach or association official to report a player's absence from a competition. It includes fields for the player's name, football class/division, spirit class/division, program type, team name, event affected, and reason for absence. A large watermark of a football helmet with stars is visible in the background. The form is divided into several sections with checkboxes and lines for text entry.

**AMERICAN YOUTH FOOTBALL Absentee Form**

ASSOCIATION NAME - \_\_\_\_\_

1) Name of Child: \_\_\_\_\_

2) Football Class / Division: \_\_\_\_\_ ☐ National, ☐ United, ☐ All-American (Check One)  
a) As Participant, Parent: \_\_\_\_\_

3) Spirit Class / Division: \_\_\_\_\_ ☐ Blue Level, ☐ Red Level (Check One)  
a) As Participant/Parent: \_\_\_\_\_ ☐ Small (5-17), ☐ Large (18-36) (Check One)

4) Program Type: \_\_\_\_\_  
a) Football, Soccer, Soccer, Soccer: \_\_\_\_\_

5) Team Name: \_\_\_\_\_

6) Event Affected: ☐ Local Event ☐ State Event ☐ Regional Event ☐ National Event ☐ Other  
(Check all that apply)

7) Reason Unable to Participate (check one):  
☐ Medically Related (Attach doctor's note)  
☐ Scholastically Related (Attach teacher's note)  
☐ Family Obligation (Please explain below)  
☐ Other (Please explain below)  
☐ Waived Player (Please Attach Waiver)

8) Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
POWERED BY: \_\_\_\_\_

9) By our signatures below, we attest that the information provided herein is true to the best of our belief.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Head Coach: \_\_\_\_\_ Date: \_\_\_\_\_

Association Official: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT MESSAGE FOR THE COACH:**  
All rostered Participants must be accounted for. This form is to be used for participants that, for whatever reason, will not participate with their team at the Regional or National event. This form (and any attachments) must be in your Participant / Roster book at the competition check-in/event site. If Participants are found to have been told to stay home, bullied, or in any other way discouraged from joining the team in an effort to build a stronger team the Head Coach and the Association will be subject to suspension and a forfeit of any game played at a Region or National event.

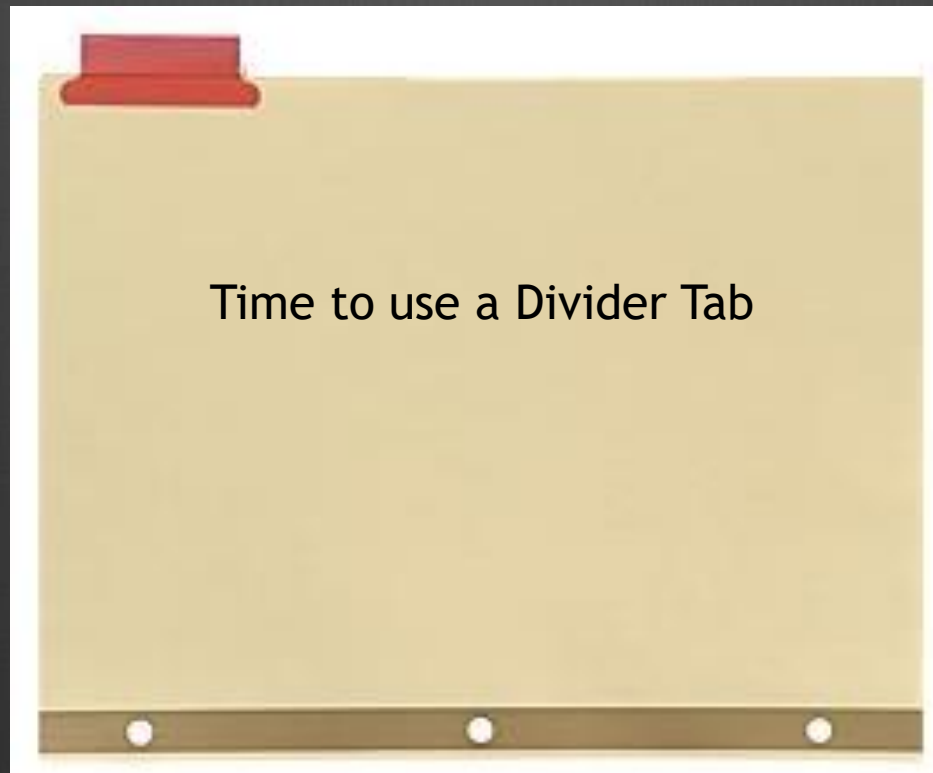
## Let's recap the PLAYER section:

Players are listed in alphabetical order, by last name (with older lighters listed first).  
The first sheet protector should have a label tab with the players last name and first initial.

There are 8 pages for each player (listed in order), and 2 additional pages must be included for special circumstances. (Your organization may ADD Player forms to the team book (ie: report cards) but MAY NOT leave out any listed here.)

