



AMERICAN YOUTH FOOTBALL Association/Conference Forms



REQUIRED FOR REGIONAL AND NATIONAL PARTICIPATION

Association/Conference forms must be presented with the Team Books for compliance verification prior to participation in any American Youth Football, American Youth Cheer: Regional and or National sanctioned event.

All Association/Conferences forms must complete the following paperwork in order to be allowed to participate in any American Youth Football and or American Youth Cheer: Regional and or National sanctioned event.

Background Check & Coaches Training Affidavit

Scholastic Eligibility and Confidentiality Affidavit

Proof of Insurance and Risk Management Agreement

AYF / AYC Insurance Checklist (not required if you have Sadler Insurance)

Mandatory Play Roster Form - 5 copies

Team Roster (any similar document you may be using is fine)

Any rostered participant not able to travel with their team must complete the Absentee Form. This form must be placed in the team book along with the rostered participants paperwork.

Absentee Form

AMERICAN YOUTH FOOTBALL Background Check, Safe Sport Act & Coaches Training Affidavit

CONFERENCE / ASSOCIATION

I, the undersigned, being an authorized legal representative of the Association named below, do hereby affirm that our Association has established and adopted policies for the screening, and exclusion as necessary, of any and all volunteers, coaches, administrators and or others whose duties may include the supervision and or interaction with minors and that each said person has completed and submitted to the Association an application which includes any and all relevant identifying information and government issued identification reasonably required to conduct a proper investigation into the volunteer's character and criminal record, if any; and that the Association has in fact conducted such an inquiry, in accordance with said polices and has made the necessary exclusions, if any. The Association acknowledges and affirms that, at a minimum, the background check meets the recommended minimum standards as set forth in the American Youth Football ("AYF") Membership Terms of Service, its Operation Manuals and or Rule Books, as amended; and that each and every volunteer, coach, administrator and or other person whose duties may include the supervision and or interaction with minors in connection with our Association's activities has been successfully screened and has passed the background check evaluation process established by our Association.

Moreover, on behalf of our association, I hereby affirm that our association is in compliance with the federal SafeSport Act of 2017 and its requirements, prior to allowing adult interactions with minors and the provisions therein, including but not limited to, the duty to report child abuse, written policies limiting one on one interactions with minors, training for adults and minors, and the prohibition of retaliation against those making reports.

Moreover, on behalf of our association, I affirm that each football coach; has successfully completed a course, online or otherwise, that provides basic and current coaching techniques and safety practices and standards, which is at least equivalent in content to the AYF Recommended Program.

THE ASSOCIATION ACKNOWLEDGES THAT AMERICAN YOUTH FOOTBALL, IS NOT REQUIRED TO INDEPENDENTLY CONDUCT BACKGROUND SCREENING OF PERSONS ASSOCIATED WITH THE ASSOCIATION OR COMPLIANCE WITH THE FEDERAL SAFE SPORT ACT AND THAT AYF IS ENTITLED TO RELY ON THE STATEMENTS AND AFFIRMATIONS AS SET FORTH HEREIN. THE ASSOCIATION HEREBY INDEMNIFIES AYF AGAINST ANY MISREPRESENTATION, INTENTIONAL OR OTHERWISE AND ANY CLAIMS AGAINST AYF IN CONNECTION WITH THE ASSOCIATION'S FAILURE TO PROPERLY ADOPT AND EXECUTE PROPER AND ACCEPTABLE BACKGROUND SCREENING AND EXCLUSIONS POLICIES AND COMPLIANCE WITH THE FEDERAL SAFE SPORT ACT. THE ASSOCIATION FURTHER INDMNIFIES AND HOLDS HARMLESS AYF AGAINST ANY DAMAGES IN CONNECTION WITH: A FAILURE BY THE ASSOCIATION TO ENSURE THAT ITS COACHES HAVE COMPLETED A COURSE WHICH PROVIDES COACHING TECHNIQUES AND SAFETY PRACTICES AND STANDARDS AND OR THE CONTENTS OF SUCH A COURSE AND THE INTERPRETATION APPLICATION AND IMPLEMENTATION OF SAID CONTENTS BY THE COACHES INTO USE IN CONNECTION WITH ANY WARM-UPS, PRACTICES OR GAMES.

