



# AMERICAN YOUTH FOOTBALL

## Association/Conference Forms



REQUIRED FOR REGIONAL AND NATIONAL PARTICIPATION

Association/Conference forms must be presented with the Team Books for compliance verification prior to participation in any American Youth Football, Inc., American Youth Cheer dba, Regional, National sanctioned event.

All Association/Conferences must complete the following paperwork in order to be allowed to participate in any American Youth Football, Inc., American Youth Cheer dba, Regional, National sanctioned event.

**Background Check Affidavit**

**Scholastic Eligibility and Confidentiality Affidavit**

**Proof of Insurance and Risk Management Agreement**

**AYF / AYC Insurance Checklist** (not required if you have Sadler Insurance)

**Mandatory Play Form - 5 copies** (any similar document you may be using is fine)

**Team Roster Form** (any similar document you may be using is fine)

Please be sure all of your Associations are aware that Participant Medical Clearance will become void in the event of an Injury, Accident, or Illness attended to by a licensed medical professional. The Resume Participation Medical Clearance must be signed by the attending medical professional in order for the participant to resume active participation. The signed form must be presented to the American Youth Football, Inc., American Youth Cheer dba, Regional, National event official. Please have this form available for all of your Associations attending Regional / National events.

**Resume Participation Medical Clearance Form**

Any rostered participant not able to travel with their team must complete the Absentee Form. This form must be placed in the team book along with the rostered participants paperwork.

**Absentee Form**



# AMERICAN YOUTH FOOTBALL



## Background Check 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 Background Checks, of the American Youth Football, Inc. (AYF) National Rulebook, current edition. Every volunteer in my Association has filled out an authorized Official Volunteer Application and our Association has conducted all of the required background checks per the requirements and in the manner established by our Association/Conference. Furthermore, in accordance with the Policies and Procedures of American Youth Football, Inc., I hereby swear and attest that every volunteer currently assisting in my Association has passed the background check evaluation process established by our Association, and I have maintained the confidentiality of all applicant information obtained in the volunteer application process, including but not limited to state sex offender registry, driver's license and criminal information, by using this information for the sole purpose of conducting background checks for the current football/cheer season.

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 Background Checks, and have verified that the confidentiality of ALL Volunteer information is being maintained. I understand that falsification of the above statement and/or failure to comply with these requirements may result in the suspension and/or revocation of the Conference charter and/or my dismissal from the organization.

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

**Team Level / Division:** \_\_\_\_\_

ie: Jr. PeeWee, PeeWee, 7th Grade, ...

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

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

**Authorized Representative Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Authorized Representative Signature:** \_\_\_\_\_

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

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

**Authorized Representative Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Authorized Representative Signature:** \_\_\_\_\_

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



# AMERICAN YOUTH FOOTBALL

## Scholastic Eligibility and Confidentiality Affidavit



CONFERENCE / ASSOCIATION

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

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

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

**Team Level / Division:** \_\_\_\_\_

ie: Jr. PeeWee, PeeWee, 7th Grade, ...

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

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

**Authorized Representative Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Authorized Representative Signature:** \_\_\_\_\_

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

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

**Authorized Representative Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Authorized Representative Signature:** \_\_\_\_\_

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



# 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.

All of these requirements will be reviewed by an American Youth Football, Inc. (AYF) or American Youth Cheer dba (AYC) credentials committee to verify compliance prior to participation. Any football team and/or cheer squad that is not in compliance will not be allowed to participate:

1. Operational And Non-Operational Control By American Youth Football, Inc. and American Youth Cheer dba For The Purpose Of Liability

As concerns all regional or national championship events and activities, American Youth Football, Inc. and American Youth Cheer dba will not have operational control or responsibility over the following:

- a) Premises - including, but not limited to, practice areas, spectator areas, concession areas, player accommodations and housing, and player or spectator entertainment areas whether on site or off site (with the exception of entertainment areas under e) below).
- b) Activities - including, but not limited to, activities within housing, player or spectator entertainment on site or off site (with the exception of those scheduled activities listed under e) below), outings such as theme park visits, and travel to and from the above as well as travel to and from the regional or national championships.
- c) Actions - including all actions (including inactions) or decisions initiated by tournament host, third party facility owners, third party providers of entertainment, and football team and/or cheer squad volunteers or employees, and the selection of volunteers or employees by tournament host or football teams and/or cheer squads administrators.

American Youth Football, Inc. and American Youth Cheer dba acknowledge and accept operational control and responsibility over the following:

- d) To correct any violation of the official rules and regulations of AYF or AYC during regional or national championship competition once such violation has come to the attention of AYF or AYC.
- e) AYF and AYC shall have joint operational control and responsibility with the tournament host and facility owner over all playing fields, cheerleading floors, coaches and player sign ins, coaches meetings, celebration party, skills competition, and awards ceremony.

The undersigned football team and/or cheer squad acknowledges that the operational control and responsibility of AYF and AYC is limited in scope as outlined above and that such team or cheer squad will bear responsibility for the safety and well being of its

employees, volunteers, players, and spectators at all times.

## 2. 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.

## 3. 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, Inc. and American Youth Cheer dba; 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.

## 4. 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.
- 2) Completion by their insurance agent of the attached "AYF/AYC Insurance Checklist" document.

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.

