

AMERICAN YOUTH FOOTBALL & CHEER



2023 PAPERWORK CERTIFICATION INSTRUCTIONS

QUESTIONS? CONTACT
CRAIG@AMERICANYOUTHFOOTBALL.COM

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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 check list 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

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.

✓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

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 or Certified Birth Certificate
- ☐ Emergency Medical Treatment, Consent & Information
- ☐ Waiver & Release of Liability - Minor
- ☐ Image Release - Minor
- ☐ AYF Code of Conduct
- ☐ Concussion Statement
- ☐ Resume Participation - Medical Clearance Form (if needed)
- ☐ 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
- ☐ Concussion Statement Child
- ☐ AYF 2022 National 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:

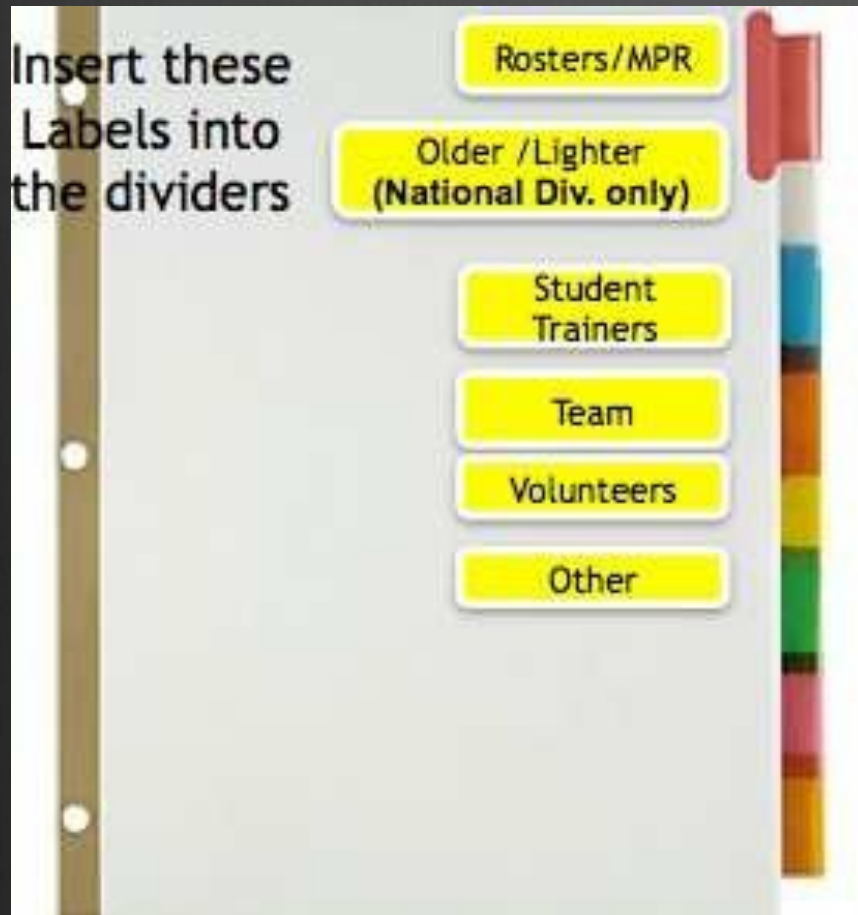
[YEAR]

[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 **2022 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.

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.

FOOTBALL ROSTER FRONT

Conference: _____ Association: _____ Team Name: _____ Team Colors: _____

American Youth Football
Official Roster

Season: _____ Player: _____ Type: _____ Age: _____ Competition Division: _____ Div. I Div. II

POSITION	CLUB NO.	NAME (LAST, FIRST, MI)	STREET ADDRESS	CITY	STATE	ZIP	TELEPHONE
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

NO. CONFERENCE EXECUTIVE STAFF	AUTHORIZED WITH UNLIMITED ACCESS
Commissioner	View Commissioner
Spots Coordinator	Secretary
Treasurer	Schedule Coordinator
Art. Filial Coordinator	

NAME (LAST, FIRST, MI)	CLUB NO.	AGE	DOB	SEX	STREET ADDRESS	CITY	STATE	ZIP	TELEPHONE	SCOUT
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										

CERTIFICATION: All Adult Club And Required Background Checks Have Been Completed And Verified.
CERTIFICATION: All Participant Information Herein Has Been Personally Checked And Is True To The Best Of Our Information And Belief.

