AMERICAN YOUTH FOOTBALL &
AMERICAN YOUTH CHEER
BASIC PROCEDURES FOR SUBMITTING A CLAIM

STEP 1 - TO THE AUTHORIZED TEAM/ASSOCIATION/SQUAD OFFICIAL
1. If the injured participant is associated with a football team, complete and sign Part 1A - American Youth Football - Injury Report.
2. If the injured participant is associated with a cheer squad, complete and sign Part 1B - American Youth Cheer - Injury Report.
3. Make and retain a copy of all documents for your records.
4. Forward the completed Injury Report and this claim packet to the injured person or parent/guardian for completion of Part 2 - Excess Medical Claim Form and submission to the Claims Administrator.

STEP 2 - TO THE INJURED PERSON OR PARENT/GUARDIAN IF A MINOR
1. The injured participant or participant’s parents/guardian should complete PART 2 - Excess Medical Insurance Claim Form.
2. Attach current itemized physician, hospital or other provider’s bills for accident medical expenses being claimed as well as the primary carrier’s Explanation of Benefits showing payments and denials. These bills must show the patient’s name, condition being treated (diagnosis), type of treatment given, date the expense was incurred and the changes made.
3. Claim forms will be returned if not fully completed and signed. Omission of vital information will cause a delay in claim processing.
4. Make and retain a copy of all documents for your records.
5. Send all documents (including the completed Part 1 – Injury Report from the authorized team/association/squad official) to:

K&K Insurance Group, Inc. / Specialty Benefits, Inc.
AYF/AYC Claims Administrator
PO Box 2338, Fort Wayne IN 46801-2338
Phone: 800-237-2917 Fax: 312-381-9077 Email: KKPAClaims@kandkinsurance.com

For residents of all states EXCEPT California, Colorado, Florida, Kentucky, Maine, New Jersey, New York, Oregon, Pennsylvania, Puerto Rico, Tennessee, Virginia and Washington: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in state prison.

For Residents of California – For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For Residents of Colorado – It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

For residents of Florida – Any person who knowingly and with intent to defraud, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

For residents of Kentucky – Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

For residents of Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and denial of insurance benefits.

For residents of New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Any person who includes any false or misleading information on an application for insurance policy is subject to criminal and civil penalties.

For residents of New York: Any person who knowingly files a statement containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For residents of Oregon: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto that the insurer relied upon is subject to a denial and/or reduction in insurance benefit and may be subject to civil penalties.

For residents of Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information regarding any fact material hereof commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For residents of Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than one thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.
PART 1A – AMERICAN YOUTH FOOTBALL – INJURY REPORT
To Be Completed By Authorized Team Official Complete separate form if injury is to cheerleader

Name of Injured Person: ____________________________
Name of Insured Organization: ____________________________
Name of Member Association (If Conference): ____________________________
Name of Team Head Coach: ____________________________

Full Name: ____________________________
Contact Information for Team Official Completing this Form:
Address (Street): ____________________________
Address (City, State, Zip): ____________________________
Email Address: ____________________________
Phone #: ____________________________
Date: ____________________________
Signature: ____________________________

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RETURN THIS FORM TO K&K INSURANCE GROUP PER COVER PAGE INSTRUCTIONS

CIRCLE APPROPRIATE NUMBER OR ( ) & FILL IN RELEVANT BLANKS.

A. INJURED PERSON IS: ____________________________
   (Football Player) ____________________________ (Coach)
   Other: ____________________________

B. AGE OF INJURED PERSON: ____________________________
   (Age) ____________________________

C. GENDER OF INJURED PERSON: ____________________________
   (Male) ____________________________ (Female)

D. DATE OF INJURY: ____________________________
   MONTH - ____________________________ DAY - ____________________________ YEAR

E. AYF DIVISION AND CLOSEST AGE GROUP: ____________________________
   (1) Tackle 9 & Under ____________________________ (2) Tackle 12 & Under
   (3) Flag/Touch Ages 5-15 ____________________________ (4) Login

F. PLAYER SELECTION:
   (1) All who register play, No Cuts ____________________________
   (2) Selected at tryouts, Some Cuts ____________________________
   (3) Selected at tryouts, All who register play ____________________________

G. WEIGHT CATEGORIES:
   (1) None/Unlimited ____________________________
   (2) Weight Limits Apply For All Players ____________________________
   (3) Weight Limits Only Apply For Ball Carriers ____________________________

H. WEIGHT OF INJURED PLAYER AS COMPARED TO OTHERS
   IN AGE GROUP:
   (About Average) ____________________________ (Below Average)
   (Above Average) ____________________________

I. WAS INJURY IMPACTED BY COLLISION WITH A PLAYER
   WHO WAS OVER 35 LBS HEAVIER THAN INJURED PLAYER?
   (Yes) ____________________________ (No)

