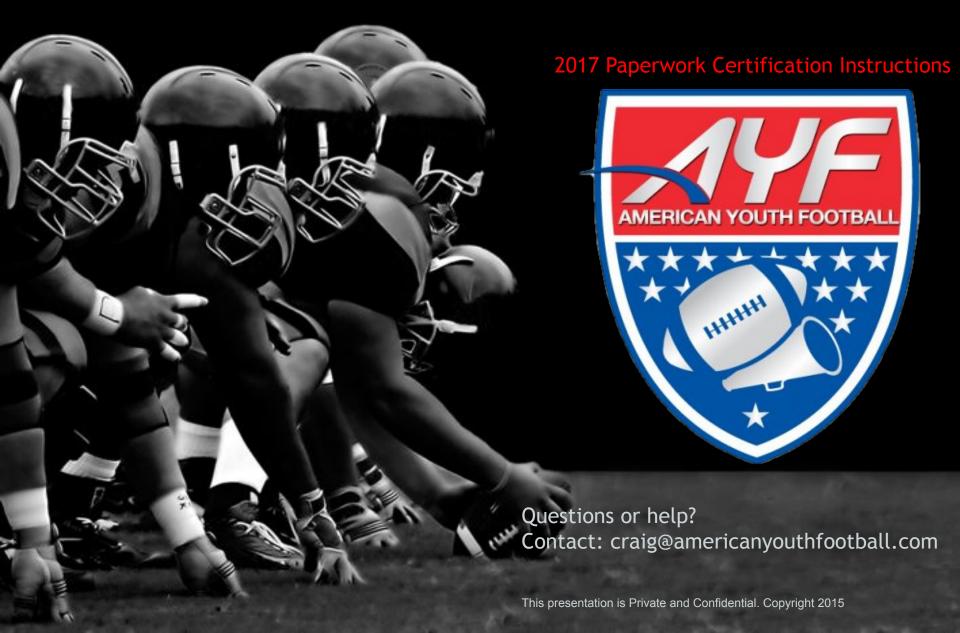
American Youth Football



Paperwork Procedure

SAFETY FIRST! Paperwork is required from all participants including Players, 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 intraleague 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

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

<u>Flaver Documents</u>
☐ Participant, Tracking and ID Card page 1
☐ Participant, Tracking and ID Card page 2
☐ Medical Clearance Form
☐ Original or Certified 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 (All-American Division)
□Absentee Forms (if needed)
<u>Organizational Documents</u>
□Official Roster - (2 Copies)
□ Mandatory Play Roster (MPR) Form (10 copies, football only □ All Coaches "Coaching Football the AYF WAY" Certificates
□All Coaches SmarterFootball.org Certificates
□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
Coaches Concussion Affidavit
□AYF 2017 National Rule Book

Get a Large D-Ring Binder

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



The cover should include:

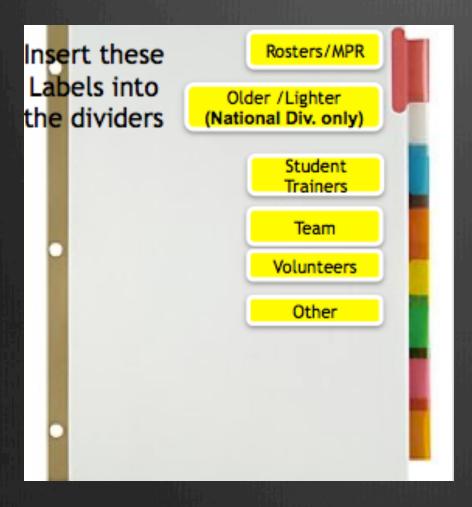
[YEAR]

[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 2017 AYF Football Rule Book <u>must</u> be included in the front of all books. (print at MyAyf.com)

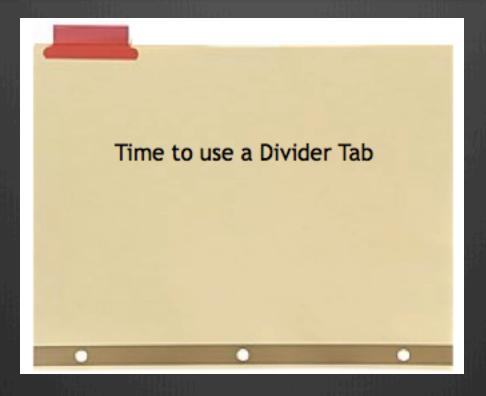
Use front and back printing to save space, and make sure you staple the book. Then place both documents in the same sheet protector.