SIGNATURE OF CONFERENCE OFFICIAL: _____ DATE: _____

SIGNATURE OF ASSOCIATION OFFICIAL: _____ DATE: _____

CONFERENCE USE ONLY
Roster Certification

FOOTBALL ROSTER BACK

OFFICIAL ROSTER: PG 2 Association Name: _____ Division: _____ Team Name: _____

NAME (LAST, FIRST, MI)	CLUB NO.	AGE	DOB	SEX	STREET ADDRESS	CITY	STATE	ZIP	TELEPHONE	SCOUT
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
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27										
28										
29										
30										
31										
32										
33										
34										
35										

CERTIFICATION: All Participant Information Herein Has Been Personally Checked And Is True To The Best Of Our Information And Belief.

SIGNATURE OF CONFERENCE OFFICIAL: _____ DATE: _____

SIGNATURE OF ASSOCIATION OFFICIAL: _____ DATE: _____

OFFICIAL USE ONLY
Roster Certification

CHEER ROSTER FRONT

Conference: _____ Association: _____ Team Name: _____ Team Colors: _____

American Youth Cheer
Official Roster

Season: _____ Player: _____ Type: _____ Age: _____ Competition Division: _____ Div. I Div. II

POSITION	CLUB NO.	NAME (LAST, FIRST, MI)	STREET ADDRESS	CITY	STATE	ZIP	TELEPHONE
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

NO. CONFERENCE EXECUTIVE STAFF	AUTHORIZED WITH UNLIMITED ACCESS
Commissioner	View Commissioner
Spots Coordinator	Secretary
Treasurer	Schedule Coordinator
Art. Filial Coordinator	

NAME (LAST, FIRST, MI)	CLUB NO.	AGE	DOB	SEX	STREET ADDRESS	CITY	STATE	ZIP	TELEPHONE	SCOUT
1										
2										
3										
4										
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CERTIFICATION: All Adult Club And Required Background Checks Have Been Completed And Verified.
CERTIFICATION: All Participant Information Herein Has Been Personally Checked And Is True To The Best Of Our Information And Belief.

SIGNATURE OF CONFERENCE OFFICIAL: _____ DATE: _____

SIGNATURE OF ASSOCIATION OFFICIAL: _____ DATE: _____

CONFERENCE USE ONLY
Roster Certification

CHEER ROSTER BACK

OFFICIAL ROSTER: PG 2 Association Name: _____ Division: _____ Check One: _____ Large _____ Small _____ Red _____ Blue _____

NAME (LAST, FIRST, MI)	CLUB NO.	AGE	DOB	SEX	STREET ADDRESS	CITY	STATE	ZIP	TELEPHONE	SCOUT
1										
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CERTIFICATION: All Participant Information Herein Has Been Personally Checked And Is True To The Best Of Our Information And Belief.

SIGNATURE OF CONFERENCE OFFICIAL: _____ DATE: _____

SIGNATURE OF ASSOCIATION OFFICIAL: _____ DATE: _____

OFFICIAL USE ONLY
Roster Certification

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.

Do NOT LOSE YOUR MPR Forms!



AMERICAN YOUTH FOOTBALL

MANDATORY PLAY FORM

MANDATORY PLAY REQUIREMENTS

Eligible Players Are Those Who Are Eligible After The Weigh-In. Weigh-Ins To Be Held 1 Hour Before Start Of The Game, Or Half Time Of The Proceeding Game. Total Player Count = Total Eligible Players. All Eligible Players Must Receive Their Mandatory Plays By The End Of The 3rd Quarter Or They Must Enter The Game At The Start Of The 4th Quarter, And Remain In The Game Until They Have Received Their Required # Of Plays.

