



SAN GABRIEL VALLEY JR. ALL-AMERICAN FOOTBALL CONFERENCE

SEASON PLAYER VERIFICATION



PLAYER INFORMATION AND DOCUMENTATION

Franchise: _____

Division: _____

Player Name: _____
(Must match name as shown on Certified Roster and Player ID Card)

Date of Birth: _____

PROOF OF RESIDENCY: PROVIDE A MINIMUM OF ONE DOCUMENT FROM EACH OF THE THREE GROUPS BELOW. ORIGINAL DOCUMENTS ONLY - NO COPIES. A SINGLE DOCUMENT MAY NOT BE USED IN MULTIPLE GROUPS.

ADDRESS OF PARENT OR LEGAL GUARDIAN (Must match Address submitted on Certified Roster)

Street Address: _____

City: _____

Zip Code: _____

GROUP ONE

- Driver's License (Color Copy- No B&W)
- School Record
- Vehicle Records (i.e. Registration, Lease, etc.)
- Employment Records
- Insurance Documents (Home or Auto)

GROUP TWO

- Welfare/Child Care Records
- Federal Records (i.e. Federal Tax Return, Social Security, etc.)
- State Records (i.e. Property Tax or Income Tax)
- Local (Municipal) Records
- Support Payment Records
- Homeowner/Tenant Records
- Military Records

GROUP THREE

- Voter's Registration
- Utility Bills (i.e. gas, electric, water/sewage, phone, mobile phone, heating, trash)
- Financial Records (i.e. loan, credit, investments, etc.)
- Medical Records (Bill or Statement)
- Internet, Cable, Satellite Records

****All documents must be dated between November 1, 2019 and June 30, 2020. No documents dated after July 1st are acceptable.****
All sensitive information such as SSN#, Account #'s, etc. on supporting documents can be blacked out. Supporting documents will be returned immediately to the team official upon verification by SGVJAA.

Valid Cut Contract Player Original Franchise: _____ Year of Cut: _____

****Note: A Cut Contract Player is not required to submit the paperwork above. Verification of players eligibility will be based prior year(s) player contract records on file with the Conference Office. The player will be deemed eligible or ineligible based on ability to verify records.**

Parent or Legal Guardian Agreement: By my signature below, I certify that the information provided for this Post Season Verification Form is true and correct and provides the necessary documentation required by San Gabriel Valley Jr All-American Football (SGVJAAFC) to verify residency eligibility. If SGVJAAFC subsequently finds that the information submitted as acceptable documentation regarding residential eligibility now shows that the previously submitted information or documentation was falsified, misrepresented or insufficient then SGVJAAFC reserves the right to impose sanctions and/or penalties on all appropriate parties including but not limited to players, coaches, athletic directors, Franchise Board Members and/or the Franchise which could result in suspension and/or termination with SGVJAAFC.

Print Name: _____ Signature: _____ Date: _____

Athletic Director: I have reviewed and verified that all of the information presented here is true and correct and provides the necessary documentation required by San Gabriel Valley Jr All-American Football (SGVJAAFC) to verify residency eligibility. If SGVJAAFC subsequently finds that the information submitted as acceptable documentation regarding residential eligibility now shows that the previously submitted information or documentation was falsified, misrepresented or insufficient then SGVJAAFC reserves the right to impose sanctions and/or penalties on all appropriate parties including but not limited to players, coaches, athletic directors, Franchise Board Members and/or the Franchise which could result in suspension and/or termination with SGVJAAFC.

Print Name: _____ Signature: _____ Date: _____

City President: I have reviewed the residency documentation and the information presented here, to the best of my knowledge, appears to meet the residency requirements of SGVJAAFC.

Print Name: _____ Signature: _____ Date: _____