



AMERICAN YOUTH FOOTBALL



Background Check 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 Background Checks, of the American Youth Football, Inc. (AYF) National Rulebook, current edition. Every volunteer in my Association has filled out an authorized Official Volunteer Application and our Association has conducted all of the required background checks per the requirements and in the manner established by our Association/Conference. Furthermore, in accordance with the Policies and Procedures of American Youth Football, Inc., I hereby swear and attest that every volunteer currently assisting in my Association has passed the background check evaluation process established by our Association, and I have maintained the confidentiality of all applicant information obtained in the volunteer application process, including but not limited to state sex offender registry, driver's license and criminal information, by using this information for the sole purpose of conducting background checks for the current football/cheer season.

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 Background Checks, and have verified that the confidentiality of ALL Volunteer 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 United All-American / Small Large / Red Blue (Check All That Apply)

POWERED BY:

ASSOCIATION Name: _____

Authorized Representative Name: _____

Title: _____

Authorized Representative Signature: _____

Date: _____

CONFERENCE Name: _____

Authorized Representative Name: _____

Title: _____

Authorized Representative Signature: _____

Date: _____