1. Participation, Tracking and ID Card - Page 1 (Front Side)
2. Participation, Tracking and ID Card - Page 2 (Back Side)
3. Medical Clearance Form (Front Side)
4. Age verification (original birth certificate) (Back Side)
5. Emergency Medical Treatment, Consent and Information (Front Side)
6. Waiver and Release of Liability - Minor (Back Side)
7. Image Release - Minor (Front Side)
8. AYF Code of Conduct - (Back Side)
9. Additional item: Resume Participation Medical Clearance Form
10. Additional item: Absentee Form

# 4. Team



The next tab contains your **Team Information**

## Starting with: **Background Check & Coaches Training Affidavit**

Please note: A background check is available for \$1.50 per person through the myayf.com. All volunteers working with kids must be checked.


## **Coaches Training Affidavit**

Head coaches will need \$2 MILLION LIABILITY COVERAGE for National Championships (to help satisfy the requirement, AYFCOACHING.COM offers a training course that includes \$2 Million liability coverage for coaches that complete the course)


This should be on the front side of a new protector sheet.

## **Concussion Training**

This is new since 2013 and is required for ALL HEAD and Assistant Coaches.



**AMERICAN YOUTH FOOTBALL**  
**Background Check & Coaches Training Affidavit**



CONFERENCE / ASSOCIATION

I, the undersigned, being an authorized legal representative of the Association named below, do hereby affirm that our Association has established and adopted policies for the screening, and exclusion as necessary, of any and all volunteers, coaches, administrators and or others whose duties may include the supervision and or interaction with minors and that each said person has completed and submitted to the Association an application which includes any and all relevant identifying information and government issued identification reasonably required to conduct a proper investigation into the volunteers character and criminal record, if any; and that the Association has in fact conducted such an inquiry, in accordance with said policies and has made the necessary exclusions, if any. The Association acknowledges and affirms that, at a minimum, the background check meets the recommended minimum standards as set forth in the American Youth Football ("AYF") Membership Terms of Service, its Operation Manuals and or Rule Books, as amended; and that each and every volunteer, coach, administrator and or other person whose duties may include the supervision and or interaction with minors in connection with our Association's activities has been successfully screened and has passed the background check evaluation process established by our Association.

Moreover, on behalf of our association, I affirm that each football coach, has successfully completed a course, online or otherwise, that provides basic and current coaching techniques and safety practices and standards, which is at least equivalent in content to the AYF Recommended Program.

THE ASSOCIATION ACKNOWLEDGES THAT AMERICAN YOUTH FOOTBALL, IS NOT REQUIRED TO INDEPENDENTLY CONDUCT BACKGROUND SCREENING OF PERSONS ASSOCIATED WITH THE ASSOCIATION AND THAT AYF IS ENTITLED TO RELY ON THE STATEMENTS AND AFFIRMATIONS AS SET FORTH HEREIN. THE ASSOCIATION HEREBY INDEMNIFIES AYF AGAINST ANY MISREPRESENTATION, INTENTIONAL OR OTHERWISE AND ANY CLAIMS AGAINST AYF IN CONNECTION WITH THE ASSOCIATION'S FAILURE TO PROPERLY ADOPT AND EXECUTE PROPER AND ACCEPTABLE BACKGROUND SCREENING AND EXCLUSIONS POLICIES. THE ASSOCIATION FURTHER INDEMNIFIES AND HOLDS HARMLESS AYF AGAINST ANY DAMAGES IN CONNECTION WITH: A FAILURE BY THE ASSOCIATION TO ENSURE THAT ITS COACHES HAVE COMPLETED A COURSE WHICH PROVIDES COACHING TECHNIQUES AND SAFETY PRACTICES AND STANDARDS AND OR THE CONTENTS OF SUCH A COURSE AND THE INTERPRETATION APPLICATION AND IMPLEMENTATION OF SAID CONTENTS BY THE COACHES INTO USE IN CONNECTION WITH ANY WARM-UPS, PRACTICES OR GAMES.

Program Type: ☐Flag, ☐Football, ☐Cheer, ☐Dance, ☐Step, (Check One)

Team Level / Division:

or: Jr. Pre-War, Pre-War, 7th Grade, ...

☐National ☐All-American ☐Small ☐Large ☐Red ☐Blue (Check All That Apply)

ASSOCIATION Name:

Authorized Representative Name:

Title:

Authorized Representative Signature:

Date:

CONFERENCE Name:

Authorized Representative Name:

Title:

Authorized Representative Signature:

Date:

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# Scholastic Eligibility & Confidentiality Affidavit

If you look at your **Participant, Tracking and ID Card**, the square certification box on the far right says “scholastics”. **Once you have checked all the grades of your participants, you can then fill out this affidavit.**

This form is in the back side of the sleeve, following the **Background check & coaches training affidavit.**

**AMERICAN YOUTH FOOTBALL**  
**Scholastic Eligibility and Confidentiality Affidavit**  
CONFERENCE / ASSOCIATION

As an officer of the below-named Association, I hereby swear and attest that I have complied with all aspects and intent, of Scholastic Eligibility, of the American Youth Football, Inc. (AYF) National Rulebook, current edition. I have verified that every participant on the Roster for the team level listed below, is scholastically eligible by virtue of the participants supplied report card or by other means including but not limited to school and parent/guardian permission/cooperation in monitoring/encouraging academic improvement. I hereby swear and attest that I have/will maintained the confidentiality of ALL Participant information including but not limited to the participants report card and/or academic standing, obtained in the participant registration process, by using this information for the sole purpose of verifying participant eligibility. I understand that falsification of the above statement and/or failure to comply with these requirements may result in the suspension and/or revocation of the Association charter and/or my dismissal from the organization.