5. Background Checks

Even though American Youth Football, Inc. and American Youth Cheer dba have no operational control or responsibility over the selection of football team and/or cheer squad volunteers or other risks arising from premises, activities, or actions as specified under section 1 of this agreement, it is required that football teams and/or cheer squads obtain a completed Volunteer Application and run an internet sexual offender registry check or criminal background check on all volunteers who will be traveling to the regional or national championships.

The undersigned signature attests to the fact that such Volunteer Application has been received by the football team and/or cheer squad and such checks have been run and that no volunteer has a record of sex crimes or other crimes that would be an indication that such volunteer is unfit.

Note: A sample "Volunteer Application" and sources for criminal background checks can be found on the AYF website under the Risk Management tab at [www.americanyouthfootball.com](http://www.americanyouthfootball.com).

6. 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](http://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.

7. 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.

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

Name of Football Team or Cheer Squad: \_\_\_\_\_

Name of Authorized Representative: \_\_\_\_\_

Title of Authorized Representative: \_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_



# 2008 AYF/AYC Insurance Coverage Checklist

## Minimum Standards

Please Check Appropriate Box

<u>General Liability - Continued</u>	<u>Meets Standards</u>	<u>Does Not Meet Standards</u>
*Coverage provided for all tackle football, flag football and cheer if played by the league	<input type="checkbox"/>	<input type="checkbox"/>
* Named Insureds: The sports organization (as an entity) and its directors, officers, employees, and volunteers.	<input type="checkbox"/>	<input type="checkbox"/>
*American Youth Football Inc., is named as "Additional Insured"	<input type="checkbox"/>	<input type="checkbox"/>
* 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.	<input type="checkbox"/>	<input type="checkbox"/>
* Financial Strength: AM Best's Rating of at Least A-, VII	<input type="checkbox"/>	<input type="checkbox"/>

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

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.



# 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 ½ 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	O/L	OFF	DEF	1	2	3	4	5	6	7	8	9	10	Reason Not Playing	
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FIELD MARSHAL CERTIFICATION  
 PRINT NAME: \_\_\_\_\_  COMPLETED,  NOT COMPLETED -FORFEIT  
 Reason Key : W. Over Weight, I. Sick/Injured, A. Absent / Dropped, D. Discipline, EJECTED

Conference:	
Association:	
Team Name:	
Team Colors:	



# American Youth Football

## Official Roster



Season:	
Age Division:	
Roster Type:	___ Large ___ Small
Competition Division:	___ Red ___ Blue

### TEAM STAFF INFORMATION

POSITION	CLINIC	BGC	NAME (LAST, FIRST, MI)	STREET ADDRESS	CITY	STATE	ZIP	TELEPHONE

### SC CONFERENCE EXECUTIVE STAFF – AUTHORIZED WITH UNLIMITED ACCESS

Commissioner	Vice Commissioner	Spirit Coordinator	Secretary	Treasurer	Scholastic Coordinator	Ast. FtBall Coordinator

### NON-PARTICIPANT REGISTRATION INFORMATION (Coach Trainee, Mascot, Demonstrator)

*	NAME (LAST, FIRST, MI)	T / D / M	Age - D/O/B	O/L	STREET ADDRESS	CITY	ST	ZIP	TELEPHONE	SCH FIT
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CERTIFICATION: All Adult Clinic 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**

OFFICIAL ROSTER: ~~RG 2~~ Association Name - \_\_\_\_\_ Division - \_\_\_\_\_ Check One:  Large  Small /  Red  Blue

PARTICIPANT REGISTRATION INFORMATION										
* D/A/C	NAME (LAST, FIRST, MI)	AGE - D/O/B	O/L		STREET ADDRESS	CITY	ST	ZIP	TELEPHONE	SCH FIT
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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 : \_\_\_\_\_

<b>OFFICIAL USE ONLY</b> <b>Roster Certification</b>
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Association Name - \_\_\_\_\_ Division - \_\_\_\_\_ Team Name - \_\_\_\_\_

PARTICIPANT REGISTRATION INFORMATION												
*	NAME (LAST, FIRST, MI)	JER	Grade	Age - D/O/B	O/L	WT.	STREET ADDRESS	CITY	ST	ZIP	TELEPHONE	SCH FIT
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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**



**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 or athletic activities. I am therefore clearing this individual for athletic participation.

<p>Signature: _____</p> <p>Date: ____ / ____ / ____</p>	<p align="center"><b>Please Print - or - Use Office Stamp Here:</b></p> <p>_____</p> <p align="center">Print Name Clearly:</p> <p>_____</p> <p align="center">Office Address:</p>
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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 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 RESUMING participating in youth flag football, tackle football, cheer , dance 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.



# AMERICAN YOUTH FOOTBALL

## Absentee Form



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

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

2) Football Class / Division: \_\_\_\_\_ [ ] National, [ ] United, [ ] All-American (Check One)  
ie: Jr. PeeWee, PeeWee, .

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

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

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

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

**7) Reason Unable to Participate (check one):**

- Medically Related      (Attach doctor's note)
- Scholastically Related    (Attach teacher's note)
- Family Obligation        (Please explain below)
- Other                        (Please explain below)
- Waivered Player          (Please Attach Waiver)

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

\_\_\_\_\_

\_\_\_\_\_

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

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

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

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

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

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

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

**IMPORTANT MESSAGE FOR THE COACH:**

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