Program Type: Flag, Football, Cheer, Dance, Step, (Check One)

Team Level / Division:
ie: Jr. PeeWee, PeeWee, 10U, ...

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:** _____



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 (AYF) National Rulebook, current edition and that I have verified that every participant on the Roster for the team level listed below, is scholastically eligible to participate, either by reviewing a participant supplied report card or through school and parent/guardian cooperation.

I understand that falsification of the above statement and/or failure to comply with these requirements may result in forfeiture of games won during the season as well as at regional and or national competitions, moreover falsification of scholastic eligibility may result in the suspension and/or revocation of the Association charter and/or my dismissal from the organization.

All information collected pursuant to this requirement shall not be shared with any third parties and shall be maintained in confidence and subject to the same document collection and storage procedures as the Association maintains for information deemed confidential.

Program Type: Flag, Football, Cheer, Dance, Step (Check One)

Team Level / Division: _____
ie: Jr. PeeWee, PeeWee, 10U, ...

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:** _____



American Youth Football Proof of Insurance / Risk Management Agreement



American Youth Football / American Youth Cheer dba Regional / National Championships

(To Be Signed By Head Coach Or Other Authorized Rep. Of Football Team or Cheer Squad)

In consideration for being allowed to participate in the American Youth Football, Inc. or American Youth Cheer Regional or National Championships, the undersigned football team and/or cheer squad agrees to comply with the following insurance and risk management requirements.

Any football team and/or cheer squad that is not in compliance will not be allowed to participate:

Participant Waiver/Release

In consideration of being allowed to participate, the undersigned football team and/or cheer squad agrees that all participants, including players, coaches, managers, and other volunteers will sign the attached Waiver/Release Agreement and will provide an original of such at the time of the credentials meeting.

Please note that for all minor participants, a signature must be provided by both the participant and a parent/legal guardian.

Indemnification/Hold Harmless

In consideration of being allowed to participate, the undersigned football team and/or cheer squad agrees to hold harmless and indemnify American Youth Football, the tournament host; the facility owner; and their respective directors, officers, employees, and volunteers against any and all liability, including reasonable attorneys fees, for bodily injury and property damage arising out of the sole or joint liability of the football team and/or cheer squad or any of its directors, officers, employees, or volunteers.

Insurance Requirements

All football teams and/or cheer squads participating in the AYF or AYC regional or national championships must provide a "certificate of insurance" evidencing that the following insurance coverages are in force for the duration of the championships with insurance carriers that are rated at least "A-" with A.M. Best's:

- a) Excess Accident: Each football team or cheer squad must be covered by an Excess Accident policy with a Medical Limit of at least \$100,000 covering all players and staff members. It is not acceptable for each parent to provide individual evidence of health insurance for his or her child; and
- b) General Liability: Each football team or cheer squad must be covered by a General Liability policy with an "each occurrence" limit of at least \$1,000,000 combined single limits for "bodily injury" and "property damage". Such policy must not contain any of the following

unfavorable provisions: a) "Claims Made" coverage form b) Exclusion for injury to "athletic Participants" c) Exclusion for "Competitive Cheer Stunts" d) Exclusion or reduced limit for "Sexual Abuse or Molestation". Furthermore, such General Liability policy must name American Youth Football, Inc. as "Additional Insured".

Teams or cheer squads that do not purchase their Accident And General Liability insurance through the endorsed AYF/AYC insurance program must provide the following documentation of compliance:

- 1) A certificate of insurance evidencing Accident And General Liability per the minimum requirements outlined above.

Completion by their insurance agent of the attached "AYF/AYC Insurance Checklist Note: The above requirements are automatically satisfied without any additional action being taken if the league purchases its Accident and General Liability coverages through the AYF/AYC endorsed insurance plan.

Background Checks, Safe Sport Act & Coaches Training: Refer to Background Check, Safe Sport Act & Coaches Training Affidavit

15 Passenger Vans

The use of 15 passenger vans is prohibited at the AYF and AYC regional or national championships.

The National Highway Safety Transportation Board has issued numerous warnings over the past several years citing studies that indicate that 15 passenger vans have an unacceptable rollover rate when loaded to near capacity. More information on this topic can be found by clicking the Risk Management link at www.sadlersports.com/ayf.

