



AMERICAN YOUTH FOOTBALL

Participation, Tracking and ID Card - All-American Division

ASSOCIATION NAME - PPYFC



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PPYFC		
ASSOCIATION NAME		
DIVISION OF PLAY - TEAM NAME		
PARTICIPANT NAME		
JERSEY #	Grade	AGE (7/31)
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 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
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	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			

Week 11
Week 12
Week 13
Week 14
Week 15
Week 16
Week 17
Week 18
Week 19
Week 20
Week 21

GAME DATE	PLAYER CHECK	CODE

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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	
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input style="width: 50%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Street Address		City / Town		State	Zip Code	Home Phone
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 100%;" type="text"/>
Date Of Birth (M/D/YR)		Age as of 7/31		Parent/Guardian First Name		Parent/Guardian Last Name
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
Grade in Fall	School in Fall		School Phone		Home Email Address	
<input style="width: 50%;" type="text"/>	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
Medical Insurance (circle one)		Name Of Insurance Carrier			Policy #	
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>	
Football: <input type="checkbox"/>		Cheer: <input type="checkbox"/>		--CHECK ONE --		
Registration Fee: \$				Check#		Cash: <input style="width: 100%;" type="text"/>

GRAY AREAS FOR OFFICIAL USE ONLY!!

Association: _____	Division: _____	Team: _____
Jersey Number Assigned: _____		Equipment / Uniform Issued <input type="checkbox"/> Returned <input type="checkbox"/>

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

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: _____
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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.