

Participant Paperwork

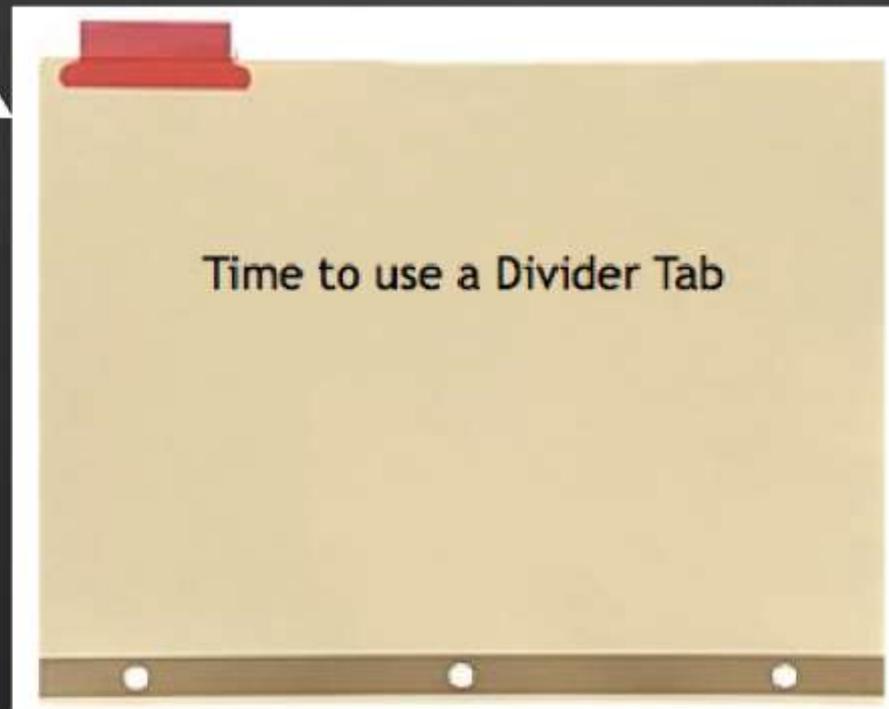
It's now time to put in the paperwork for your participants.

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

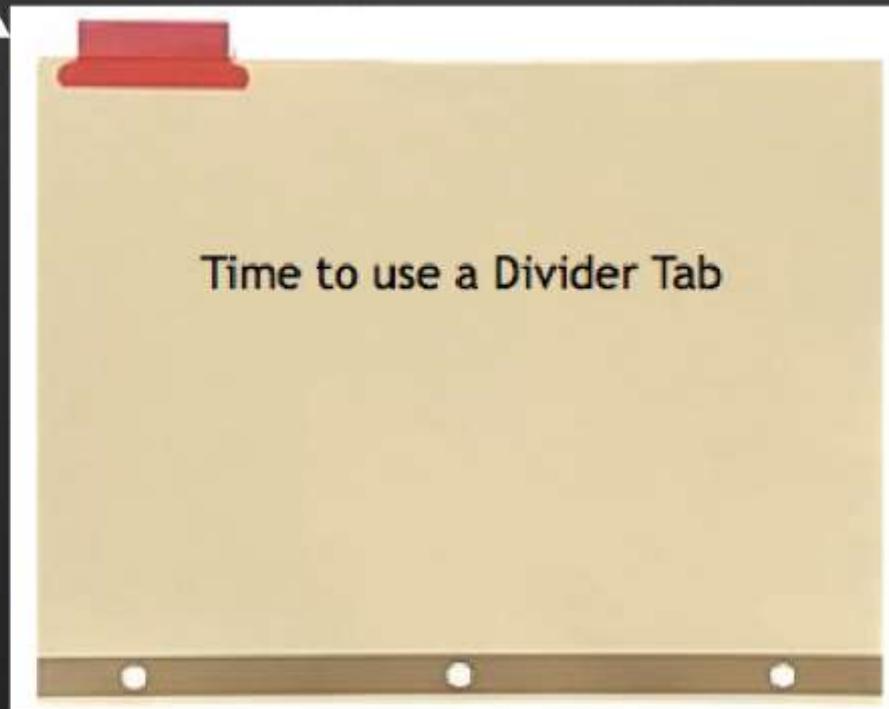
All the remaining participants will be behind the Players tab.