J. TYPE OF PLAY DURING INJURY:
   (1) Offense ____________________________ (6) Defending Field Goal/Extra Point
   (2) Defense ____________________________ (7) Punting
   (3) Kicking off ____________________________ (8) Receiving Kickoff
   (4) Receiving Kickoff ____________________________ (9) Other:
   (5) Kicking Field Goal/Extra Point ____________________________

K. POSITION PLAYED AT TIME OF INJURY:
   (1) Offensive Line ____________________________ (10) Place Holder
   (2) Quarterback ____________________________ (11) Punter
   (3) Running Back ____________________________ (12) Kick off Returner
   (4) Receiver ____________________________ (13) Punt Returner
   (5) Defensive Line ____________________________ (14) Kick off Return Blocker
   (6) Linebacker ____________________________ (15) Kick off Tacker
   (7) Secondary ____________________________ (16) Punt Return Blocker
   (8) Kicker-Kickoff ____________________________ (17) Punt Tacker
   (9) Kicker-Field Goal/Extra Point ____________________________ (18) Other:
   (10) Other: ____________________________

L. INJURY OCCURRED DURING:
   (1) Traveling to/from game or practice ____________________________
   (2) Before game or practice ____________________________
   (3) After game or practice ____________________________
   (4) Game: ______ quarter ____________________________
   (5) Halftime ____________________________

M. ACTIVITY WHILE INJURED:
   (1) Blocking ____________________________ (7) Defending passed ball
   (2) Tackling ____________________________ (8) Kicking
   (3) Shedding Blocker ____________________________ (9) Punting
   (4) Running with ball ____________________________ (10) Running without ball
   (5) Passing ____________________________ (11) Other:
   (6) Catching ball ____________________________

N. LOCATION WHERE INJURY OCCURRED:
   (1) On Field ____________________________ (4) Spectator Area
   (2) End Zone ____________________________ (5) Locker Room
   (3) Sidelines ____________________________ (6) Other: ____________________________

O. SITUATION (PHYSICAL CAUSE OF INJURY):
   (1) Blocked by player ____________________________ (8) Fell on/stepped on by player
   (2) Blocked from behind ____________________________ (9) Fell on/stepped on player
   (3) Blocking player ____________________________ (10) Contact with ground
   (4) Tackled by player ____________________________ (11) Contact with object
   (5) Tackling player ____________________________ (12) Non Contact
   (6) Collided with opponent ____________________________ (13) Other:
   (7) Collided with teammate ____________________________

P. PRINCIPAL BODY PART INJURED:
   (1) Eye(s) ____________________________ (10) Stomach ____________________________
   (2) Ear(s) ____________________________ (11) Hip ____________________________
   (3) Nose ____________________________ (12) Groin ____________________________
   (4) Cheek ____________________________ (13) Back ____________________________
   (5) Chin ____________________________ (14) Neck ____________________________
   (6) Jaw ____________________________ (15) Shoulder ____________________________
   (7) Mouth/teeth ____________________________ (16) Upper Arm ____________________________
   (8) Head ____________________________ (17) Elbow ____________________________
   (9) Chest ____________________________ (18) Forearm ____________________________
   (19) Wrist ____________________________ (20) Hand ____________________________
   (21) Finger(s)/Thumb ____________________________ (22) Thigh ____________________________
   (23) Shin ____________________________ (24) Knee ____________________________
   (25) Finger(s)/Thumb ____________________________ (26) Foot ____________________________
   (27) Other: ____________________________

Q. PRIMARY TYPE OF INJURY:
   (1) Cut/Srape ____________________________ (6) Concussion
   (2) Bruise/Contusion ____________________________ (7) Heat Illness
   (3) Joint Sprain ____________________________ (8) Dental
   (4) Dislocation ____________________________ (9) Pulled Muscle
   (5) Fracture ____________________________ (10) Other: ____________________________

R. DISPOSITION: (ambulance) ____________________________ (auto to hospital)
   (on site cure only) ____________________________ (unknown) ____________________________
   (other: ____________________________)

S. ABSENCE FROM PLAY: ____________________________
   (none) ____________________________ (< 1 week)
   (1-3 weeks) ____________________________ (3+ weeks) ____________________________
   (unknown) ____________________________ (other: ____________________________)

T. SPECIAL CIRCUMSTANCES:
   (1) Penalty: ____________________________ (Against Injured Person)
   (2) Safety Equipment Not Used That Could Have Prevented
   Injury: ____________________________
   (3) Safety Equipment Contributed To Injury: ____________________________
   (4) Improperly Maintained Field/Facility: ____________________________
   (Rock on Field) ____________________________ (Hole/Rut) ____________________________
   (Slippery Area) ____________________________ (other: ____________________________)
   (5) Weather Conditions Contributed To Injury: ____________________________
   (hot) ____________________________ (cold) ____________________________
   (rain) ____________________________ (ice) ____________________________
   (other: ____________________________)