The undersigned signature attests to the fact that the football team and/or cheer squad will not transport players in 15 passenger vans either on trips to, from, or during the regional or national championships.

Attestation And Signature

The undersigned authorized representative on behalf of the football team or cheer squad attests that requirements one through six above have been acknowledged and will be complied with prior to the credentials meeting at the regional or national championships location.

Date: _____

Name of Football Team or Cheer Squad: _____

Name of Authorized Representative: _____

Title of Authorized Representative: _____

Signature of Authorized Representative: _____



AYF/AYC Insurance Coverage Checklist

Verification of Minimum Insurance Standards



Complete When Insurance Is Not Purchased Through Endorsed
AYF/AYC Insurance Plan

The officially endorsed insurance plan for AYF/AYC meets all of the critical minimum standards that are indicated below for the protection of your youth, administrators, and volunteers. Before buying your insurance from another source, you should submit this checklist to your agent to verify 100% compliance with these critical minimum standards. This checklist is two (2) pages.

TO BE COMPLETED BY INSURANCE AGENT

The sports organization below is requesting analysis of the sports insurance policies that are provided through your insurance agency. Please complete this form, sign, and return to the sports organization indicated below.

Name of Sports Organization:

Name of Insurance Agency:

Name of Insurance Agent Completing This Form:

Phone Number of Insurance Agent: () -

Date This Form Completed:

Signature of Insurance Agent Verifying Coverage:

Minimum Standards

Please Check Appropriate Box

<u>Accident Insurance</u>	<u>Meets Standards</u>	<u>Does Not Meet Standards</u>
* Medical Limit: \$100,000	!	!
* Accidental Death and Specific Loss Limit: \$10,000	!	!
* No Internal Payout Limitations on categories such as Surgeon's fees, daily hospital room and board, doctor's visits, physical therapy, etc	!	!
* Deductible: Not more than \$250 per claim	!	!
* Covered Persons: All football players and cheerleaders, coaches, managers, officials, employees, volunteers, staff members, and team workers.	!	!
* Covered Activities: All scheduled, approved, and adult supervised team or league activities including but not limited to tryouts, practice, play, tournaments, clinics, fundraisers, award banquets, team outings, and parades <u>including direct travel to and from the place of such covered activity.</u>	!	!
* Payout Period: At least 104 weeks	!	!
* Coverage applies to all tackle football and cheer if played by sports organization	!	!
* Financial Strength: AM Best's Rating of at Least A-, VII	!	!

<u>General Liability</u>	<u>Meets Standards</u>	<u>Does Not Meet Standards</u>
* Each Occurrence Limit: \$1,000,000	!	!
* General Aggregate Limit: \$2,000,000 or NONE	!	!
* Products/Completed Operations Aggregate Limit: \$1,000,000	!	!
* Personal/Advertising Injury Limit: \$1,000,000	!	!
* Fire Damage Liability Limit: \$100,000 (AKA Damage to Premises Rented To You.)	!	!
* Non Owned Hired Auto Liability Limit \$1,000,000	!	!
* Sexual Abuse & Molestation Per Claim Limit: \$1,000,000	!	!
* Volunteer vs. Volunteer Exclusion Has Been Deleted Or Modified	!	!

Minimum Standards

Please Check Appropriate Box

General Liability - Continued	Meets Standards	Does Not Meet Standards
*Coverage provided for all tackle football, flag football and cheer if played by the league	!	!
* Named Insureds: The sports organization (as an entity) and its directors, officers, employees, and volunteers.	!	!
*American Youth Football Inc., is named as "Additional Insured"	!	!
* Covered Activities: All league sanctioned and adult supervised activities. These activities include, but are not limited to tryouts, practice, games, tournaments, non-sports outings and fundraisers.	!	!
* Financial Strength: AM Best's Rating of at Least A-, VII	!	!

General Liability EXCLUSIONS AND LIMITATIONS TO AVOID (These should not appear on policy)	Meets Standards	Does Not Meet Standards
* Claims Made Coverage Form	!	!
* Athletic Participant Exclusion	!	!
* Competitive Cheer, Stunt, or Pyramiding Exclusion	!	!
* Participant vs. Participant Exclusion	!	!
* Punitive Damages Exclusion	!	!
* Assault and Battery Exclusion	!	!
*Sexual Abuse/Molestation Exclusion	!	!
*Contractual Liability Limitation Endorsement	!	!
*Personal and Advertising Injury Exclusion For Broadcasting of Films or Streaming Video	!	!
*Waiver/Release Requirement	!	!