31 - 36 PLAYERS = 4 PLAYS, 26 - 30 PLAYERS = 6 PLAYS, 16 - 25 PLAYERS = 8 PLAYS

DATE OF GAME: _____ OPPONENTS NAME: _____

ASSOCIATION NAME: _____

TEAM NAME: _____

DIVISION OF PLAY: ☐ National, ☐ United, ☐ All-American (X One)

AGE/WEIGHT PLAY: _____ ☐ DI / ☐ DII (X One)

FINAL SCORE:

Score: _____

OPPONENTS Score: _____

LIST PLAYER'S NUMERICALLY		STARTERS			ACTIVE PLAYS PLAYED										USE CODES
Jer.#	Player's Name	OL	OFF	DEF	1	2	3	4	5	6	7	8	9	10	Reason Not Play
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
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35															
36															

FIELD MARSHAL CERTIFICATION
PRINT NAME: _____ ☐ COMPLETED, ☐ NOT COMPLETED -FORFEIT

Reason Key: W. Over Weight, I. Sick/Injured, A. Absent / Dropped, D. Discipline, EJECTED

Participant Paperwork

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

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

3. Players



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

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

*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.

AMERICAN YOUTH FOOTBALL

Participation, Tracking and ID Card - All-American Division

ASSOCIATION NAME - _____

ASSOCIATION

ASSOCIATION NAME		
DIVISION OF PLAY / TEAM NAME		
PARTICIPANT NAME		
JERSEY #	Grade	AGE (7/31)
PARTICIPANT PARENT/GUARDIAN NAME		
HOME PHONE	MOBILE PHONE	CELL PHONE

PLACE PHOTO / DMV / MILITARY ID
CARD HERE

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 7/31	GRADE / AGE CERTIFICATION	PARTICIPANT CONTRACT	MEDICAL CLEARANCE	WAIVER / RELEASE	EMERGENCY MEDICAL / CONSENT	SCHOLASTICS
--	----------------	---------------------------	----------------------	-------------------	------------------	-----------------------------	-------------

REGULAR SEASON

POST SEASON

	GAME DATE	PLAYER CHECK	CODE		GAME DATE	PLAYER CHECK	CODE
JAMBOREE				Week 11			
Week 1				Week 12			
Week 2				Week 13			
Week 3				Week 14			
Week 4				Week 15			
Week 5				Week 16			
Week 6				Week 17			
Week 7				Week 18			
Week 8				Week 19			
Week 9				Week 20			
Week 10				Week 21			

INSTRUCTIONS: PLAYER CHECK Will Enter Date, Verify The Identity, Of Each Participant, Initial Each Participant Card, CODE: OK = Everything Verified, I = Sick/Injured, A = Absent / Dropped

ALL MUST BE CHECKED IN / VERIFIED PLAYING OR NOT / ENTER DETAIL UNDER 'CODE'

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
Date Of Birth (M/D/YR)		Age as of 7/31	Parent/Guardian First Name	Parent/Guardian Last Name
Grade in Fall	School in Fall	School Phone	Home Email Address	
Medical Insurance (circle one) YES / NO		Name Of Insurance Carrier	Policy #	
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 ☐ Returned ☐

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.

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.

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 NOCSAE 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. "

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.

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 Detrimental 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.

PRINT Parents/Guardian Name: _____ Parents/Guardian 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.

Age Verification

Placed on the backside of the physical form

The following is the only acceptable forms of player verification:

- i. **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** DMV ID cards
- vi. v Military ID cards
- ii. 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.

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
CITY AND COUNTY OF SAN FRANCISCO

California State Board of Health
BIRTH CERTIFICATE
Local Registrar No. 8490

City and County of SAN FRANCISCO

Full Name of Child: *Joseph Richard Waters*

Sex: Male Date of Birth: December 22, 1928

Time of Birth: 11:00 AM

Place of Birth: San Francisco, Calif.

Parents: Joseph John Waters, Carrie Margaret Sylvia

Address: 2000 Clement St., San Francisco, Calif.

Signature: *William C. Hassler*

Date: DEC 22 1928

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 "none", n/a, or other appropriate comment otherwise none will be assumed. If additional space is needed, please use the back of this form or attach additional pages as needed. 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.

