



# 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  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:** \_\_\_\_\_