

OFFICIAL Riddell® YOUTH SCHOLARSHIP CERTIFICATE



Entitles Youth Coaches to FREE admission
at the Glazier Clinics

Youth Coach - Please fill out the information below

Name (First, Middle Initial, Last): _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone Number: _____ Work Phone Number: _____ E-mail Address: _____

Youth Football Organization Name: _____ Youth Football Organization City: _____ Youth Football Organization Phone Number: _____

The Glazier Clinics and Riddell®, Inc., strongly believe that youth football and its volunteer coaches are the foundation of football. Free admission to the Glazier Clinics is offered to each volunteer youth football coach (as guest of Riddell®) who initials each statement below and signs this affidavit. This signed affidavit must be submitted to onsite registration to receive an attendee badge under the Riddell® Youth Scholarship Program.

- I understand that the Riddell® Youth Scholarship fund is only available to coaches who do not coach at a school.
- I understand that High School and Junior High volunteer coaches are not eligible under the rules of this scholarship program.
- I understand that if I coach at a qualified youth program and also coach at a school program, I am not eligible.
- I agree that Glazier Clinics will be damaged if I use a youth scholarship under false pretenses.
- I agree to pay \$500 plus legal/recovery costs if I use this scholarship under false pretenses.
- I understand that if I enroll in this scholarship program under false pretenses, an ethics complaint will be filed with my school.
- I confirm that I do not have an affiliation with any high school or college program.

Photo identification required. Must be signed in the presence of clinic personnel.

I agree that to misrepresent my coaching activities will damage the Glazier Clinics and Riddell®, Inc., as well as endanger the future of the Youth Football Scholarship Program.

**Please make copies
as needed for all
youth coaches.**

Signature: _____ Driver's License Number: _____ Date: _____

Riddell® Rep Name: _____ Signature: _____

For more information, visit riddell.com or glazierclinics.com.

Don't forget to register at www.riddell.com/clinic-form or by phone 1-800-275-5338 Ext. 2198