ATHLETE INFORMATION			
Athlete's Name:	Nick Name:	Phone: ()	
Address:	City:	State:	Zip:
PARENT OR GUARDIAN INFORMATION			
Father's Name:			
Address:	City:	State:	Zip:
Hm Phone: ()	Daytime Phone: ()	Email:	
Employer:			
Mother's Name:			
Address:	City:	State:	Zip:
Hm Phone: ()	Daytime Phone: ()	Email:	
Employer:			
Guardian's Name:			
Address:	City:	State:	Zip:
Hm 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:			

"I, as evidenced below hereby grant permission for my child/ward to participate in any and all, (Association name) and, American Youth Football, Inc. program(s) event(s), including but not limited to, athletic, social and/or fundraising activities. I further consent to the administration of any and all medical treatment necessary to stabilize and or treat any medical condition or medical emergency to which my child/ward is afflicted. I understand that this authorization is given prior to the need for medical care, but given in advance to avoid any unnecessary delay in emergency treatment which the attendant and/or medical professional may deem advisable in the exercise of their best judgment.

*Print Parent/Legal Guardian Name

*Signature Parent/Legal Guardian


*Date

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.


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 the American Youth Football American Youth Cheer Regional/National Championships, and or the football and or cheer programs of _____ the Local Organization, which is a legally distinct and organization not operated or controlled by American Youth Football, despite its membership with American Youth Football, Inc. the undersigned acknowledges and agrees that:

The risks of injury and illness (ex: communicable diseases such as MRSA, influenza, and COVID-19) to my child from the activities involved in these programs are significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and,

1. FOR MYSELF, SPOUSE, AND CHILD, 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 child's participation; and,
2. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,
3. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS American Youth Football, Inc.; its directors, officers, officials, agents, employees, volunteers, 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, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
4. I, for myself, my spouse, my child, 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 involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.
5. I, the parent/guardian, assert that I have explained to my child/ward: the risks of the activity, his/her responsibilities for adhering to the rules and regulations, and that my child/ward understands this agreement.

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 Name of Participant: _____

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.



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 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:

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.

2022 - 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 AYF 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 interfere/interrupt 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 further 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 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.

Athlete's Code

I will: emphasize the ideals of sportsmanship, ethical conduct and fair play. Show courtesy to my opponents and officials. Recognize 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 profanity or talk "trash" before, during or after a game. Use drugs, alcohol, or tobacco. Criticize my teammates. Act in any way that may incite spectators.

Parent's Code

I will: Support my child's team/squad and teach the value of commitment to the team/squad - emphasis the ideals of sportsmanship, ethical conduct and fair play. Help my child and American Youth Football make athletic contests a positive educational experiences. 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 work 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

I have read the **FAN'S CODE OF CONDUCT** and understand what 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.

AYF Concussion Statement

Have your participant sign it, have the parent sign it.



AMERICAN YOUTH FOOTBALL Mild Traumatic Brain Injury (MTBI) / Concussion Statement and Acknowledgement Form



I, _____ (athlete), have chosen to participate in 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 healthcare 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's Name:

Student Athlete's Signature:

Date:

Parent/Legal Guardian Name:

Parent/Legal Guardian Signature:

Date:

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, as evidenced by my name and signature below, do certify that I am licensed MD or DO in the state of _____ 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.

 Signature: _____  Date: ____/____/____	Please Print - or - Use Office Stamp Here: _____ Print Name Clearly: _____ 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 (MD or DO) 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: "(Participants 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.

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.

	AMERICAN YOUTH FOOTBALL Absentee Form	
Name of Child:		
Program Type: <input type="checkbox"/> Flag <input type="checkbox"/> Football <input type="checkbox"/> Cheer <input type="checkbox"/> Dance <input type="checkbox"/> Step <i>(check one)</i>		
Team Level/Division:		
<input type="checkbox"/> National <input type="checkbox"/> All-American <input type="checkbox"/> Small <input type="checkbox"/> Large / <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4		
Association Name:		
Event Affected: <input type="checkbox"/> Local Event <input type="checkbox"/> State Event <input type="checkbox"/> Regional Event <input type="checkbox"/> National Event <input type="checkbox"/> Other		
Reason Unable to Participate: <input type="checkbox"/> Medically Related <i>(attach doctor's note)</i> <input type="checkbox"/> Scholastically Related <i>(attach teacher's note)</i> <input type="checkbox"/> Family Obligation <i>(explain below)</i> <input type="checkbox"/> Waivered Player <i>(attach waiver)</i>		
Explanation:		
<i>By signing below, we attest that the information provided herein is true to the best of our belief.</i>		
Parent/Guardian Signature:		Date:
Head Coach Signature:		Date:
Association Official Signature:		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 player's last name and first initial.