As an officer of the below-named Conference, I hereby swear and attest that I have verified our member Associations compliance with all aspects and intent, of Scholastic Eligibility, and have verified that the confidentiality of ALL Participant information is being maintained. I understand that falsification of the above statement and/or failure to comply with these requirements may result in the suspension and/or revocation of the Conference charter and/or my dismissal from the organization.

Program Type: ☐ Flag, ☐ Football, ☐ Cheer, ☐ Dance, ☐ Step (Check One) \_\_\_\_\_

Team Level / Division: \_\_\_\_\_  
Is: 21, Peewee, PeeWee, 7th, 8th, 9th

☐ National ☐ United ☐ All-American / ☐ Small ☐ Large / ☐ Red ☐ Blue (Check All That Apply) \_\_\_\_\_

ASSOCIATION Name: \_\_\_\_\_

Authorized Representative Name: \_\_\_\_\_ Title: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CONFERENCE Name: \_\_\_\_\_

Authorized Representative Name: \_\_\_\_\_ Title: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you do not use the AYF  
Endorsed Sadler & Co  
Insurance. You will need your  
insurance agent to complete  
the 2 page form: **AYF/AYC  
Insurance Coverage  
Checklist (verification of  
minimum insurance  
standards)**

[illegible][illegible]




## AFLAC Insurance Coverage Checklist

### Verification of Minimum Insurance Standards

**Complete When Insurance Is Not Purchased Through Indirect**

**AFLAC Insurance Plan**



The officially endorsed insurance plan for AFLAC meets all of the critical minimum standards that are indicated below for the protection of your assets, administration, and solvency. Before buying your insurance from another source, you should submit this checklist to your agent to verify 100% compliance with these critical minimum standards. This checklist is two (2) pages.

### TO BE COMPLETED BY INSURANCE AGENT

The agent organization below is requesting each of the agent organizations policies that are provided through your insurance agent. Please complete this form, sign, and return to the agent organization indicated below.

**Name of Agent Organization:** \_\_\_\_\_

**Name of Insurance Agent:** \_\_\_\_\_

**Name of Insurance Agent/Company (Full Name):** \_\_\_\_\_

**Agent Number of Insurance Agent:** \_\_\_\_\_

**Bank Name/Name/Company:** \_\_\_\_\_

**Signature of Insurance Agent/Company/Company:** \_\_\_\_\_

### Minimum Standards

Standard/Insurance	Meets Standard	Does Not Meet Standard
1. Insurance coverage is provided for all assets.	<input type="checkbox"/>	<input type="checkbox"/>
2. Insurance coverage is provided for all assets.	<input type="checkbox"/>	<input type="checkbox"/>
3. Insurance coverage is provided for all assets.	<input type="checkbox"/>	<input type="checkbox"/>
4. Insurance coverage is provided for all assets.	<input type="checkbox"/>	<input type="checkbox"/>
5. Insurance coverage is provided for all assets.	<input type="checkbox"/>	<input type="checkbox"/>
6. Insurance coverage is provided for all assets.	<input type="checkbox"/>	<input type="checkbox"/>
7. Insurance coverage is provided for all assets.	<input type="checkbox"/>	<input type="checkbox"/>
8. Insurance coverage is provided for all assets.	<input type="checkbox"/>	<input type="checkbox"/>
9. Insurance coverage is provided for all assets.	<input type="checkbox"/>	<input type="checkbox"/>
10. Insurance coverage is provided for all assets.	<input type="checkbox"/>	<input type="checkbox"/>
11. Insurance coverage is provided for all assets.	<input type="checkbox"/>	<input type="checkbox"/>
12. Insurance coverage is provided for all assets.	<input type="checkbox"/>	<input type="checkbox"/>
13. Insurance coverage is provided for all assets.	<input type="checkbox"/>	<input type="checkbox"/>
14. Insurance coverage is provided for all assets.	<input type="checkbox"/>	<input type="checkbox"/>
15. Insurance coverage is provided for all assets.	<input type="checkbox"/>	<input type="checkbox"/>
16. Insurance coverage is provided for all assets.	<input type="checkbox"/>	<input type="checkbox"/>
17. Insurance coverage is provided for all assets.	<input type="checkbox"/>	<input type="checkbox"/>
18. Insurance coverage is provided for all assets.	<input type="checkbox"/>	<input type="checkbox"/>
19. Insurance coverage is provided for all assets.	<input type="checkbox"/>	<input type="checkbox"/>
20. Insurance coverage is provided for all assets.	<input type="checkbox"/>	<input type="checkbox"/>