U) DESCRIBE HOW INJURY HAPPENED: (Please be specific)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
**PART 1B – AMERICAN YOUTH CHEER – INJURY REPORT**  
*To Be Completed By Authorized Squad Official*

<table>
<thead>
<tr>
<th>Name of Injured Person:</th>
<th>Father's Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Insured Organization:</td>
<td>Father's Email:</td>
</tr>
<tr>
<td>Name of Member Association <em>(if conference):</em></td>
<td>Mother's Name:</td>
</tr>
<tr>
<td>Name of Team Head Coach:</td>
<td>Mother's Email:</td>
</tr>
</tbody>
</table>

**Contact Information for Squad Official Completing this Form:**

<table>
<thead>
<tr>
<th>Full Name:</th>
<th>Title [coach, game official, league rep, etc.]:</th>
<th>Phone #:</th>
<th>Date:</th>
</tr>
</thead>
</table>

**Address (Street):**

**Address (City, State, Zip):**

**Email Address:**

**Signature:**

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**CIRCLE APPROPRIATE NUMBER OR ( ) & FILL IN RELEVANT BLANKS.**

**A. INJURED PERSON IS:**

- *(Cheerleader)*
- *(Dancer)*
- *(Stepper)*
- *(Coach)*
- *(Other):__________________________*

**B. AGE OF INJURED PERSON:**

- *(Male)*
- *(Female)*

**C. GENDER OF INJURED PERSON:**

**D. DATE OF INJURY:**

- *(Month) - *(Day) - *(Year)*

**E. AMERICAN YOUTH CHEER/DANCE DIVISION:**

**CHOOSE ONE TYPE OF SQUAD:**

1. Cheer squad *affiliated* with football team
2. Cheer squad *NOT affiliated* with football team
3. Dance Squad
4. Step Squad
5. Majorettes

**CHOOSE ONE LEVEL OF SQUAD:**

1. WHITE: Beginner
2. RED: Intermediate
3. BLUE: Advanced

**F. CLOSEST AGE GROUP OF SQUAD:**

- *(9 & Under)*
- *(12 & Under)*
- *(15 & Under)*
- *(18 & Under)*

**G. TYPE OF STUNT/TUMBLING PASS AT INJURY:**

1. Thigh Stand
2. Shoulder Sit/Stand
3. Elevator / Prep
4. Awesome / Cupie
5. Heel Stretch
6. Y Scale
7. Scorpion
8. Cradle
9. Full Twist Down Cradle
10. Double Twist Down Cradle
11. Bow & Arrow
12. Chin Strap
13. V-Sits

**H. ACTIVITY WHILE INJURED:**

1. Supporting
2. Throwing
3. Catching
4. Flying
5. Spotting
6. High Kicking

**I. POSITION BEING PERFORMED AT TIME OF INJURY:**

1. Right Side Base
2. Left Side Base
3. Front Spotter
4. Back Spotter

**J. INJURY OCCURRED DURING:**

1. Travel to/from game, practice or comp
2. Before game/practice/competition
3. Practice: (Early) (Mid) (Late)
4. After game/practice/competition
5. Sideline Performance

**K. TYPE OF GROUND/FLOOR:**

1. Grass
2. Dirt
3. Flat, Non Spring
4. Concrete
5. Spring

**L. LOCATION WHERE INJURY OCCURRED:**

1. On Field
2. End Zone
3. Sidelines
4. Indoor Competition Area
5. Indoor Practice Area
6. Warm Up Room
7. Spectator Area
8. Other:________________________

**M. SITUATION (PHYSICAL CAUSE OF INJURY):**

1. Contact with ground
2. Collision/Contact with squad member
3. Supporting weight
4. Throwing
5. Catching
6. Non Contact
7. Heat Illness
8. Other:________________________

**N. PRINCIPAL BODY PART INJURED:**

1. Head
2. Mouth/teeth
3. Chin
4. Cheek
5. Nose
6. Jaw
7. Ears
8. Eye(s)
9. Throat
10. Stomach
11. Wrist
12. Foot
13. Finger(s)/Thumb
14. Neck
15. Shoulder
16. Forearm
17. Elbow
18. Hand
19. Finger(s)
20. Hip
21. Knee
22. Thigh
23. Shin
24. Ankle
25. Thigh/Upper Arm
26. Foot
27. Other:________________________

**O. PRIMARY TYPE OF INJURY:**

1. Cut/Scrape
2. Bruise/Contusion
3. Joint Sprain
4. Dislocation

**P. DISPOSITION:**

- *(ambulance)*
- *(auto to hospital)*
- *(on site cure only)*
- *(unknown)*
- *(other:________________________)*