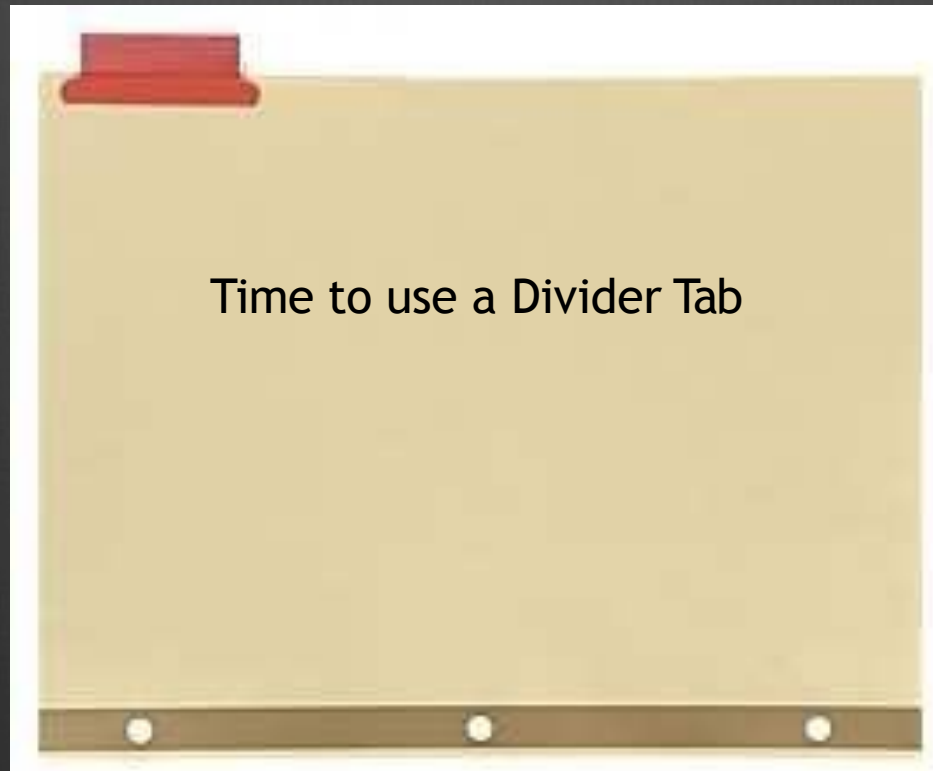
There are 8 pages for each player (listed in order), and 2 additional pages must be included for special circumstances.

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 through the myayf.com. All volunteers working with kids must be checked.


Coaches Training Affidavit

All coaches will need AYFCOACHING.COM Human Kinetics Training Course


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

NFHS TACKLE COURSE

Concussion Affidavit



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 volunteer's 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 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:	<input type="checkbox"/> Flag	<input type="checkbox"/> Football	<input type="checkbox"/> Cheer	<input type="checkbox"/> Dance	<input type="checkbox"/> Step	(check one)
Team Level/Division:						
	<input type="checkbox"/> National	<input type="checkbox"/> All-American	<input type="checkbox"/> Small	<input type="checkbox"/> Large	<input type="checkbox"/> Level 1	<input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4
Association Name:						
Authorized Representative Name:					Title:	
Authorized Representative Signature:					Date:	
Conference Name:						
Authorized Representative Name:					Title:	
Authorized Representative Signature:					Date:	



AMERICAN YOUTH FOOTBALL
Affidavit/Compliance Form (Concussion)
CONFERENCE/ASSOCIATION



- All Coaches Flag/Tackle/Cheer must complete, at a minimum, the most recent version of Coaching Youth Football the AYF Way online course for Football or the most recent version of YCADA AYF 101 online course for Cheer.
- A copy of the certificate of completion of the most recent version of Coaching Youth Football the AYF Way course for Football or the most recent version of YCADA AYF 101 course for Cheer.
- Certificates 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.