DISCLAIMER: THIS VERIFICATION CHECKLIST IS NOT AN ALL ENCOMPASSING RECOMMENDATION OF ALL OF THE TYPES OF POLICIES THAT SHOULD BE CARRIED OR ALL OF THE CRITICAL COVERAGES THAT SHOULD BE INCLUDED WITHIN EACH POLICY. THIS VERIFICATION DOCUMENT SHOULD IN NO WAY BE CONSIDERED AS LEGAL, INSURANCE, OR RISK MANAGEMENT ADVICE. A COMPETENT ATTORNEY AND INSURANCE AGENT SHOULD BE CONSULTED.



AMERICAN YOUTH FOOTBALL

MANDATORY PLAY FORM

MANDATORY PLAY REQUIREMENTS

Eligible Players Are Those Who Are Eligible After The Weigh-In. Weigh-Ins To Be Held 1 Hour Before Start Of The Game, Or Half Time Of The Proceeding Game. Total Player Count = Total Eligible Players. All Eligible Players Must Receive Their Mandatory Plays By The End Of The 3rd Quarter Or They Must Enter The Game At The Start Of The 4th Quarter, And Remain In The Game Until They Have Received Their Required # Of Plays.

31 - 36 PLAYERS = 4 PLAYS, 26 - 30 PLAYERS = 6 PLAYS, 16 - 25 PLAYERS = 8 PLAYS

DATE OF GAME: _____ OPPONENTS NAME: _____

ASSOCIATION NAME: _____

TEAM NAME: _____

DIVISION OF PLAY: National, United, All-American (X One)

AGE/WEIGHT PLAY: _____ DI / DII (X One)

FINAL SCORE:

Score: _____

OPPONENTS Score: _____

LIST PLAYER'S NUMERICALLY			STARTERS			ACTIVE PLAYS PLAYED										USE CODES
Jer.#	Player's Name	O/L	OFF	DEF	1	2	3	4	5	6	7	8	9	10	Reason Not Playing	
1																
2																
3																
4																
5																
6																
7																
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FIELD MARSHAL CERTIFICATION
 PRINT NAME: _____ [] COMPLETED, [] NOT COMPLETED -FORFEIT
 Reason Key : W. Over Weight, I. Sick/Injured, A. Absent / Dropped, D. Discipline, EJECTED

Conference: _____
 Association: _____
 Team Name: _____
 Team Colors: _____



American Youth Football Official Roster



Season _____
 : Roster _____
 Type: Age _____
 Division: _____
 Competition Division: **Div. I** **Div. II**

TEAM STAFF INFORMATION								
POSITION	CLINIC	BGC	NAME (LAST, FIRST, MI)	STREET ADDRESS	CITY	STATE	ZIP	TELEPHONE

SC CONFERENCE EXECUTIVE STAFF AUTHORIZED WITH UNLIMITED ACCESS						
Commissioner	Vice Commissioner	Spirit Coordinator	Secretary	Treasurer	Scholastic Coordinator	Ast. FtBall Coordinator

NON-PARTICIPANT REGISTRATION INFORMATION (Coach Trainee, Mascot, Demonstrator)										
*	NAME (LAST, FIRST, MI)	Trainee	Age - D/O/B	O/L	STREET ADDRESS	CITY	ST	ZIP	TELEPHONE	SCH FIT
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2										
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15										

CERTIFICATION: All Adult Clinic And Required Background Checks Have Been Completed And Verified.
 CERTIFICATION: All Participant Information Herein Has Been Personally Checked And Is True To The Best Of Our Information And Belief.

CONFERENCE USE ONLY Roster Certification

SIGNATURE OF CONFERENCE OFFICIAL : _____ DATE : _____

SIGNATURE OF ASSOCIATION OFFICIAL : _____ DATE : _____

Association Name - _____ Division - _____ Team Name - _____

PARTICIPANT REGISTRATION INFORMATION

* 1	NAME (LAST, FIRST, MI)	JER	Grade	Age - D/O/B	O/L	WT.	STREET ADDRESS	CITY	ST	ZIP	TELEPHONE	SCH FIT
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36												

CERTIFICATION: All Participant Information Herein Has Been Personally Checked And Is True To The Best Of Our Information And Belief.