**Q. ABSENCE FROM SQUAD:**

- *(none)*
- *(less than 1 week)*
- *(1-3 weeks)*
- *(3+ weeks)*
- *(unknown)*
- *(other:________________________)*

**R. CERTIFICATION/TRAINING STATUS OF COACH:**

1. Not certified or trained
2. AACCA
3. UCA
4. ASEP
5. NYSCA
6. Other:________________________

**S. DESCRIBE HOW INJURY HAPPENED (Please be specific):**

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**RETURN THIS FORM TO K&K INSURANCE GROUP PER COVER PAGE INSTRUCTIONS**

Coverage under this policy is excess over all other valid and collectible health and accident plans. Your claim should be submitted to the insurance company providing coverage to you through your own, your parents’ or your spouse’s health plan, your employer or governmental health plan. After other insurance benefits have been submitted, you should forward a copy of the other insurance company’s explanation of benefits and the corresponding itemized medical statements. If your insurance company denies benefits, send a copy of their denial. If there is no other valid and collectible insurance, this policy will act as primary insurance. Further details of coverage will be communicated upon receipt of this fully completed claim form.

IMPORTANT NOTES:

- If Injured Person is a Minor, we must have BOTH parents’ information.
- If the Injured Person is married, we must have the spouse’s information or mark area N/A
- ALL information requested on this claim form must be provided. Omission of vital information will cause delay in claim processing.
- We will not process your claim without employer information. The data required is imperative & will expedite your claim processing.

Injured:

Insured Person’s Name: ________________________________

Social Security #: ____________________________ Phone: ____________________________

Mailing Address: ________________________________

City: ____________________________ ST: ______ Zip: ____________________________

Fathers Name (if minor): ____________________________

Mothers Name (if minor): ____________________________

Fathers Email Address: ____________________________

Mothers Email Address: ____________________________

Fathers Social Security #: ____________________________

Mothers Social Security #: ____________________________

Employers Name: ________________________________

Employers Name: ________________________________

Employers Address: ________________________________

City: ____________________________ ST: ______ Zip: ____________________________

Phone: ____________________________ Policy #: ____________________________

Group Insurance Company: ________________________________

Group Insurance Company: ________________________________

Insurance Company’s Address: ________________________________

Insurance Company’s Address: ________________________________

City: ____________________________ ST: ______ Zip: ____________________________

Phone: ____________________________ Policy #: ____________________________

Signature: ____________________________ Date: ____________________________

I certify that this injury occurred to an American Youth Football/American Youth Cheer registered member during an American Youth Football/American Youth Cheer sanctioned activity (i.e. supervised game/practice), the above information is true and accurate to the best of my knowledge and belief, and I understand fraudulent statements can be a crime.

Signature: ____________________________ Date: ____________________________

I WAIVE ANY PROVISION OF LAW TO THE CONTRARY AND HEREBY AUTHORIZE K&K INSURANCE GROUP, INC., SPECIALTY BENEFITS, INC. OR ITS REPRESENTATIVES TO FURNISH TO ANY HOSPITAL, PHYSICIAN OR OTHER PERSON WHO HAS ATTENDED ME, AND MY PRIMARY INSURANCE CARRIER, ANY AND ALL INFORMATION WITH RESPECT TO THE ACCIDENTAL INJURY FOR WHICH I AM CLAIMING INSURANCE BENEFITS.

I WAIVE ANY PROVISION OF LAW TO THE CONTRARY AND HEREBY AUTHORIZE ANY HOSPITAL, PHYSICIAN OR OTHER PERSON WHO HAS ATTENDED ME, AND MY PRIMARY INSURANCE CARRIER OR EMPLOYER, TO FURNISH TO K&K OR ITS REPRESENTATIVES ANY AND ALL INFORMATION WITH RESPECT TO ANY SICKNESS OR INJURY, MEDICAL HISTORY, CONSULTATION, PRESCRIPTIONS, OR TREATMENT, AND COPIES OF ALL HOSPITAL, MEDICAL, OR INSURANCE RECORDS INCLUDING BUT NOT LIMITED TO INFORMATION REGARDING OTHER INSURANCE COVERAGES. I AGREE THAT A PHOTOCOPY OF THIS AUTHORIZATION SHALL BE CONSIDERED AS EFFECTIVE AS THE ORIGINAL.

I UNDERSTAND THIS AUTHORIZATION IS NECESSARY TO FACILITATE THE OBTAINING AND PROVIDING OF PROPER INFORMATION NEEDED TO QUICKLY PROCESS MY CLAIM.

Signature: ____________________________ Date: ____________________________

PLEASE NOTE: If Injured Person is a Minor, signature must be of Parent or Legal Guardian.

PLEASE RETURN THIS FORM TO K&K INSURANCE GROUP PER COVER PAGE INSTRUCTIONS