



Club- _____ Year- _____

1. Does your club has insurance for the current football season for your football players? YES _____ NO _____

2. Please list the Company that carries your insurance. _____

3. Does all of your helmets have current Nocsae seal of approval for the current football season? YES _____ NO _____

4. Have all of your digital scales been certified for the current football season? YES _____ NO _____

5. Do all of your coaches have Pennsylvania criminal and child abuse background checks for the current football season? YES _____ NO _____

*The KSL is **not** responsible to remove any coaches because of the PA criminal and child abuse background checks, this solely rests with the club.*

Signature of the club president or acting officer in charge. _____

Please print your name on this line. _____ Date _____

Note: This form shall be handed in no later then the first meeting in September (usually scheduled on the last Monday in August).