### Please Check Appropriate Box

Standard/Insurance	Meets Standard	Does Not Meet Standard
1. Insurance coverage is provided for all assets.	<input type="checkbox"/>	<input type="checkbox"/>
2. Insurance coverage is provided for all assets.	<input type="checkbox"/>	<input type="checkbox"/>
3. Insurance coverage is provided for all assets.	<input type="checkbox"/>	<input type="checkbox"/>
4. Insurance coverage is provided for all assets.	<input type="checkbox"/>	<input type="checkbox"/>
5. Insurance coverage is provided for all assets.	<input type="checkbox"/>	<input type="checkbox"/>
6. Insurance coverage is provided for all assets.	<input type="checkbox"/>	<input type="checkbox"/>
7. Insurance coverage is provided for all assets.	<input type="checkbox"/>	<input type="checkbox"/>
8. Insurance coverage is provided for all assets.	<input type="checkbox"/>	<input type="checkbox"/>
9. Insurance coverage is provided for all assets.	<input type="checkbox"/>	<input type="checkbox"/>
10. Insurance coverage is provided for all assets.	<input type="checkbox"/>	<input type="checkbox"/>
11. Insurance coverage is provided for all assets.	<input type="checkbox"/>	<input type="checkbox"/>
12. Insurance coverage is provided for all assets.	<input type="checkbox"/>	<input type="checkbox"/>
13. Insurance coverage is provided for all assets.	<input type="checkbox"/>	<input type="checkbox"/>
14. Insurance coverage is provided for all assets.	<input type="checkbox"/>	<input type="checkbox"/>
15. Insurance coverage is provided for all assets.	<input type="checkbox"/>	<input type="checkbox"/>
16. Insurance coverage is provided for all assets.	<input type="checkbox"/>	<input type="checkbox"/>
17. Insurance coverage is provided for all assets.	<input type="checkbox"/>	<input type="checkbox"/>
18. Insurance coverage is provided for all assets.	<input type="checkbox"/>	<input type="checkbox"/>
19. Insurance coverage is provided for all assets.	<input type="checkbox"/>	<input type="checkbox"/>
20. Insurance coverage is provided for all assets.	<input type="checkbox"/>	<input type="checkbox"/>

Rev. 09/2016/01

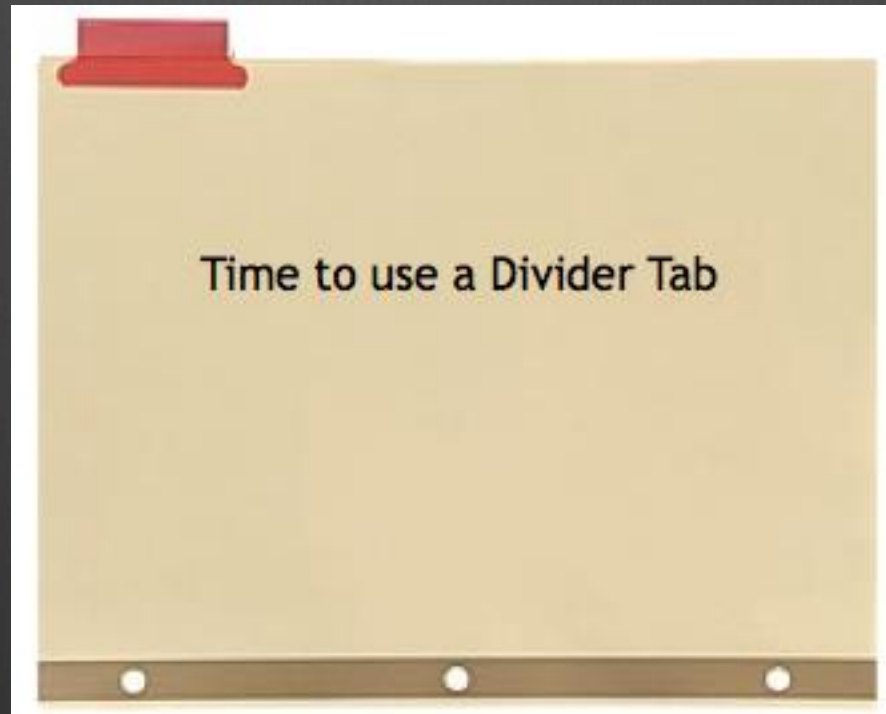
Atlanta & Columbia, Inc. All Rights Reserved

1

# Let's recap the TEAM section:

1. Background Check & Coaches Training Affidavit
2. Scholastic Eligibility and Confidentiality Affidavit
3. Certificate of Insurance
4. Proof of Insurance/Risk Management Agreement
5. Concussion Training (New for 2013)
6. (If necessary) Insurance Coverage Checklist

# 5. Volunteers





# Waiver and Release of Liability - Adult

You need one for every coach and volunteer on this team.

If you are on the 'sidelines' you will need to complete this form.