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 1st.



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.

MPR FORMS

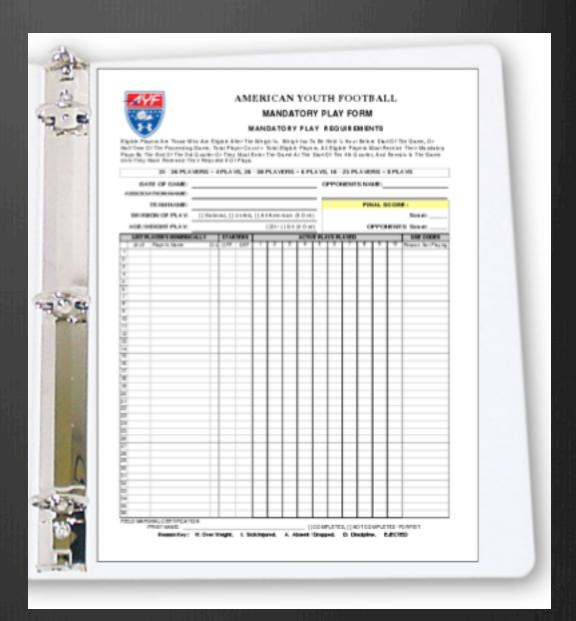
The players MUST be listed in Numerical Order according to their jersey #.

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 your have all the required signatures, place the completed MPR form in a sheet protector in the back of the book.



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 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

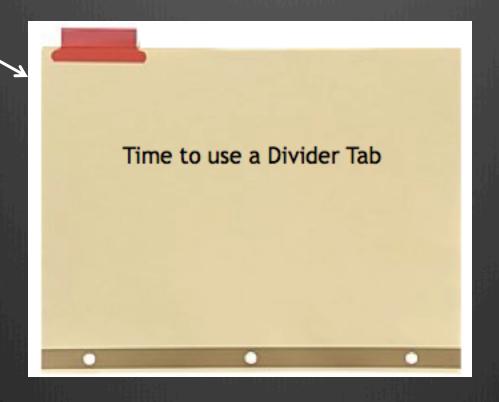
Avery® White Labels For Color Laser Printers, Shipping, 2" x 3 3/4", Pack Of 200 Labels

Item # 182494

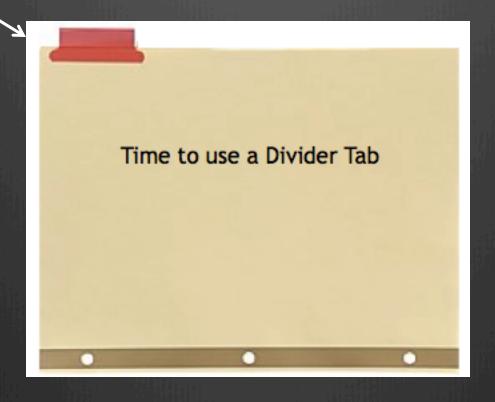
Your Price

\$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, The Rule 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 $2 \frac{1}{2}$ " tall by $3 \frac{1}{2}$ " 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 -