SIGNATURE OF CONFERENCE OFFICIAL : _____ DATE : _____

SIGNATURE OF ASSOCIATION OFFICIAL : _____ DATE : _____

OFFICIAL USE ONLY
Roster Certification

Conference: _____
 Association: _____
 Team Name: _____
 Team Colors: _____



American Youth Cheer Official Roster



Season: _____
 Age Division: _____
 Roster Type: Large Small
 Competition Division: Red Blue

TEAM STAFF INFORMATION

POSITION	CLINIC	BGC	NAME (LAST, FIRST, MI)	STREET ADDRESS	CITY	STATE	ZIP	TELEPHONE

SC CONFERENCE EXECUTIVE STAFF AUTHORIZED WITH UNLIMITED ACCESS

Commissioner	Vice Commissioner	Spirit Coordinator	Secretary	Treasurer	Scholastic Coordinator	Ast. FtBall Coordinator

NON-PARTICIPANT REGISTRATION INFORMATION (Coach Trainee, Mascot, Demonstrator)

*	NAME (LAST, FIRST, MI)	T / D / M	Age - D/O/B	O/L	STREET ADDRESS	CITY	ST	ZIP	TELEPHONE	SCH FIT
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CERTIFICATION: All Adult Clinic And Required Background Checks Have Been Completed And Verified.
 CERTIFICATION: All Participant Information Herein Has Been Personally Checked And Is True To The Best Of Our Information And Belief.

CONFERENCE USE ONLY
Roster Certification

SIGNATURE OF CONFERENCE OFFICIAL : _____ DATE : _____

SIGNATURE OF ASSOCIATION OFFICIAL : _____ DATE : _____

Association Name - _____ Division - _____ Check One: Large Small / Red Blue

PARTICIPANT REGISTRATION INFORMATION

* D/A/C	NAME (LAST, FIRST, MI)	AGE - D/O/B	O/L		STREET ADDRESS	CITY	ST	ZIP	TELEPHONE	SCH FIT
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CERTIFICATION: All Participant Information Herein Has Been Personally Checked And Is True To The Best Of Our Information And Belief.

SIGNATURE OF CONFERENCE OFFICIAL : _____ DATE : _____

SIGNATURE OF ASSOCIATION OFFICIAL : _____ DATE : _____

OFFICIAL USE ONLY
Roster Certification



AMERICAN YOUTH FOOTBALL

Absentee Form



ASSOCIATION NAME - _____

1) **Name of Child:** _____

2) **Football Class / Division:** _____ National, All-American (Check One)

ie: Jr. PeeWee, PeeWee, ..

3) **Spirit Class / Division:** _____ Blue Level, Red Level (Check One)

ie: 10 Under, 11 Under, ... Small (5-17), Large (18-36) (Check One)

4) **Program Type:** _____

ie: Football, Cheer, Dance, Step ...

5) **Team Name:** _____

6) **Event Affected:** Local Event State Event Regional Event National Event Other
(Check all that apply)

7) **Reason Unable to Participate (check one):**

- Medically Related (Attach doctor's note)
- Scholastically Related (Attach teacher's note)
- Family Obligation (Please explain below)
- Other (Please explain below)
- Waivered Player (Please Attach Waiver)

8) **Explanation:** _____

9) **By our signatures below, we attest that the information provided herein is true to the best of our belief.**

Parent/Guardian: _____

Date: _____

Head Coach: _____

Date: _____

Association Official: _____

Date: _____

IMPORTANT MESSAGE FOR THE COACH:

All rostered Participants must be accounted for. This form is to be used for participants that, for whatever reason, will not participate with their team at the Regional or National event. This form (and any attachments) must be in your Participant / Roster book at the competition check-in/event site. If Participants are found to have been told to stay home, bullied, or in any other way discouraged from joining the team in an effort to build a stronger team the Head Coach and the Association will be subject to suspension and a forfeit of any game played at a Region or National event.