## AMERICAN YOUTH FOOTBALL Amateur Athletic Waiver and Release of Liability - Adult



ASSOCIATION NAME - \_\_\_\_\_

### READ BEFORE SIGNING

IN CONSIDERATION OF being allowed to participate in any way in the American Youth Football, Inc.(AYF) or American Youth Cheer dba, Regional/National Championships, \_\_\_\_\_ my Local AYF Affiliation(s), athletic sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1) The risk of injury from the activities involved in this program is significant, including the potential for permanent disability, paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- 2) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, and/or in the program itself, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- 4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS American Youth Football, Inc.(AYF) or American Youth Cheer dba, Regional/National Championships, my Local AYF Affiliation, Their officers, directors, officials, volunteers, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ( RELEASEES ), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Print Participant's Name: \_\_\_\_\_

POWERED BY:

Participant's Signature: \_\_\_\_\_

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

### FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child/ward's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

Name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

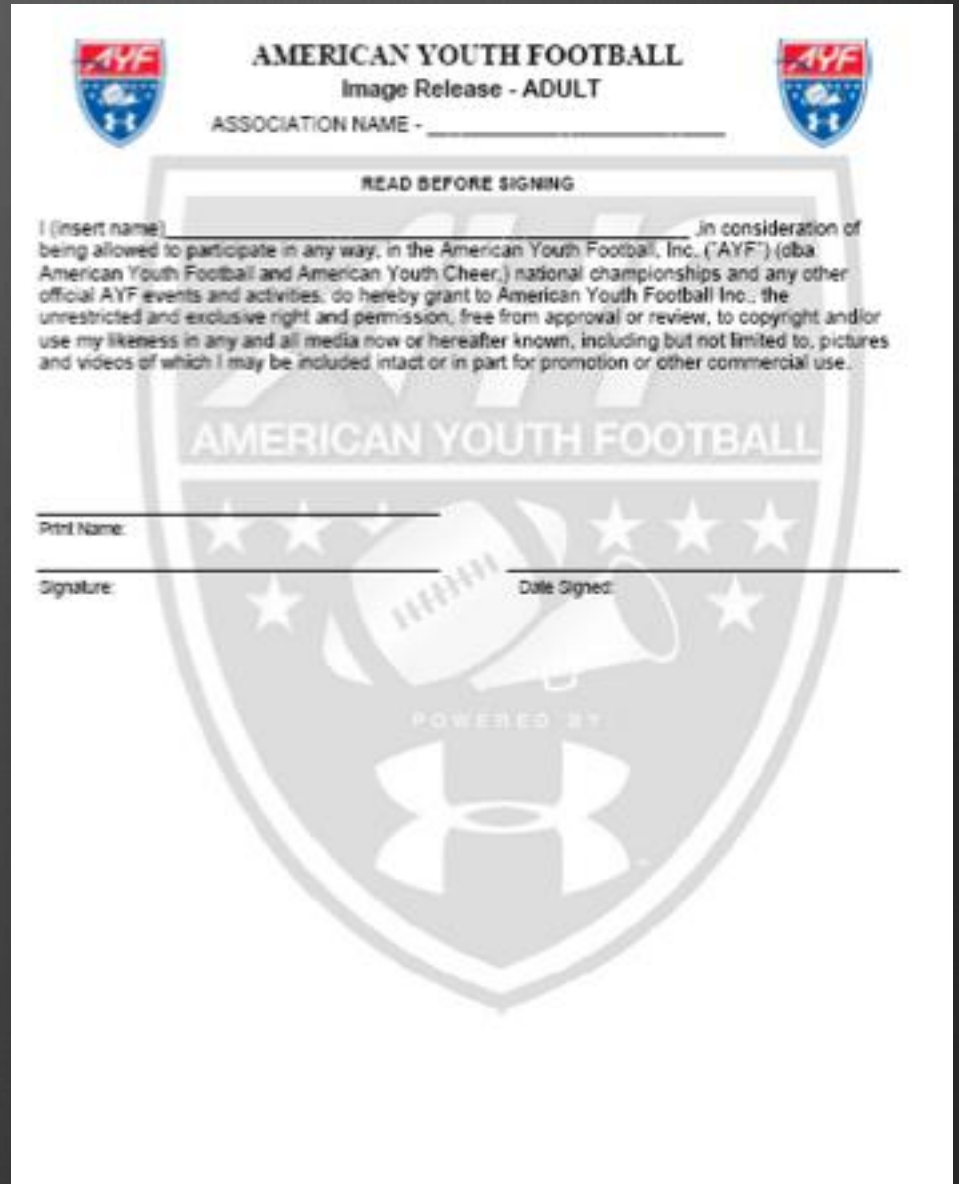
Date Signed: \_\_\_\_\_

Next:

## Image Release - Adult

You need one for every coach and volunteer on this team.

The **Waiver** and **Image Release** should be placed front to back, and using one sleeve protector for every volunteer/coach.



The form is titled "AMERICAN YOUTH FOOTBALL Image Release - ADULT" and includes the AYF logo on both sides. Below the title is a line for "ASSOCIATION NAME -". The main body of the form is a large shield containing the text "READ BEFORE SIGNING" and a paragraph of legal release text. At the bottom of the shield are lines for "Print Name:" and "Signature:", and a "Date Signed:" line. The shield also features the text "AMERICAN YOUTH FOOTBALL" and "POWERED BY" above the Under Armour logo.

AMERICAN YOUTH FOOTBALL  
Image Release - ADULT  
ASSOCIATION NAME - \_\_\_\_\_

READ BEFORE SIGNING

I (insert name) \_\_\_\_\_ in consideration of being allowed to participate in any way, in the American Youth Football, Inc. ("AYF") (dba American Youth Football and American Youth Cheer.) national championships and any other official AYF events and activities, do hereby grant to American Youth Football Inc., the unrestricted and exclusive right and permission, free from approval or review, to copyright and/or use my likeness in any and all media now or hereafter known, including but not limited to, pictures and videos of which I may be included, intact or in part for promotion or other commercial use.