		71001	5017111011	10/ WIL					
			CIATION HAME			PLACE I		OMV / MILIT.	ARY ID
PARTICIPANT	NAME				-		OAIND	TILIXL	
JE	RSEY:	# -	AGE (7/31)	O/L WEIG	нт				
PARTICIPANT	PARENTS	WARDIAH HAME			-				
ном	E PHONE	wo	ORK PHONE	CELL PHONE	-				
I, Her						Below Has Been book And/Or Ope			
Confere	nce Ve	rification Sig	gnature/STAMP			R CERTIFICAT	ON Associati	on Verification S	Ignature/STAMP
DATE OF		Age As o	Date WEIGH	TION PARTICIPA		MEDICAL CLEARANCE	WAIVER/ RELEASE	EMERCENCY MEDICAL / CONSENT	SCHOLASTICS
!		AME DATE	WEIGH MAS	TER CODE		<u></u>	CAME DATE	WEIGH MAS	ER CODE
JAMBOR	-	AME DATE	WEIGH MAS	TER CODE	┨	Week 11	GAINE DATE	WEIGH WAS	ER CODE
Wee	ık 1				┨	Week 12			
Wee	k 2				1	Week 13			
Wee	k 3					Week 14			
Wee	k 4					Week 15			
Wee	k 5				1	Week 16			
Wee	ik 6				4	Week 17			
Wee					-	Week 18	<u> </u>		
Wee	_ F				+	Week 19			
Wee	10				1	Week 20 Week 21			

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

Page 1 of:

Next: Page 2 of the ID Card

You <u>must</u> 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

r anticipation of	zinauci, macking i	una ib cuia - i	alle T
Last Name First Name	intu	Preferred (nick) Name	
Sheet Address City	Toen	Late Zip Code	Home Phore
Date Of Birth (M/D/VR) Age as of 7/31 I	Weight FarentiOu	ardan First Name	rarent/Guardian Last Name
Grade in Fall School in Fall	School Phone	Mome Email Address	
Medical Insurance (tirtile one) Name Of Insuran	oe Carrier	Policy #	
YES / NO			
Football: Cheer:	ONE - Registration	n Fee: S Ct	veck# Cash:
	Y AREAS FOR OFFICIAL		
Association:	Divisio	HR:	Team:
Jersey Numi	ber Assigned: E	Equipment / Uniform	Issued Returned
nd I fully understand that participation in ARALYSIS, PERMANANET DISABILITY roteotive equipment does not prevent all ereity give my approval for my childiwar hysician, and in my opinion, my childiwar legional, National, League/Conference, A	AND/OR DEATH, Further participant injuries, I, the p I to participate, and further d is physically fit and can p	rmore, I fully acknowle parent/guardian of the a assert that I have veri participate without limit	dge and understand that above-named participant, do fied with my child/wards' tation in any and all Local,
otivities by a licensed driver, CHOLASTIC PITNESS			Inflat
am of the opinion that my son/daughterly gree to submit a copy of my son/daughte ritten statement of scholastic fitness from	ri ward's last completed gr	rade, end of year/last o	icipation in this program. I
ELMET WAIVER (for fooduli participants)	D. S.		Initial:
We acknowledge, AND WE understand the oblision sport, the NOCSAE committee his arrentiguant too NOT HIS IS IN VIOLATION OF FOOTBALL, RIVARALYSIS OR DEATH AND POSSIBLE NUMBES MAY ALSO OCCUR AS A RESIZE SPEAR, NO HELMET CAN PREVENT	IS adopted the following W. USE THIS HELMET TO B ULES AND CAN RESULT INJURY TO YOUR OPPO ULLT OF AN ACCIDENTAL FAIL SUICH BUILBIES."	aming to be read by, a BUTT, RAM OR SPEA IN SEVERE HEAD, B ONENT, THERE IS A F L CONTACT WITHOU	nd signed by, both the R AN OPPOSING PLAYER. RAIN OR NECK INJURY, RISK THAT THESE
QUIPMENT UNIFORM RESPONSIBILITY	P	went/Guardian Initial:	Player Initial:
assume full responsibility for any and all- pon request, the uniform and other equip (1 fail to adhere to this policy, I will be res- ope or conduct	ment in as good condition	as when received exp	ept for normal wear and tear
he leeology Of Youth Sports Including This Pi port. It is Also Ortical That Good Sportsmans ositive Accord Both On And Off The Field. It is heology Will Not Be Tolerated. It Will Be Addr lational Affiliation, State and Local Laws, And sture Related Activities Of The Association. T imited To, The Football Players, Cheerleaden	hip including The Ability To A s Understood That Any Incide issed in Accordance With Th May Result in Dismissal Fron his Code Of Conduct Applies	Ways Conduct Oneself I ent Considered Detrimen e Statutes Of The Associ n The Program And The To All Involved With The	n An Appropriate Manner Of tal To The Pursuit Of This lation, Conference, Current Inability To Participate In Any
RINT Parents/Guardian Name:	Parents/Guardian Signa	sture:	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. Page 2 of