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 which is covered in the above course.

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:	<input type="checkbox"/> Flag	<input type="checkbox"/> Football	<input type="checkbox"/> Cheer	<input type="checkbox"/> Dance	<input type="checkbox"/> Step	(check one)
Team Level/Division:						
	<input type="checkbox"/> National	<input type="checkbox"/> All-American	<input type="checkbox"/> Small	<input type="checkbox"/> Large	<input type="checkbox"/> Level 1	<input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4
Association Name:						
Authorized Representative Name:					Title:	
Authorized Representative Signature:					Date:	
Conference Name:						
Authorized Representative Name:					Title:	

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 (AYF) National Rulebook, current edition and that I have verified that every participant on the Roster for the team level listed below, is scholastically eligible to participate, either by reviewing a participant supplied report card or through school and parent/guardian cooperation.

I understand that falsification of the above statement and/or failure to comply with these requirements may result in forfeiture of games won during the season as well as at regional and or national competitions, moreover falsification of scholastic eligibility may result in the suspension and/or revocation of the Association charter and/or my dismissal from the organization.

All information collected pursuant to this requirement shall not be shared with any third parties and shall be maintained in confidence and subject to the same document collection and storage procedures as the Association maintains for information deemed confidential.

Program Type: <input type="checkbox"/> Flag <input type="checkbox"/> Football <input type="checkbox"/> Cheer <input type="checkbox"/> Dance <input type="checkbox"/> Step <i>(check one)</i>	
Team Level/Division:	
<input type="checkbox"/> National <input type="checkbox"/> All-American <input type="checkbox"/> Small <input type="checkbox"/> Large / <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4	
Association Name:	
Authorized Representative Name:	Title:
Authorized Representative Signature:	Date:
Conference Name:	
Authorized Representative Name:	Title:
Authorized Representative Signature:	Date:

Certificates of Insurance


(Issued by your insurance provider)

&


Proof of Insurance/Risk management Agreements (3 page form found at myayf.com)

&

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)



AMERICAN YOUTH FOOTBALL
Proof of Insurance/Risk Management
Agreement



American Youth Football / American Youth Cheer dba Regional / National Championships
(To Be Signed By Head Coach Or Other Authorized Rep. Of Football Team or Cheer Squad)

In consideration for being allowed to participate in the American Youth Football, Inc. or American Youth Cheer Regional or National Championships, the undersigned football team and/or cheer squad agrees to comply with the following insurance and risk management requirements.

Any football team and/or cheer squad that is not in compliance will not be allowed to participate:

Participant Waiver/Release
In consideration of being allowed to participate, the undersigned football team and/or cheer squad agrees that all participants, including players, coaches, managers, and other volunteers will sign the attached Waiver/Release Agreement and will provide an original of such at the time of the credentials meeting.
Please note that for all minor participants, a signature must be provided by both the participant and a parent/legal guardian.

Indemnification/Hold Harmless
In consideration of being allowed to participate, the undersigned football team and/or cheer squad agrees to hold harmless and indemnify American Youth Football, the tournament host; the facility owner; and their respective directors, officers, employees, and volunteers against any and all liability, including reasonable attorneys fees, for bodily injury and property damage arising out of the sole or joint liability of the football team and/or cheer squad or any of its directors, officers, employees, or volunteers.

Insurance Requirements
All football teams and/or cheer squads participating in the AYF or AYC regional or national championships must provide a "certificate of insurance" evidencing that the following insurance coverages are in force for the duration of the championships with insurance carriers that are rated at least "A-" with A.M. Best's:

a) Excess Accident: Each football team or cheer squad must be covered by an Excess Accident policy with a Medical Limit of at least \$100,000 covering all players and staff members. It is not acceptable for each parent to provide individual evidence of health insurance for his or her child; and

b) General Liability: Each football team or cheer squad must be covered by a General Liability policy with an "each occurrence" limit of at least \$1,000,000 combined single limits for "bodily injury" and "property damage". Such policy must not contain any of the following unfavorable provisions: a) "Claims Made" coverage form b) Exclusion for injury to "athletic participants" c) Exclusion for "Competitive Cheer Stunts" d) Exclusion or reduced limit for "Sexual Abuse or Molestation". Furthermore, such General Liability policy must name American Youth Football, Inc. as "Additional Insured".

