

YOUTH SPORTS REGISTRATION

Baseball Softball Basketball Soccer Start Smart Other _____

RECORD OF PREVIOUS PARTICIPATION

Number of Years Played

Level of Play

Position

NOTICE of REQUIREMENTS

PHYSICAL EXAMINATION/SCREENING

There are no known medical problems for the youth named above that would prevent safe participation. He/she is medically qualified to participate in the Youth Sports & Fitness Program. NOTE: A physical is required ever year and must be on file for the child to participate. _____ Parent Initials

MANDATORY ATTENDANCE OF LEAGUE MEETING

I am aware of that the placement of my child on a team will require that a parent or guardian attend a League Parent Meeting. _____ Parent Initials

RELEASE OF LIABILITY AND AGREEMENTS

I, the parent/legal guardian of _____ do hereby give permission for his/her attendance and participation in the Youth Sports & Fitness Program.

UNIFORMS AND EQUIPMENT RETURN: In consideration of the benefits to my child from the Youth Sports & Fitness Program, I agree to either return the uniform and equipment issued to my child in the same condition as when it was received, except for normal wear and tear, or I agree to pay the Youth Program the cost to replace such item(s).

TRANSPORTATION: I give Youth Programs permission to transport the above named youth to and from any events I am notified of in advance. I agree to pay transportation costs for my child to participate in any special or championship team which may involve competition at distant locations except when specifically supported by Youth Programs.

Child and Sport's Photography Release and Consent

I _____ DO/DO NOT authorize consent to the photographing and/or videotaping of my child named below. I understand that these photographs and videos may be used in reference only for promotion, publicity, or recognition purposes of the Child and Youth Programs.

Child's Name _____

Signature of Parent/Legal Guardian

Date

AIR FORCE YOUTH PROGRAMS REGISTRATION

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 U.S.C. 8012 and 44 U.S.C. 3101.

PRINCIPLE PURPOSES: To register dependent youth of military, retired and DoD personnel in the Air Force Youth Programs. Providing Youth Programs the authorization for medical treatment in emergency situations; authorization for transportation; record youth/family information; photo use authorization; and releasing of liability.

ROUTINE USES: This form may be disclosed to any DoD component or part thereof, and upon request to other Federal, State and local government agencies in the pursuit of their official duties; disclosed to news media; used for other lawful purposes including law enforcement and litigation.

DISCLOSURE IS VOLUNTARY: Failure to provide the information may preclude the individual from participation in Air Force sponsored youth programs.

YOUTH NAME <small>LAST, FIRST, MI</small>	SPONSOR NAME / RANK <small>LAST, FIRST</small>	SPOUSE NAME / RANK <small>LAST, FIRST</small>	EMERGENCY CONTACT <small>OTHER THAN PARENT</small>
BIRTHDATE / AGE	ORGANIZATION	HOME ADDRESS	EMERGENCY PHONE <small>SAME AS CONTACT</small>
MALE / FEMALE	WORK PHONE	WORK PHONE	PHOTO PERMISSION <small>YES / NO</small>
YOUTH HOME EMAIL	CELL PHONE	CELL PHONE	SPONSOR WORK EMAIL
HOBBIES & INTERESTS	SPONSOR SS # <small>(LAST 4)</small>	HOME PHONE	PARENT VOLUNTEER <small>YES / NO</small>

SPECIAL NEEDS CARE / ILLNESS / ALLERGIES / INJURIES

RELEASE OF LIABILITY AND AGREEMENTS

MEDICAL CARE AUTHORIZATION: I hereby authorize my child to receive emergency medical treatment whenever it is deemed necessary at any U.S. Military Facility or any other medical facility when a U.S. Military Medical Facility is not available.

HOLD AND SAVE HARMLESS AGREEMENT: Now therefore, in consideration of mutual covenants and agreements between the parties here to it is agreed as follows: We the parents of the above named youth agree to save and hold harmless as well as defend the Base Youth Programs, Services Division's Central Base Fund, Department of the Air Force and the contractor from and against any and all claims, demands, actions, debts, liabilities and attorney's fees. Parent further agrees to save and hold harmless the contractor and all other parties involved from and on account of damages of any kind which the youth may suffer as a result of the acts of participating in the program.

TRANSPORTATION/FIELD TRIP: I give Youth Programs permission to transport the aboved named youth to and from any events that I am notified of in advance.

SIGNATURE OF PARENT/LEGAL GUARDIAN	DATE
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FOR USE BY YOUTH PROGRAM STAFF (COMPLETE & INITIAL)

PROGRAM ORIENTATION DATE	MEMBERSHIP CARD ISSUE DATE	MEMBERSHIP CARD NUMBER
EXPIRATION DATE	MEMBERSHIP FEE PAID	STAFF INITIAL / DATE

NYSCA Parents Code of Ethics

I hereby pledge to provide positive support, care and encouragement for my child participating in youth sports by following this Code of Ethics.

I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game, practice or other youth sports events.

I will place the emotional and physical well-being of my child ahead of any personal desire to win.

I will insist that my child play in a safe and healthy environment.

I will provide support for coaches and officials working with my child to provide a positive, enjoyable experience for all.

I will demand a drug and alcohol-free sports environment for my child and agree to assist by refraining from their use at all youth sports events.

I will remember that the game is for children and not for adults.

I will do my very best to make youth sports fun for my child.

I will ask my child to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed, or ability.

I will promise to help my child enjoy the youth sports experience within my personal constraints by assisting with coaching, being a respectful fan, providing transportation or whatever I am capable of doing.

I will require that my child's coach be trained in the responsibilities of being a youth sports coach and that the coach agrees to the youth sports Coaches' Code of Ethics.

I will read the NYSCA National Standards for Youth Sports and do everything in my power to assist all youth sports organizations to implement and enforce them.

Parent's Name
(Please read, sign, and return)

Parent's Signature

Date

SPORTS

Physical Form

Youth Name	Date of birth	Date of last physical
Sponsor's Name	Rank	Unit
Address	Home Phone/Cell Phone	Work Phone
Emergency Contact Information		
Contact Name	Relationship	Phone

Parent's Signature: _____ Date: _____

To be completed by physician:	YES	NO
There are no medical problems for the youth named above that would prevent safe participation at a Youth Sports & Fitness event. He/She is medically qualified to participate in the Edward's Youth Sports & Fitness Program.		
Is vision correction required for participation? Glasses/Contacts		
Are there health problems that should be evaluated or treated before participation in a recreational sports league or fitness activity?		
Are there medical problems/chronic (on-going) health problems that may affect participation? If yes, please provide detailed information about the specific health issue(s) and the effect on the athlete.		
Medical Remarks:		
AFI 34-144 Coaches must be alert to children who have chronic health problems.		
Date	Printed Physician's Name	Signature of Examining Physician

Each youth must have a current sports physical examination to participate in youth sports.