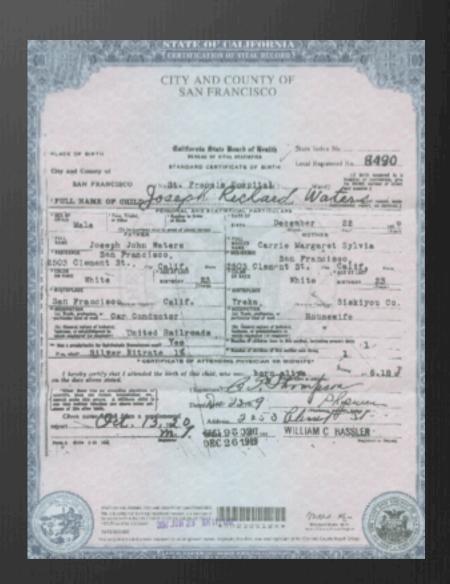
Age Verification

Placed on the backside of the physical form

The following is the only acceptable forms of player verification:

- Original birth Certificate -will be returned after certification (please include a photo-copy, which will be certified)
- ii. State/city/town raised seal certified copy of birth certificate
- iii. Notarized 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)

*The letter must be in a sealed school envelope, it can either be a student profile or transcript, but it must show the date of birth and HAVE A PICTURE of the child.



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

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 "hone", n/la, 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 parentilegal guardian to notify the participants coach and leacurative not efficials if any information needs to be added, deleted, changed, or updated in any way.

	CONTRACTOR THE		rted, changed, or upd	lated in any way.
		ATHLETE INFO	SMATISIN	
Athlete's Name:		Nick Name:		Phone: ()
Address:		City:		State: Zip:
	PARE	INT OR GUARDIA	N INFORMATION	
Father's Name:				
Address:		City:		State: Zip:
Hm Phone: ()	Daytime	Phone: (///)	Emai:	
Employer:		4 1 1		/
Mother's Name:		7 / / /		
Address:		City:		State: Zip:
Hm Phone: ()	Daytime	Phone: ()	Email:	
Employer:				
Guardian's Name:	V.1=1-1/6	7.33 B.7/63	THE TWO	0711:7/3 H H
Address:		Cry:		State: Zo:
Hm Phone: ()	Daytime	Phone: ()	Emai:	
Employer:				
		AMILY MEDICAL	INSURANCE	
Carrier:		G	roup:	
Policy #:			roup #:	
Policy Holder Name:		17/1/1		
Family Physician's Nam	e:	1.2.		
Dr's Address:		City:		State: Zip:
Phone: ()	Fax: (Email:	
	EME	RGENCY MEDICAL	LINFORMATION	
Preferred Hospital(s):				
MERGENCY CONTACT:		- 1	Phone: ()	Relationship
	r information you	may deem relevant	, and helpful to emer	ken by the participant named gency medical personnel: (plea e" will be assumed.
Allergies:			> <	
Andiest Conditions:				
Medical Conditions: Other:				

(Association name) and, American Youth Football, Inc / American Youth Cheer dos, program(s) sanctioned event(s), be they official or un official, including but not limited to artifetic, social and/or fundrashing activities. If urther hereity 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.

*Print Parent/Legal Guardian Name

'Signature Parent Legal Guardian

Date

The original Energency Medical Treatment, Consent and information form should bravel with the coach and a copy should be kept at the administrative office of the aports organization. Due to privacy concerns, competed forms should be stored in a secure location with access restricted to those on a need to know bear for the purpose of medical care.

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 CHILDWARD, 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 oustomary 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 dos, 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 spause, 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/ward's 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	
	ed in participating in this program, my personal responsibilities for im as a participant.
I understand the seriousness of the risks involve adhering to rules and regulation, and accept the Print Participant's Name:	

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.

Make sure this is fully completed.