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

2. Older/Lighter



3. Players



The next section is for your players, and starts with the Participant, Tracking and ID Card.

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

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

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

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


AMERICAN YOUTH FOOTBALL
 Participation, Tracking and ID Card - National Division
 ASSOCIATION NAME - _____
 

ASSOCIATION	ASSOCIATION NAME			PLACE PHOTO / DMV / MILITARY ID CARD HERE				
	DIVISION OF PLAY / TEAM USE							
	PARTICIPANT NAME							
	JERSEY #	AGE (Y/M/D)	DXL WEIGHT					
	PARENT SIGNATURE / ADDRESS							
CITY / STATE / ZIP			CITY / STATE / ZIP			CITY / STATE / ZIP		
I, Hereby, With My Signature, Do Certify That The Information Below Has Been Collected And Verified By The Means As A Participant, As Instructed In The AYF National Rulebook And/Or Operation's Manual, Current Version.								
Continues Verification Signature/STAMP			OFFICIAL PLAYER CERTIFICATION LEAGUE USE ONLY			Association Verification Signature/STAMP		
DATE OF BIRTH	Age As Of Age at end of Year	OFFICIAL ID NUMBER	PARTICIPANT CONTRACT	MEDICAL CLEARANCE	WARRANT RELEASE	EMERGENCY MEDICAL CONTACT	REGISTRATION	
Month / Day / Year	Older/Lighter:							

REGULAR SEASON	JANUARY	GAME DATE	WEIGH MASTER	CODE	Week 11	GAME DATE	WEIGH MASTER	CODE	POST SEASON
	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: Weigh Master Will Enter Date, Verify The Identity, Weight, Of Each Participant, Initial Each Participant Card.
CODE = 0 = PLAYING / 1 = NOT PLAYING / 2 = OVERWEIGHT / 3 = INJURED / 4 = UNREGISTERED / 5 = OTHER
 ALL MUST BE CHECKED IN / VERIFIED PLAYING OR NOT - IF OVERWEIGHT ENTER THE WEIGHT 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		Home Phone
Date of Birth (MM/YY)		Age as of 10/1	Weight	Parent/Guardian First Name		Parent/Guardian Last Name	
Grade in Fall	School in Fall		School Phone	Home Street Address			
Medical Insurance (Circle One)		Name of Insurance Carrier			Policy #		
YES / NO							
Football	<input type="checkbox"/>	Cheer:	<input type="checkbox"/>	-CHECK ONE -		Registration Fee: \$	Check# Cash: <input type="checkbox"/>

GRAY AREA 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/ward's physician, and in my opinion, my child/ward is physically fit and can participate without limitation in any and all Local, Regional, National, League/Conference, Association and team/squad activities, including transportation to and from the activities by a licensed driver. Initial: _____

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

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

EQUIPMENT UNIFORM RESPONSIBILITY I assume full responsibility for any and all equipment/uniforms loaned to my child/ward and I agree to promptly return, upon request, the uniform and other equipment in as good condition as when received except for normal wear and tear. If I fail to adhere to this policy, I will be responsible for and promptly pay the replacement cost of such equipment. Initial: _____

CODE OF CONDUCT The Ideology Of Youth Sports Including This Program is To Promote Good Understanding And Fundamental Knowledge Of The Sport. It is Also Critical That Good Sportsmanship Including The Ability To Always Conduct Oneself In An Appropriate Manner Of Positive Accord Both On And Off The Field. It is Understood That Any Incident Considered 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, Sport 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 our Association should be reviewed by your local counsel for compliance with any state or local statutes. Page 1 of 2

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
- vi. DMV ID cards
- vii. Military ID cards
- viii. Passports, and/or any government issued photo id with birth date (not a copy of)

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

STATE OF CALIFORNIA
CERTIFICATE OF BIRTH RECORDS

CITY AND COUNTY OF
SAN FRANCISCO

California State Board of Health State Index No. 8490
WARD OF CIVIL MARSHING
STANDARD CERTIFICATE OF BIRTH Local Registration No. 8490