AMERICAN YOUTH FOOTBALL

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

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

POWERED BY

Next:

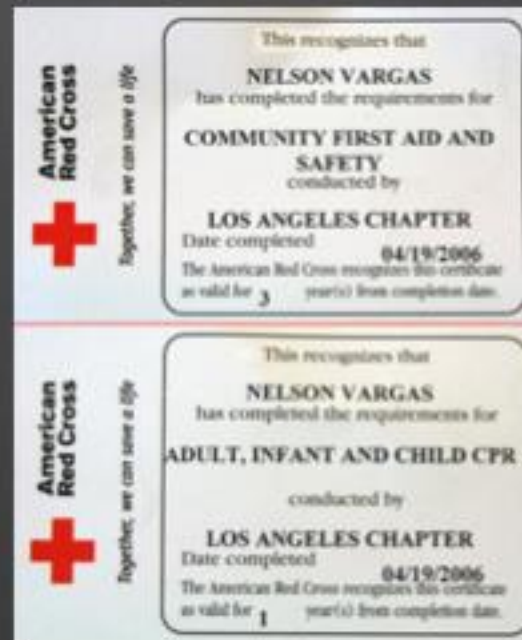
Include a copy of all your **CPR** cards.

There should be a CPR certification scheduled, see your league administrator.

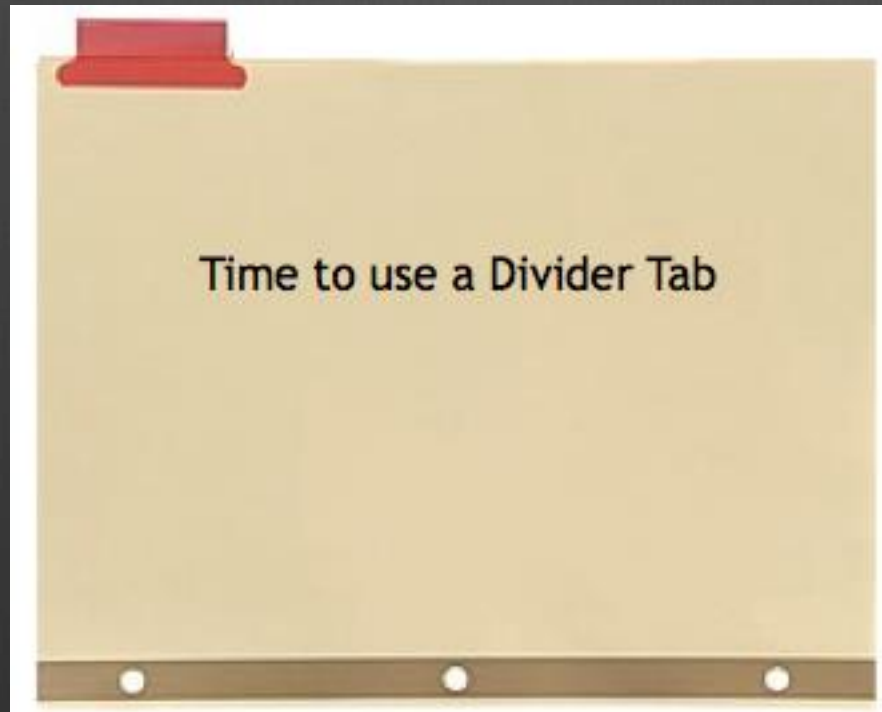
# Head Coaches Concussion Training Certificate\* (New for 2013)

All coaches must have a Concussion Training Certificate (CDC or NFHS)

**\*This is a requirement for coaches attending the National Championships.**




# Others






# Absentee Form -

Used if a player is not participating in Regional or National Events



**AMERICAN YOUTH FOOTBALL**  
Absentee Form



ASSOCIATION NAME - \_\_\_\_\_

1) Name of Child: \_\_\_\_\_

2) Football Class / Division: \_\_\_\_\_ ☐ National, ☐ United, ☐ All-American (Check One)  
or: J1, PostVase, PostVase, ...

3) Spirit Class / Division: \_\_\_\_\_ ☐ Blue Level, ☐ Red Level (Check One)  
or: 10 Under, 11 Under, ... ☐ Small (5-17), ☐ Large (18-36) (Check One)

4) Program Type: \_\_\_\_\_  
or: Football, Cheer, Dance, Step, ...

5) Team Name: \_\_\_\_\_

6) Event Affected: ☐ Local Event ☐ State Event ☐ Regional Event ☐ National Event ☐ Other  
(Check all that apply)

7) Reason Unable to Participate (check one):

<input type="checkbox"/> Medically Related	(Attach doctor's note)
<input type="checkbox"/> Scholastically Related	(Attach teacher's note)
<input type="checkbox"/> Family Obligation	(Please explain below)
<input type="checkbox"/> Other	(Please explain below)
<input type="checkbox"/> Waivered Player	(Please Attach Waiver)

8) Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

POWERED BY

9) By our signatures below, we attest that the information provided herein is true to the best of our belief.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



Head Coach: \_\_\_\_\_ Date: \_\_\_\_\_

Association Official: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT MESSAGE FOR THE COACH:**  
All rostered Participants must be accounted for. This form is to be used for participants that, for whatever reason, will not participate with their team at the Regional or National event. This form (and any attachments) must be in your Participant / Roster book at the competition check-in/event site. If Participants are found to have been told to stay home, bullied, or in any other way discouraged from joining the team in an effort to build a stronger team the Head Coach and the Association will be subject to suspension and a forfeit of any game played at a Region or National event.

