



AMERICAN YOUTH FOOTBALL

Official Participation Tracking and ID Card



ASSOCIATION NAME - _____

ASSOCIATION	ASSOCIATION NAME	PLACE PHOTO / DMV / MILITARY ID CARD HERE						
	DIVISION OF PLAY - TEAM NAME							
	PARTICIPANT NAME							
	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 33%; text-align: center;">_____</td> <td style="border: none; width: 33%; text-align: center;">_____</td> <td style="border: none; width: 33%; text-align: center;">_____</td> </tr> <tr> <td style="border: none; text-align: center; font-weight: bold;">JERSEY #</td> <td style="border: none; text-align: center; font-weight: bold;">AGE</td> <td style="border: none; text-align: center; font-weight: bold;">O/L</td> </tr> </table>		_____	_____	_____	JERSEY #	AGE	O/L
	_____		_____	_____				
	JERSEY #		AGE	O/L				
PARTICIPANT PARENT/GUARDIAN NAME								
<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 33%;">HOME PHONE</td> <td style="border: none; width: 33%;">WORK PHONE</td> <td style="border: none; width: 33%;">CELL PHONE</td> </tr> </table>	HOME PHONE	WORK PHONE	CELL PHONE					
HOME PHONE	WORK PHONE	CELL PHONE						

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	Association Verification Signature/STAMP					
LEAGUE USE ONLY							
DATE OF BIRTH: Month / Day / Year	Age As of ge Cut off Dat Older/Lighter:	CERTIFICATION WEIGHT	PARTICIPANT CONTRACT	MEDICAL CLEARANCE	WAIVER/ RELEASE	EMERGENCY MEDICAL / CONsSENT	SCHOLASTICS

REGULAR	JAMBOREE	GAME DATE	WEIGH MASTER	CODE		GAME DATE	WEIGH MASTER	CODE	POST	
	Week 1				Week 11					SEASON
	Week 2				Week 12					
	Week 3				Week 13					
	Week 4				Week 14					
	Week 5				Week 15					
	Week 6				Week 16					
	Week 7				Week 17					
	Week 8				Week 18					
	Week 9				Week 19					
	Week 10				Week 20					
				Week 21						

INSTRUCTIONS: Weigh Master Will Enter Date, Verify The Identity, Weight, Of Each Participant, Initial Each Participant Card, Enter Code. **IF OVERWEIGHT ENTER THE WEIGHT OF THE PLAYER UNDER "CODE"**

CODE: OK = Everything Verified, ENTER WEIGHT = Over Weight, I = Sick/Injured, A = Absent / Dropped

ALL PARTICIPANTS MUST BE CHECKED IN / VERIFIED PLAYING OR NOT