



TYFC Player Information Required for 2015 Team Books



- Five pieces of documentation and a photo of the player in his/her jersey with the number clearly visible are required for all 2015 athletes.
- These documents can be organized in team books in whatever way your organization chooses (dividers, page protectors, etc.).
- For BOOK VALIDATION, please **do not** have documents in sleeves or page protectors. Keep player documents grouped together (temporary dividers work well), but outside of sleeves/page protectors to facilitate stamping.
- Player documents should be placed **BEHIND** Coach documents/certificates.
- Contact Darya Donnelly with questions or for assistance training team moms (daryadonnelly@gmail.com or (845-206-1803).

Documents should be in the following order:

1. Participant Tracking & ID All-American (with player photo in jersey with number)

Parents and players MUST sign and initial the 2nd page.
*****NO PLAYERS WILL BE VALIDATED WITH MISSING SIGNATURES OR INITIALS!*****

AMERICAN YOUTH FOOTBALL
Participation, Tracking and ID Card - All-American Division

ASSOCIATION NAME - _____

ASSOCIATION NAME DIVISION OF PLAY / TEAM NAME PARTICIPANT NAME JERSEY # Grade AGE (7/31) PARTICIPANT PHOTO/ID CARD NAME YOUR PHONE HOME PHONE CELL PHONE	PLACE PHOTO / DMV / MILITARY ID CARD HERE
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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'S TAMP		OFFICIAL PLAYER CERTIFICATION LEAGUE USE ONLY				ASSOCIATION VERIFICATION SIGNATURE'S TAMP	
DATE OF BIRTH	AGE AS OF 7/31	GRADE / AGE CERTIFICATION	PARTICIPANT CONTRACT	MEDICAL CLEARANCE	WARRANTY RELEASE	EMERGENCY MEDICAL COMMENT	SCHOLASTIC
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							

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
STREET ADDRESS	CITY / TOWN	STATE	ZIP CODE
HOME PHONE	DATE OF BIRTH (M/D/YR)	AGE AS OF 7/31	PARENT/GUARDIAN FIRST NAME
PARENT/GUARDIAN LAST NAME	GRADE IN FALL	SCHOOL IN FALL	SCHOOL PHONE
HOME EMAIL ADDRESS	MEDICAL INSURANCE (circle one)	NAME OF INSURANCE CARRIER	POLICY #
YES / NO	FOOTBALL	CHEER	-CHECK ONE-
REGISTRATION FEE: \$	CHECK# CASH:		

GRAY AREAS 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, 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: 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) 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, 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 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 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, Sprint Participants, Parents And Guardians.

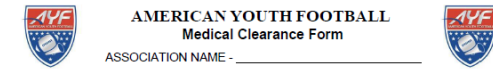
Parent/Guardian Initial: _____ Player Initial: _____
 PRINT Parents/Guardian Name: _____ Parents/Guardian Signature: _____ Date Signed: _____

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.

2. Medical Clearance Form

MUST be SIGNED and STAMPED by Physician.

*****NO Medical Clearance Forms will be accepted WITHOUT a STAMP!!*****



Medical Clearance Form - Must be dated after January 1st of the Current Season

I, as evidenced by my name and signature below, do certify that I am a State Licensed Medical Examiner in the state of _____ and am qualified in determining that:

(Child's Name) _____ is physically fit and I have found no medical or observable conditions which would contra-indicate his/her from participating in youth flag football, tackle football, cheer, dance, step or athletic activities.

I am therefore clearing this individual for athletic participation.

Use Office Stamp Here:

Signature: _____ Date: / / (Must be dated after January 1st, of the Current Season)	Print Name Clearly: _____ Office Address: _____
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PLEASE NOTE: If this 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 State Licensed Medical Examiner to resume participation. A "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 participating in youth flag football, tackle football, cheer, dance, step 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.

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.

3. Emergency Medical Treatment, Consent and Information Form

MUST be completed in its entirety.

*****NO players will be validated WITHOUT completed insurance information!!*****

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

ATHLETE INFORMATION			
Athlete's Name:	Nick Name:	Phone: ()	
Address:	City:	State:	Zip:
PARENT OR GUARDIAN INFORMATION			
Father's Name:			
Address:	City:	State:	Zip:
Hm Phone: ()	Daytime Phone: ()	Email:	
Employer:			
Mother's Name:			
Address:	City:	State:	Zip:
Hm Phone: ()	Daytime Phone: ()	Email:	
Employer:			
Guardian's Name:			
Address:	City:	State:	Zip:
Hm Phone: ()	Daytime Phone: ()	Email:	
Employer:			
FAMILY MEDICAL INSURANCE			
Carrier:	Group:		
Policy #:	Group #:		
Policy Holder Name:			
Family Physician's Name:			
D'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 filed in then, "none" will be assumed.			
Allergies:			
Medical Conditions:			
Other:			

"I, as evidenced below hereby grant permission for my child/ward to participate in any and all _____ (Association name) and American Youth Football, Inc. program(s) event(s), including but not limited to, athletic, social and/or fundraising activities. I further consent to the administration of any and all medical treatment necessary to stabilize and or treat any medical condition or medical emergency to which my child/ward is afflicted. I understand that this authorization is given prior to the need for medical care, but given in advance to avoid any unnecessary delay in emergency treatment which the attendant and/or medical professional may deem advisable in the exercise of their best judgment.

*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.

4. Birth Certificate

A copy of each athlete's Birth Certificate must be presented for validation. Please verify at the local level that copies are acceptable and Social Security Numbers are blacked out. Please confirm that players are assigned to the correct teams and that they fall within the following AYF All-American Division age schematic:

ALL-AMERICAN DIVISION		
Age Protected/Unlimited Weight		
Team Division	Protected Age Explanation	Weight
*INSTRUCTIONAL DIVISIONS		
7U	Cannot turn 8 on or before 8/1/15	UNLIMITED
8U	Cannot turn 9 on or before 8/1/15	UNLIMITED
9U	Cannot turn 10 on or before 8/1/15	UNLIMITED
*COMPETITIVE DIVISIONS		
10U	Cannot turn 11 on or before 8/1/15	UNLIMITED
11U	Cannot turn 12 on or before 8/1/15	UNLIMITED
12U	Cannot turn 13 on or before 8/1/15	UNLIMITED
13U	Cannot turn 14 on or before 8/1/15	UNLIMITED
14U	Cannot turn 15 on or before 8/1/15	UNLIMITED
15U	Cannot turn 16 on or before 8/1/15	UNLIMITED
TEAM DIVISIONS CAN BE COMBINED		
<i>Age divisions provide young athletes the opportunity to compete with other athletes based on birth date. NO 10th Graders are Permitted to Participate</i>		

5. Most Recent Report Card (2014-2015 4th Quarter or Final Report Card)

Out-of-District players must be pre-approved or grandfathered prior to 2014.
******NO unapproved out-of-district players will be validated WITHOUT TYFC Board approval!!******

- All participants must have an AVERAGE of 65 or higher to meet AYF scholastic requirements.
- Athletes who do not have an overall average of 65 must provide a letter from a parent/guardian/school administrator explaining the student's satisfactory progress.
- Organizations will verify all athletes meet the scholastic requirements by completing the Scholastic Eligibility Affidavit.