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 Fo official AYF events and hereby granted the unre to copyright and/or use in but not limited to, picture for promotion or other or	activities, the stricted and e my child's/war is and videos	undersigned a occlusive right of of slikeness in of my child wh	grees that Ame and permission, all media now	rican Youth Foot free from appro or hereafter know	thall Inc., is val or review, wn, including
AN	IERIC.	AN YO	UTH F	OOTBA	
Print Name of Parent/Guardi	arc .				
Parent/Guardian Signature:	* (HHHH	Date Signed:	1 *	7/
		1	$\geq <$		

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

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

2011 - AYF Code of Conduct Form

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

This is American Youth Roctball, not the pros. Pars, as well as the players and coaches, are expected to abide by a code of conduct at all American Youth Football Sients. While PW 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

FANS: CODE OF CONDUCT

Fans will abite by a Code of Conduct which includes the Distribute willow. If any of these rules are broken, (Insert) ASSOCIATION NAME shall have the authority to impose a penalty. Fons shall:

- 1. Not criticize the glayers/cheerleaders or coaches in front of the other spectators in the stands, but reserve constructive criticism for later, in private.
- 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.
- Not criticize an opposing team, its players, coaches, or fans by work of mouth or by gesture.
- Refrain from using physical or verbal abuse or profese language at any time at the game, practice field, or other Pop Warner functions.
- Abstain from being under the influence of or in possession of and/or drinking alcoholic beverages and the possession or use of any flegal substance on both the game and practice fields.
- Not be allowed on the sidelines during a game.
- Not interfere (interport the coaching staff before, during or after games or at practice.
 Not express obmolaints about coaches in stands or to coaches in front of or around the children (i.e. right after a game or

Any parent or fan who violates the code of conduct risks the further participation of the child in the program. The procedure

- 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.
- If the fan falls to leave upon request, the child may be suspended from further participation in team activities by the head.
- The head death 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.
- 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 benifuture participation in the program for up to three years.

CONDUCT OF ALL PLAYERS - PARENTS

All players are guaranteed 6 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.

will: emphasis the ideals of apartamanship, ethical conduct and fair play. Show courtesy to my opponents and officials. Recognite athletic contests are serious educational endeavors. Give complete allegiance to my coaches who are the instructional authority for my team. Discourage fans, fellow players and parents from undercutting my coach's authority. I will not: Use profestly or talk "trash" before, during or after any game. Use drugs, alcohol, or tobacco. Criticize my teammates. Act in any way that may incite spectators.

will: Support my child's team/squed and teach the value of commitment to the team/squad - emphasis the ideals of sportsmanship, ethical conduct and fair play. Help my child and American Youth Football make athletic contests a positive. educations supprignes. 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 subvent their authority. Underwise, In work or ded, the authority of the coach or admiristration. Intrude crito the field, stand on the sideline, or yell from the bleathers at or to the coathes, referees or administration.

Please cut along this line, sign and return to the head coach ಗಿಪ್ಪಪ್ರಪ್ರಪ್ರಕ್ಕೆ ನೀಡಿಗೆ? ಕೆರಡಿಕ್ ಕೊಡುದಿದ್ದ ತ್ವಪ್ಪ ಚುರ್ವಚ್ರವನ್ನ ಚಿಕ್ಕನ ಕ್ಷೇತ್ರವನ್ನ

Child's Name (PRINT) Team Name 0954

Farents 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: (Childs Name.) is physically fit and I have found no medical or observable conditions which would contra-indicate him/her from RESUMING periolpating in youth flag football, tackle tootball, cheer, dance, step or athletic activities. I am therefore clearing this individual for athletic participation.

	Please Print - or - Use Office Stamp Here:
Sprace:	Print Name Clearly:
Dute:	Office Address:

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 stationary and includes the following statement: "(Participants Name) is physically tit and I have found no medical or observable conditions which would contrain death him her from RESUMING participating in youth lag tootball, tackle tootball, cheer, dance, step or attletic softwites. I am therefore clearing this individual for attletic perticipation."

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

This form can be modified or substituted ONLY to comply with local and/or state faws 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 coursel for compliance with any state or local statutes. This form should be kept on the for a minimum of 7 years, longer in the event of an injury. Please confer with your local atterney for advice as to the appropriate maintenance and storage term for this and all such forms.

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.



