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 (12/31)

PARTICIPANT PARENT/GUARDIAN NAME

HOME PHONE WORK 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 Manuel, 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 12 / 31	GRADE / AGE CERTIFICATION	PARTICIPANT CONTRACT	MEDICAL CLEARANCE	WAIVER/ RELEASE	EMERGENCY MEDICAL / CONsSENT	SCHOLASTICS

REGULAR SEASON

	GAME DATE	PLAYER CHECK	CODE
JAMBOREE			
Week 1			
Week 2			
Week 3			
Week 4			
Week 5			
Week 6			
Week 7			
Week 8			
Week 9			
Week 10			

POST SEASON

	GAME DATE	PLAYER CHECK	CODE
Week 11			
Week 12			
Week 13			
Week 14			
Week 15			
Week 16			
Week 17			
Week 18			
Week 19			
Week 20			
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"

Participation Contract, Tracking and ID Card - Page 2

Last Name	First Name	Initial	Preferred (nick) Name

Street Address	City / Town	State	Zip Code	Home Phone

Date Of Birth (M/D/YR)	Age as of 12/31/2010	Parent/Guardian First Name	Parent/Guardian Last Name

Grade in Fall	School in Fall	School Phone	**Home Email Address**

Medical Insurance (circle one)	Name Of Insurance Carrier	Policy #
YES / NO		

Football: ☐ **Cheer:** ☐ *--CHECK ONE --* **Registration Fee:** $ **Check# Cash:**

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, PERMANANET 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 **Initial:** _____

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) **Initial:** _____

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 **Parent/Guardian Initial:** _____ **Player Initial:** _____

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 **Initial:** _____

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. **Initial:** _____

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.