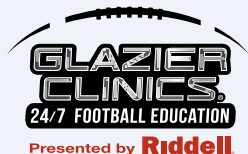


# OFFICIAL **Riddell**® YOUTH SCHOLARSHIP CERTIFICATE



Entitle Youth Coaches to FREE Admission  
at the Glazier Clinics

Youth Coach - Please fill out the information below

Name (First, Middle Initial, Last): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Youth Football Organization Name: \_\_\_\_\_

Youth Football Organization City: \_\_\_\_\_

Youth Football Organization Phone Number: \_\_\_\_\_

The Glazier Clinics and Riddell®, Inc., strongly believe that youth football and its volunteer coaches are the foundation of football. Free admission to the Glazier Clinics is offered to each volunteer youth football coach (as a guest of Riddell®) who initials each statement below and signs this affidavit. This signed affidavit must be submitted to onsite registration to receive an attendee badge under the Riddell® Youth Scholarship Program.

- ☐ I understand that the Riddell® Youth Scholarship fund is only available to coaches who do not coach at a school.
- ☐ I understand that High School and Junior High volunteer coaches are not eligible under the rules of this scholarship program.
- ☐ I understand that if I coach at a qualified youth program and also coach at a school program, I am not eligible.
- ☐ I agree that Glazier Clinics will be damaged if I use a youth scholarship under false pretenses.
- ☐ I agree to pay \$500 plus legal/recovery costs if I use this scholarship under false pretenses.
- ☐ I understand that if I enroll in this scholarship program under false pretenses, an ethics complaint will be filed with my school.
- ☐ I confirm that I do not have an affiliation with any high school or college program.

Photo identification required. Must be signed in the presence of clinic personnel.

- ☐ I agree that to misrepresent my coaching activities will damage the Glazier Clinics and Riddell®, Inc., as well as endanger the future of the Youth Football Scholarship Program.

**Please make copies  
as needed for all  
youth coaches.**

Signature: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ Date: \_\_\_\_\_

Riddell® Rep Name: \_\_\_\_\_ Signature: \_\_\_\_\_

For more information, visit [glazierclinics.com](http://glazierclinics.com).