Teams or cheer squads that do not purchase their Accident And General Liability insurance through the endorsed AYF/AYC insurance program must provide the following documentation of compliance:

1) A certificate of insurance evidencing Accident And General Liability per the minimum requirements outlined above.

Completion by their insurance agent of the attached "AYF/AYC Insurance Checklist Note: The above requirements are automatically satisfied without any additional action being taken if the league purchases its Accident and General Liability coverages through the AYF/AYC endorsed insurance plan.

Background Checks & Training: Refer to Background Check and Training Affidavit

15 Passenger Vans
The use of 15 passenger vans is prohibited at the AYF and AYC regional or national championships.

The National Highway Safety Transportation Board has issued numerous warnings over the past several years citing studies that indicate that 15 passenger vans have an unacceptable rollover rate when loaded to near capacity. More information on this topic can be found by clicking the Risk Management link at www.sadlersports.com.

The undersigned signature attests to the fact that the football team and/or cheer squad will not transport players in 15 passenger vans either on trips to, from, or during the regional or national championships.

Attestation And Signature
The undersigned authorized representative on behalf of the football team or cheer squad attests that requirements one through six above have been acknowledged and will be complied with prior to the credentials meeting at the regional or national championships location.

Program Type: <input type="checkbox"/> Flag <input type="checkbox"/> Football <input type="checkbox"/> Cheer <input type="checkbox"/> Dance <input type="checkbox"/> Step <i>(check one)</i>	
Team Level/Division:	
<input type="checkbox"/> National <input type="checkbox"/> All-American <input type="checkbox"/> Small <input type="checkbox"/> Large / <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4	
Association Name:	
Authorized Representative Name:	Title:
Authorized Representative Signature:	Date:
Conference Name:	
Authorized Representative Name:	Title:
Authorized Representative Signature:	Date:

AYF/AYC Insurance Coverage Checklist
Verification of Minimum Insurance Standards

When Insurance Is Not Purchased Through Endorsed AYF/AYC Plan

The officially endorsed insurance plan for AYF/AYC meets all of the critical minimum standards that are indicated below for the protection of your youth, administrators, and volunteers. Before buying your insurance from another source, you should submit this checklist to your agent to verify 100% compliance with these critical minimum standards.

TO BE COMPLETED BY INSURANCE AGENT

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

Name of Sports Organization:

Name of Insurance Agency:

Name of Insurance Agent Completing This Form:

Phone Number of Insurance Agent: ()

Date This Form Completed:

Signature of Insurance Agent Verifying Coverage:

Minimum Standards	Please Check Appropriate Box	
	Meets Standards	Does Not Meet Standards
Accident Insurance		
* Medical Limit: \$100,000		
* Accidental Death and Specific Loss Limit: \$10,000		
* No Interest Payout Limitations on categories such as Surgeon's fees, daily hospital room and board, doctor's visits, physical therapy, etc		
* Deductible: Not more than \$500 per claim		
* Covered Persons: All football players and cheerleaders, coaches, managers, officials, employees, volunteers, staff members, and team workers.		
* Covered Activities: All scheduled, approved, and adult supervised team or league activities including but not limited to tryouts, practice, play, tournaments, clinics, fundraisers, award banquets and team outings, including direct travel to and from the place of such covered activity.		
* Payout Period: At least 184 weeks		
* Coverage applies to all tackle football and cheer if played by sports organization		
* Financial Strength: AM Best's Rating of at Least A-, VII		