AMERICAN YOUTH FOOTBALL

Absentee Form



ASSOCIATION NAME -

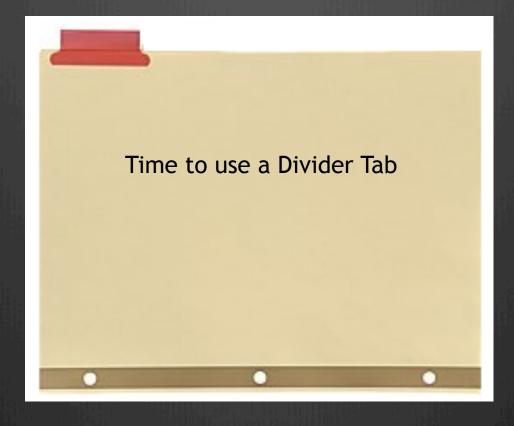
) Football Class	/ Division:	[] National, [] United, [] All-American (Check C
) Spirit Class / D	ivision:	[] Blue Level, [] Red Level (Check One)
i) Program Type:	E 16 Under	Union . [] Small (5-17), [] Large (18-36) (Check One)
) Team Name:	E. Parasia, Ci	er's Doorf, Sirp
	/ 4.1	And And Annual
(Check all that apply)		ent State Event Regional Event National Event
7) Reason Unable	to Participate (chec	AND YOUTH FOOTBALL
1.5	Medically Related	d (Attach doctor's note)
	Scholastically Re	lated (Attach teachers note)
	ETEL CALL	(Please explain below)
	Family Obligation	(Pressure express percent)
	☐ Pareny Obelgason	(Please explain below)
8) Explanation:	Other	(Please explain below)
8) Explanation:	Other	(Please explain below)
8) Explanation:	Other	(Please explain below) (Please Attach Waiver)
9) By our signatu	Office Waivened Player	(Please Attach Waiver)
e) By our signatu our belief,	Office Waivened Player	(Please Attach Waiver) (Please Attach Waiver) POWERED BY that the information provided herein is true to the best
	Office Waivened Player	(Please explain below) (Please Attach Waiver)
e) By our signatu our belief,	Office Waivened Player	(Please Attach Waiver) (Please Attach Waiver) POWERED BY that the information provided herein is true to the best
b) By our signatur our belief.	Office Waivened Player	(Please Attach Waiver) POWERED BY that the information provided herein is true to the best
a) By our signatur our belief. Parent Guardian: fead Coach:	Office Waivened Player	(Please Attach Waiver) POWERED BY that the information provided herein is true to the best Onte: Date:

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

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 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

All 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.

SmarterFootball.org Tackling Cert This is new for 2017 and is required for ALL HEAD 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 polices 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 ASSOCIATIONS FAILURE TO PROPERLY ADDOPT AND EXECUTE PROPER AND ACCEPTABLE BACKGROUND SCREENING AND EXCLUSIONS POLICIES. THE ASSOCIATION FURTHER INDMNIFIES 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, [] Chee	r, [] Dance, [] Step, (Check One)
Team Level / Division:	TED BY
Jr. PeeWee, PeeWee, 7th Grade,	
[]National []All-American []Small []Large	e [] Red [] Blue (Check All That Apply)
ASSOCIATION Name:	
Authorized Representative Name:	Title:
Authorized Representative Signatures	Dates
CONFERENCE Name:	
Authorized Representative Name:	Title:
Authorized Representative Signature:	Date:

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 andior 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	p (Check One)
Team Level / Division:	,	<i>!</i>
[] National [] United [] All-American	/ [] Small [] Large / [] Red [] Situe (Check All T	hat Apply)
ASSOCIATION Name:		/
Authorized Representative Name:	Title:	
Authorized Representative Signature:	Date:	
CONFERENCE Name:		
Authorized Representative Name:	Title:	
Authorized Representative Signature:	Date:	

(Issued by your insurance provider)

St.

