AMERICAN YOUTH FOOTBALL

Participation, Tracking and ID Card - All-American Division

ASSOCIATION NAME - _____

ASSOCIATION

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 Manuel, 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 / CONsSENT	SCHOLASTICS

REGULAR SEASON

	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			

POST SEASON

	GAME DATE	PLAYER CHECK	CODE
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"

**** LEAGUE USE ONLY **** – ***DO NOT WRITE BELOW THIS LINE***

STATE NAME: _____ **STATE ID #:**