# Resume Participation Medical Clearance Form

Used if a player is injured and  
wants to resume playing.

 <b>AMERICAN YOUTH FOOTBALL</b>  Resume Participation Medical Clearance Form ASSOCIATION NAME - _____	
<b>RESUME PARTICIPATION MEDICAL CLEARANCE FORM IS REQUIRED TO RESUME PARTICIPATION OF ANY KIND AFTER ORIGINAL MEDICAL CLEARANCE IS VOIDED BY AN INJURY, ACCIDENT, OR ILLNESS.</b>	
I, hereby my signature below, do certify that I am licensed by the state and am qualified in determining that: (Child's Name) _____ is physically fit and I have found no medical or observable conditions which would contra-indicate him/her from RESUMING participating in youth flag football, tackle football, cheer, dance, step or athletic activities. I am therefore clearing this individual for athletic participation.	
<div>Signature: _____</div> <div>Date: ____/____/____</div>	<div>Please Print - or - Use Office Stamp Here:</div> <div>Print Name Clearly: _____</div> <div>Office Address: _____</div>
<p><b>PLEASE NOTE:</b> If this Resume Participation Medical Clearance is voided by injury, accident, or illness, it will be the responsibility of the Parent/Legal Guardian to notify the participants Coach and League Officials. It will also be the responsibility of the Parent / Legal Guardian to obtain WRITTEN permission from his/her physician to resume participation. A new "Doctors Resume Participation Medical Clearance Form" is available from the league or you may have the doctor supply his/her own WRITTEN Clearance as long as it is on the doctor's official stationery and includes the following statement: "(Participant's Name) is physically fit and I have found no medical or observable conditions which would contra-indicate him/her from RESUMING participating in youth flag football, tackle football, cheer, dance, step or athletic activities. I am therefore clearing this individual for athletic participation."</p> <p>This statement must be supplied by the physician attending to the injury, accident, or illness.</p> <p>This form can be modified or substituted ONLY to comply with local and/or state laws or due to medical practitioner regulations.</p>	
<p><b>NOTE:</b> This form as with any and all forms used by your Association should be reviewed by your local counsel for compliance with any state or local statutes. This form should be kept on file for a minimum of 7 years, longer in the event of an injury. Please confer with your local attorney for advice as to the appropriate maintenance and storage term for this and all such forms.</p>	

# Last Page:

## Put your completed and signed: Mandatory Play Roster

- 5 Fresh Copies for Postseason play - (photocopy your MPR roster that was stamped at Certification).
- AGAIN: Keep all MPR cards.
- Don't forget you have different player cards for National and All-American.
- Don't forget, cheerleader and dance books are slightly different (no mpr forms...etc)

# 2016 Cheer Divisions

## AYC CHEER DIVISIONS

<b>DIVISIONS 2016</b>	<b>AGES</b>	<b>SKILL LEVELS</b>
<b>Division 8</b>	<b>5, 6, 7, 8</b>	<b>White &amp; Red Levels ONLY</b>
<b>Division 10</b>	<b>7, 8, 9, 10</b>	<b>White, Red, &amp; Blue</b>
<b>Division 12</b>	<b>9, 10, 11, 12</b>	<b>White, Red, &amp; Blue</b>
<b>Division 14</b>	<b>11, 12, 13, 14</b>	<b>White, Red, &amp; Blue</b>
<b>Division 18 (ALL MUSIC)</b>	<b>14, 15, 16, 17, 18</b>	<b>White, Red, &amp; Blue</b>
<b>Inspiration Division</b>	<b>5 Thru 21</b>	<b>White Level ONLY</b>
<b>Note: Divisions 8 thru 14 have a 4 year age span, Division 18 has a 5 year age span. Division 18 is all music at all skill levels. Division 18 teams are not required to cheer at weekly games. All Blue level teams are all music at all divisions.</b>		



# 2016 Football Divisions

## 2016 AMERICAN YOUTH FOOTBALL DIVISIONS OF PLAY



### INSTRUCTIONAL DIVISIONS OF PLAY

#### UNLIMITED WEIGHT & WEIGHTED

##### NON-COMPETITIVE DIVISIONS

DIVISION OF PLAY	PROTECTED AGES	WEIGHT
7U DIVISION	CANNOT TURN 8 BEFORE 8/1/16	UNLIMITED WEIGHT
8U DIVISION	CANNOT TURN 9 BEFORE 8/1/16	UNLIMITED WEIGHT
9U DIVISION	CANNOT TURN 10 BEFORE 8/1/16	UNLIMITED WEIGHT
AGE DIVISIONS CAN BE COMBINED		