(3 page form found at myayf.com)

8

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



CLASS COLUMN APPROVED THE CAMPACT WAS COLUMN TO THE CAMPACT WITH COLUMN TO THE CAMPACT C

THE RESERVE OF THE PERSON OF THE PERSON OF THE PERSON OF THE

The Modern

بعبست سعو

DESCRIPTION OF STREET, PARK

NOTE: The Puring and Account palls all are all control or parts the CRS the Purinary Drug Associate, in

Property Owner

Business Services

Rosellie, CA 99676

1750 Citty Way

Reservitie John Union High School Decree

AYF/AYC Insurance Coverage Checklist

are indicated below for the protection of your youth, administration, and volunteers. Before buying your insurance from another source, you should submit this checkled to your appril to verify 100%.

through year inverses agreey. Please complete this form, sign, and return to the sports regarden

Minimum Standards Pt	ease Check Ap	propriate Box
Accident Sessones	Monte Standards	Door Rul Heat Handwis
* Multiple Color Sciences		
"Aucebook Transit and Results, Low Lower, 1010,000		
¹ No Impact Report Continues on computer such at Region's face, Arth-Impact code and found, discourt code, places of Berger, on		
* Ballacidia Norman das UNI por della		
**Percent Name: At Saltid player and plantation, realize, managers, officials, employees, releasers, and marriers, and mass realizes.		
*Transactions will establish approval and oblive approval took or larger seen that to realize the services of region (proving day, recommend, class, before being the services of beginn, and a printing and provide actually direct send to set lines the place of seets.		
*Those Series It has 30 cents		
"County applies in all halfs brothed self-free Cylingethy aprils		
* Francis Stonger, Olivian's Rang Stations 5, 748		

Seneral Linksitz	Resta Mandecks	Standards
* Each Recommend and Ecological	_	_
* Descript Regarders Cont. St. 860-860-a Sci. 66		
Probability of Parkins Springs Call V. M. M.		
Toward Michigan Line Edition		
"You Manage Carting Code Williams 1982 Manage In Processor Research In Vision		
* Non-Owner/Wood Asia: Labella, Lanc El 2000000		
* Second Albert & Michigania Pol China Lines 11 (88) 300		
* National in National Exchange Riv Box Related In Middled		

No. BYTE/OF

Clade & Conpany, Inc. All Rights Reserved



(i) To come my column or this phonormal and magnetics, at \$7.7 or \$7.5 during regions or relative transporting completion of the \$2.00 format \$2.00. Verification of Minimum Insurance Standards Complete When Incomes is Not Purchased Through Reduced ATT AT C Beautiers Than TO BE COMPLETED BY INSURANCE AGENT The space organization below is respecting analysis of the space insurance policies that are provided Name of the surveyor Agrees; Name of the surveyor Agrees Completing This Form Photo Bomber of the screene Agent (Eigenform of the cureous Agent continue Coverage

AMERICAN YOFTH POPTBALL

Proof of Insurance / Risk Wanagement

American Youth Football / American Youth Cheer die Regional / National

of these impostments will be imposed by an American Trade Frential, Soc. (ATT) or Adv.

Committee and Non-Sparence Colonic by American York Fundant, No. and American York Disor the Par The Payment O' Liebling

Provider States has no recent to be a provided to the state of the sta

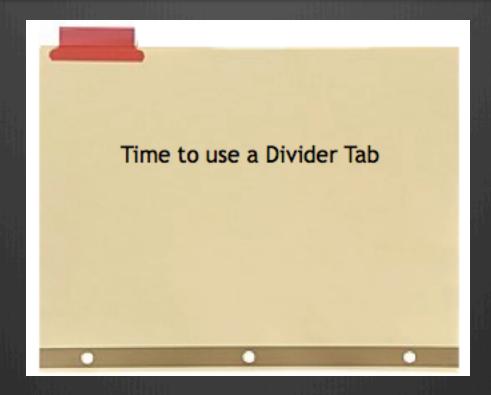
the part title states the part of the description of the first part of the state of

tentum Tradi Tradit, or the tentum Tradi Trans dip language and some

Let's recap the TEAM section:

- 1. All Coaches "Coaching Football the AYF WAY" Certificates
- 2. All Coaches SmarterFootball.org Tackling Certificates
- 3. Background Check & Coaches Training Affidavit
- 4. Scholastic Eligibility and Confidentiality Affidavit
- 5. Certificate of Insurance
- 6. Proof of Insurance/Risk Management Agreement
- 7. Concussion Training
- 8. (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, Local AYF Affiliation(s), athletic sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that: my

- 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.
- I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES 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:
	ARTICIPANTS OF MINORITY AGE SE 18 AT THE TIME OF REGISTRATION)
release as provided above of all the Releaser to indemnify and hold harmless the Releasee	h legal responsibility for this participant, do consent and agree to his/her es, and for myself, my helfs, assigns, and next of kin, I release and agre is from any and all liabilities incident to my minor child/ward's involvement d above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest
Name of Parent/Guardian:	
Parent/Guardian Signature:	Date Signed:

Next:

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.