General Liability	Meets Standards	Does Not Meet Standards
* Each Occurrence Limit: \$1,000,000		
* General Aggregate Limit: \$2,000,000		
* Products/Completed Operations Aggregate Limit: \$1,000,000		
* Personal/Advertising Injury Limit: \$1,000,000		
* Fire Damage Liability Limit: \$300,000 (AKA Damage to Premises Rented To You.)		
* Non Owned Hired Auto Liability Limit \$1,000,000		
* Sexual Abuse & Molestation \$1,000,000 Each Occurrence/\$2,000,000 Aggregate		
* Coverage provided for all tackle football, flag football and cheer if played by the league		
* Named Insureds: The sports organization (as an entity) and its directors, officers, employees, and volunteers.		
* American Youth Football Inc., is named as "Additional Insured"		
* Covered Activities: All league sanctioned and adult supervised activities. These activities include, but are not limited to tryouts, practice, games, tournaments, non-sports outings and fundraisers.		
* Financial Strength: AM Best's Rating of at Least A-, VII		

General Liability EXCLUSIONS AND LIMITATIONS TO AVOID (These should not appear on policy)	Meets Standards	Does Not Meet Standards
* Claims Made Coverage Form		
* Athletic Participant Exclusion		
* Competitive Cheer, Stunt, or Pyramiding Exclusion		
* Participant vs. Participant Exclusion		
* Punitive Damages Exclusion		
* Assault and Battery Exclusion		
* Sexual Abuse/Molestation Exclusion		
* Contractual Liability Limitation Endorsement		
* Personal and Advertising Injury Exclusion For Broadcasting of Film or Streaming Video		

DISCLAIMER: THIS VERIFICATION CHECKLIST IS NOT AN ALL-ENCOMPASSING RECOMMENDATION OF ALL OF THE TYPES OF POLICIES THAT SHOULD BE CARRIED OR ALL OF THE CRITICAL COVERAGES THAT SHOULD BE INCLUDED WITHIN EACH POLICY. THIS VERIFICATION DOCUMENT SHOULD IN NO WAY BE CONSIDERED AS LEGAL, INSURANCE, OR RISK MANAGEMENT ADVICE. A COMPETENT ATTORNEY AND INSURANCE AGENT SHOULD BE CONSULTED.

Rev. 05-23-21

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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. NFHS Tackle Course Certification
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
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 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.

Print Name:

Signature:

Date:

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.



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 (AYF) or American Youth Cheer Regional/National Championships, football and or cheer programs of _____,

the Local Organization, which is a legally distinct and organization not operated or controlled by American Youth Football, despite its membership with American Youth Football, Inc. acknowledges and agrees that:

1. The risks of injury and illness (ex: communicable diseases such as MRSA, influenza, and COVID-19) from the activities involved in this program are significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do 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, 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. their officers, officials, 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, ILLNESS, 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 Name of Participant: _____

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.

Print Name of Parent/Guardian: _____

Parent/Guardian Signature: _____ Date Signed: _____

Emergency Phone Number: () _____ - _____

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.

CPR/Certifications

Next:

Include a copy of all your **CPR** cards. Must have 1 Coach Minimum

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

Coaches Head and Assistant Human Kinetics for Football* Head Coaches Human Kinetics and YCADA for Head & Assistants for Cheer.

All coaches must have a NFHS Tackle Course Certification for Football

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



Others



Absentee Form -

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



AMERICAN YOUTH FOOTBALL Absentee Form



Name of Child:

Program Type: ☐ Flag ☐ Football ☐ Cheer ☐ Dance ☐ Step (check one)

Team Level/Division:

☐ National ☐ All-American ☐ Small ☐ Large / ☐ Level 1 ☐ Level 2 ☐ Level 3 ☐ Level 4

Association Name:

Event Affected: ☐ Local Event ☐ State Event ☐ Regional Event ☐ National Event ☐ Other

Reason Unable to Participate:

- ☐ Medically Related (attach doctor's note)
☐ Scholastically Related (attach teacher's note)
☐ Family Obligation (explain below)
☐ Waivered Player (attach waiver)

Explanation:

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

Parent/Guardian Signature:

Date:

Head Coach Signature:

Date:

Association Official Signature:

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.





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, as evidenced by my name and signature below, do certify that I am licensed MD or DO in the state of _____ 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.

 Signature: _____  Date: _____ / _____ / _____	Please Print - or - Use Office Stamp Here: _____ Print Name Clearly: _____ Office Address:
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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 (MD or DO) 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: "(Participants 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.

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.

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, 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