DIVISION OF PLAY	AGE CUT-OFF 7/31	STRIP WEIGHT + EQUIPMENT ALLOWANCE
TINY MITE	7 YEARS OLD AND UNDER	85 lbs + 5 lbs = 90 lbs
MIGHTY MITE	9 YEARS OLD AND UNDER	100 lbs + 5 lbs + 105 lbs

### ALL AMERICAN DIVISIONS OF PLAY

#### AGE PROTECTED UNLIMITED WEIGHT

##### COMPETITIVE DIVISIONS

DIVISION OF PLAY	PROTECTED AGES	WEIGHT
10U DIVISION	CANNOT TURN 11 BEFORE 8/1/16	UNLIMITED WEIGHT
11U DIVISION	CANNOT TURN 12 BEFORE 8/1/16	UNLIMITED WEIGHT
12U DIVISION	CANNOT TURN 13 BEFORE 8/1/16	UNLIMITED WEIGHT
13U DIVISION	CANNOT TURN 14 BEFORE 8/1/16	UNLIMITED WEIGHT
14U DIVISION	CANNOT TURN 15 BEFORE 8/1/16	UNLIMITED WEIGHT
15U DIVISION	CANNOT TURN 16 BEFORE 8/1/16	UNLIMITED WEIGHT
AGE DIVISIONS CAN BE COMBINED		

### NATIONAL DIVISIONS OF PLAY

#### AGE & WEIGHT

##### COMPETITIVE DIVISIONS

DIVISION OF PLAY	AGE CUT-OFF 7/31/16	STRIP WEIGHT + EQUIPMENT ALLOWANCE
CADET	9 and Under	114 lbs + 5 lbs = 119 lbs
DIVISION 1 & DIVISION 2	10 Older Lighter	94 lbs + 5 lbs = 99 lbs
JUNIOR PEE WEE	10 and Unders	124 lbs + 5 = 129 lbs
DIVISION 1 & DIVISION 2	11 Older Lighter	104 lbs + 5 lbs = 109 lbs
PEE WEE	11 and Under	139 lbs + 5 lbs = 144 lbs
DIVISION 1 & DIVISION 2	12 Older Lighter	119 lbs + 5 lbs = 124 lbs
JUNIOR MIDGET	12 and Under	159 lbs + 6 lbs = 165 lbs
DIVISION 1 & DIVISION 2	13 Older Lighter	139 lbs + 6 = 145 lbs
PRE-GAME WEIGH-IN MUST BE CONDUCTED PRIOR TO ALL GAMES		

### CONFERENCE ALL STAR DIVISION OF PLAY

#### AGE PROTECTED UNLIMITED WEIGHT

##### \*\*\*AYF NATIONAL CHAMPIONSHIP PLAY ONLY

DIVISION OF PLAY	PROTECTED AGES	WEIGHT
10U ALL STARS	CANNOT TURN 11 BEFORE 8/1/16	UNLIMITED WEIGHT
12U ALL STARS	CANNOT TURN 13 BEFORE 8/1/16	UNLIMITED WEIGHT
14U ALL STARS	CANNOT TURN 15 BEFORE 8/1/16	UNLIMITED WEIGHT
AGE DIVISIONS CAN BE COMBINED		

# REGIONAL / NATIONAL TEAM BOOK

## IN FRONT OF BOOK

Paper clipped together:

1. Background Check and Coaches Training Affidavit
2. Scholastic Eligibility and Confidentiality Affidavit
3. Proof of Insurance and Risk Management Agreement
4. AYF/AYC Insurance check list (not required if you have Sadler Insurance)
5. Copy of the Team/Association/Conference Insurance rider.

## Paper clipped together:

1. The Head Coach's "Tackle Safe" Certificate.
2. The affidavit that All coaches took the CDC Concussion Course.

## Paper clipped together:

1. **All of the coaching staffs:**
  - Waiver Release of Liability,
  - The Image Release
2. **All of the players: (IN ROSTER ORDER, OLDEST TO YOUNGEST)**
  - Waiver Release of Liability,
  - The Image Release

## IN BOOK:

TWO COPIES OF THE ROSTER

FIVE (5) COPIES OF THE MPR FORM

## THE ITEMS IN THE SLEEVES WILL BE BACK TO BACK (3 plastic sleeves per player)

SLEEVE 1: Participant Tracking ID card and Contract (with picture attached)

SLEEVE 2: Emergency Consent Form and Medical Release Form/Sports Physical Form

SLEEVE 3: Birth Certificate (copy) and Report Card with Absentee Form between.

*(Absentee form will be in front of sleeve 1 if not present for National games.)*

## IN BACK OF BOOK

Release to play form (3 copies)

Absentee form (3 copies)

# REGIONAL & NATIONAL CHAMPIONSHIPS

## **Please note:**

If you are moving on to Regional and National Championships,  
You **MUST** bring your Team binder with all of these CERTIFIED documents  
to the Regional Event. National Paperwork procedure is separate.

The appointed AYF/AYC regional representative will confirm and check all  
paperwork and re-organize Player/Team forms (separating your paperwork  
into binders and envelopes for simple submission at national championships,  
should you qualify).

If you have questions pertaining to this, please contact:

**SWR Compliance Directors**