AMERICAN YOUTH FOOTBALL

Image Release - ADULT





111	ASSOCIATION NAME -	
	READ BEFORE SIGNING	
American Youth official AYF ever unrestricted and use my likeness	participate in any way, in the American Youth Football Football and American Youth Cheer,) national champints and activities, do hereby grant to American Youth Fexcusive right and permission, free from approval or rin any and all media now or hereafter known, including hich I may be included intact or in part for promotion or	onships and any other potball Inc., the eview, to copyright andlor but not limited to, pictures
	AMERICAN YOUTH FO	OTBALL
Print Name:	* * **	
Signature:	Date Signed:) *//

CPR/Concussion

Next:

Include a copy of all your CPR cards.

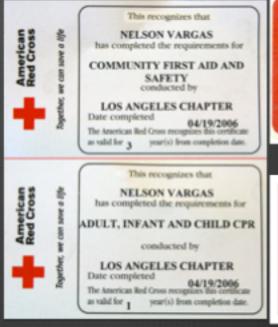
There should be a CPR certification scheduled, see your league administrator.

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.

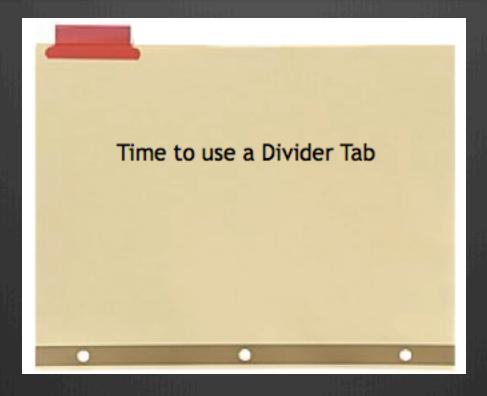








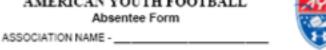
Others



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



AMERICAN YOUTH FOOTBALL



1) Name of Child:		
2) Football Class		[] National, [] United, [] All-American (Check One)
3) Spirit Class / D	ivision: e: 10 Under,11 Under	[] Blue Level, [] Red Level (Check One)
4) Program Type:	a: Firebel, Cheer, D	/ - / - / - / - / - / - / - / - / - / -
5) Team Name:		
Event Affected: (Creck of that apply)		State Event Regional Event National Event Other
7) Reason Unable	to Participate (check or	SEYOUTH FOOTBALL
5) Explanation:	Medically Related Scholastically Related Family Obligation Other Walvered Player	(Attach doctor's note) (Attach teacher's note) (Please explain below) (Please explain below) (Please Attach Walver)
, 242		
		POWERED BY:
 By our signatur our belief. 	res below, we attest that	the information provided herein is true to the best of
Parent/Guardian:		Date:
Head Coach:		Date:
Association Official:		Date:
	SAGE FOR THE COACH	and for This form is to be used for narticinants 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 checkin/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

Resume Participation Medical Clearance Form

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



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: (Childs 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.

	Please Print - or - Use Office Stamp Here:
Signature:	Frint Name Clearly:
. , ,	
Date:	Office Address:

PLEASE NOTE: If this Resume Participation Medical Crearance is voided by injury, accident, or liness, 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 stationary and includes the following statement: "(Participants Name) is physically fit and I have found no medical or observable conditions which would contra-indicate him/her from REDUMING participating in youth Eag football, tackle football, ofeer , dance, step or abnetic activities. I am therefore clearing this individual for athletic participation."

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

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

NOTE: This form as with any and all forms used by your Association should be reviewed by your local counsel for compilance 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.

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)

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: craig@americanyouthfootball.com