

YESS PROGRAM (Youth Equipment for Sports Safety) TEAM APPLICATION

Please send all applications to the address above. If you have any questions, please email thf80@taylorhaugen.org

Name of School/Team/Gro	oup:
Date:	Name of Primary Contact:
Contact Email:	Contact Phone #:
Full Address of School/Tea	am:
What Sport(s) are you app	olying for?
How many players are on	the team(s)?
What season is this equipr	nent intended? (i.e., fall, spring, summer)
Does your school/team hav	ve an assigned Athletic Trainer? If so, name and contact info:
AT Name:	AT Phone #:
AT Email:	

Note: The YESS PROGRAM strives to provide support for the acquisition of safety equipment, however, we specifically request a 50% match of the retail value of the equipment on all orders. With a completed sizing order form and a deposit of 50% of the value of the items requested, the Foundation will order the equipment, coordinate with your AT or coaches and ship all the equipment with three videos. The videos are provided to: (1) provide background on the YESS Program; (2) assist athletes on wear and cleaning; and (3) assist coaches/trainers on outfitting. Please allow a minimum of 3 weeks for delivery.

Our requirement for this grant is to make the equipment available to 100% of the players of all football teams per school. However, we realize that some players may already have the equipment or perhaps simply do not wish to wear the equipment. Accordingly, you agree in submitting this application and order that ALL football team players within your school have been offered the opportunity to receive the equipment of this grant application, with both the players and their parents or legal guardians being informed (a) about the equipment, and (b) of the opportunity of the player to have it. You further agree that only those players who thereafter notified you of their election to not to receive the equipment, are not included in this order.

I certify that my answers are true and complete and legitimately represent the intent of the organization with the proper permission and approvals for all team members and their parents.

Name (printed):

Date: _____

Signature: _____

With your signature, you give the Taylor Haugen Foundation permission to use video and photographs from the fittings.

P.O. Box 5201 Niceville, FL 32578



EvoShield Sizes

FOR MORE SPECIFIC INFORMATION ON SIZING AND PRODUCT, PLEASE REFER TO

http://www.evoshield.com/shop/sports/football/football-protective-gear/evoshield-protective-rib-shirt

School name:	
Contact Person:_	
Contact #:	
Email:	

This sizing order form is only the EvoShield "Protective Rib Shirt"

Sizing is specific and should follow the below measurements:

Youth Sizes:	#:	Adult Sizes:	#:
Small-Chest 26"- 27" Weight 4	8-74	Small-Chest 32"-36" Weight 128-153	
Height 4'3"- 4'7"		Medium- Chest 36"-40" Weight 153-195	
Medium-Chest27"- 29.5 Weight	74-92	Large- Chest 40"-44" Weight 195-230	
Height 4'7"- 4'11"	00.110	XLarge- Chest 44"-48" Weight 230-260	
Large-Chest 29.5"- 32" Weight 9 Height 4'11"- 5"3"	92-110	XXLarge- Chest 48"-52" Weight 260-330	
ΤΟΤΑ	L:	TOTAL:	

Please Note:

Exchanges are not made for inaccurate sizing. These are not Jersey sizes, nor are they T-shirt sizes. The shirts must fit tightly. Because the shirts are specifically designed to ensure an accurate and tight fit, please size according to the chart. We find that teams consistently oversize. The Taylor Haugen Foundation's YESS(c) Program is not responsible for inaccurate sizing.

Please let us know how many of each of these sizes to outfit your team. We request that you keep a record of each team member's size to expedite the process the day of the fitting. Thanks and we are grateful to support your organization! God Bless



"The Foundation builds and recognizes youth leaders and promotes youth sport safety to honor the legacy of Taylor Haugen"