Place of Birth
City and County of
SAN FRANCISCO St. Francis Hospital

FULL NAME OF CHILD *Joseph Richard Waters*

SEX Male
DATE OF BIRTH December 22 1909

FATHER Joseph John Waters
MOTHER Carrie Margaret Sylvia

EDUCATION San Francisco
EDUCATION San Francisco

RACE White
RELIGION Roman Catholic

OCCUPATION Car Conductor
OCCUPATION Housewife

United Railroads
Yes

Signature of Attending Physician or Midwife
Wm. C. Hassler

Check number *Oct. 13, 1909*
Address *225 S. [unclear]*
WILLIAM C. HASSLER
DEC 26 1909

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. All information disclosed here will be treated as confidential. It will be the responsibility of the parent/legal guardian to notify the participants coach and league/event officials if any information needs to be added, deleted, changed, or updated in any way.

ATHLETE INFORMATION			
Athlete's Name:	First Name	Phone: ()	
Address:	City	State	Zip
PARENT OR GUARDIAN INFORMATION			
Father's Name:			
Address:	City	State	Zip
Home Phone: ()	Daytime Phone: ()	Email:	
Employer:			
Mother's Name:			
Address:	City	State	Zip
Home Phone: ()	Daytime Phone: ()	Email:	
Employer:			
Guardian's Name:			
Address:	City	State	Zip
Home 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 hereby grant permission for my childward to participate in any and all (Association name) and American Youth Football, Inc / American Youth Cheer dba, program(s) sanctioned event(s), be they official or un-official, including but not limited to, athletic, social and/or fundraising activities. I further hereby consent to any and all health care providers, authorize any first aid, emergency treatment, including but not limited to transportation to and from health care facilities and/or any medical professional to provide treatment, order injections, hospitalize, give anesthesia or perform surgery. I understand that this authorization is given prior to any need for medical care, but given to avoid unnecessary delay in emergency treatment which the attendant and/or medical professional may deem advisable in the exercise of best judgment. I presume a reasonable attempt was made to contact me.			
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 any way in American Youth Football, Inc.(AYF) or American Youth Cheer dba, Regional/National Championships, _____ my Local AYF Affiliation(s), athletic sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

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

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

Print Name of Parent/Guardian:

Parent/Guardian Signature: _____ Date Signed: _____

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

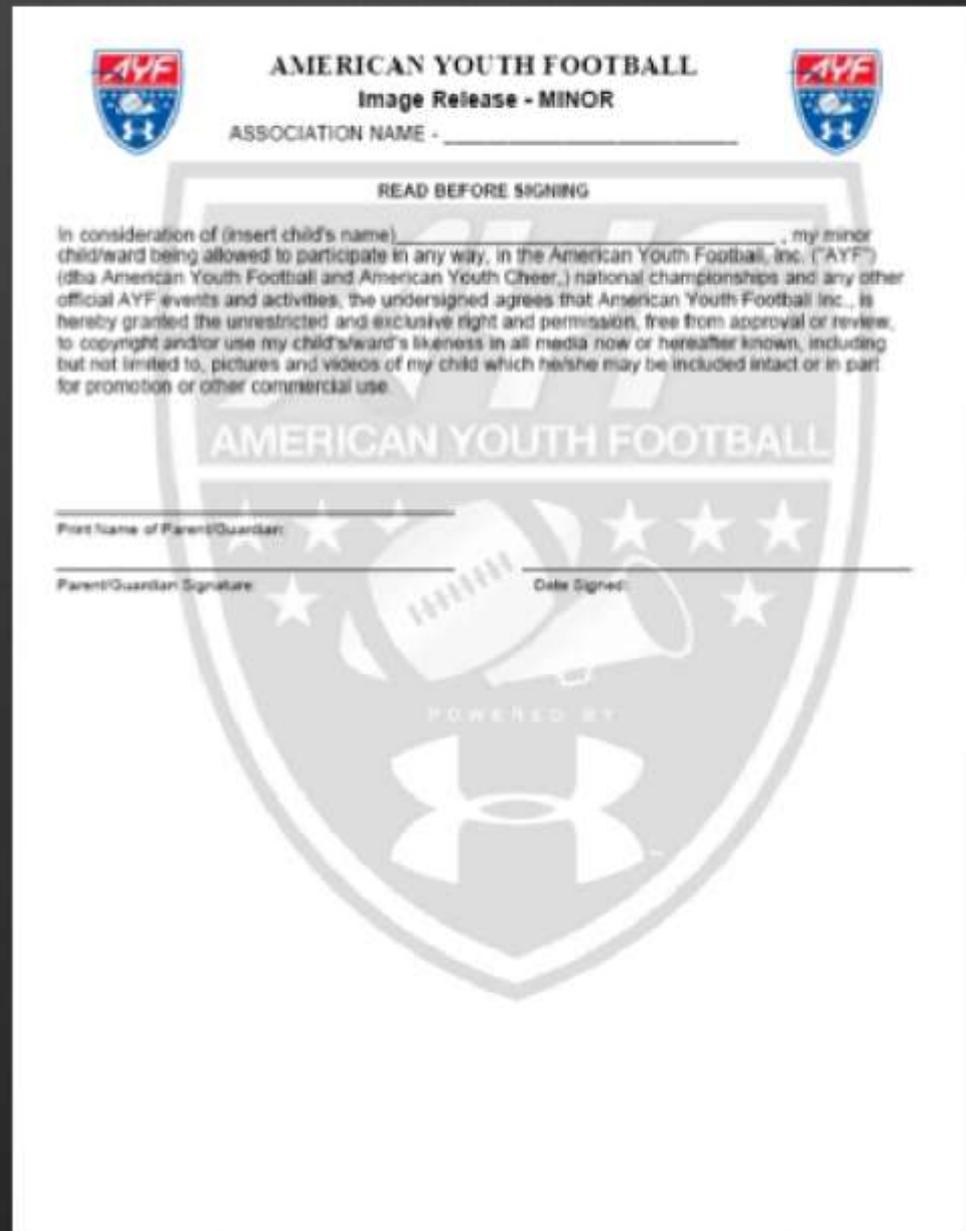
Print Participant's Name:

Participant's Signature: _____ Date Signed: _____

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

Image Release - Minor

Make sure this is fully completed.



The form is titled "AMERICAN YOUTH FOOTBALL Image Release - MINOR" and includes two small logos at the top corners. Below the title is a line for "ASSOCIATION NAME". A large watermark of the American Youth Football logo is centered on the page. The text "READ BEFORE SIGNING" is printed above the main body of text. The main text is a legal release statement. At the bottom, there are lines for "First Name of Parent/Guardian", "Parent/Guardian Signature", and "Date Signed". The logo at the bottom of the watermark includes the text "POWERED BY" and the Under Armour logo.

AMERICAN YOUTH FOOTBALL
Image Release - MINOR

ASSOCIATION NAME - _____

READ BEFORE SIGNING

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

First Name of Parent/Guardian: _____

Parent/Guardian Signature: _____ Date Signed: _____

POWERED BY



AYF Code of Conduct Form

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

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

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

2011 - AYF Code of Conduct Form

(PARENT) 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%.

FAN'S CODE OF CONDUCT

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

Fans shall:

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

VIOLATION

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

1. Any fan who violates the code of conduct or becomes a nuisance will be asked to leave by the head coach and can be suspended from all team activities.
2. If the fan fails to leave upon request, the child may be suspended from further participation in team activities by the head coach.
3. The head coach along with the executive board will decide if the duration of the suspension is to be longer than one to four weeks or if the child will be dropped from the program. That decision will depend on the attitude of the parents.
4. Any parent or fan who violates the code of conduct risks the future participation of further 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 plays in each quarter, 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 ideas 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 (supervisory) authority for my team. Discourage fans, fellow players and parents from undercutting my coach's authority.

I will not: Use profanity or "sick talk" before, during or after any game. Use drugs, alcohol, or tobacco. Criticize my teammates. Act in any way that may insult spectators.

Parent's Code

I will: Support my child's team/league and teach the value of commitment to the team/squad - emphasize the ideas of sportsmanship, ethical conduct and fair play. Help my child and American Youth Football make athletic contests a positive, educational experience. Show courtesy to opponents and officials. Direct constructive criticism of my child's athletic program to the athletic director or association officials and work toward a positive result for all concerned.

I will not: Criticize officials, direct abuse or profane language toward them, or otherwise subvert their authority. Undermine, in word or deed, the authority of the coach or administration. Intrude onto the field, stand on the sidelines, 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

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.

