

**HURLBURT YOUTH CENTER
SPORTS PROGRAM REGISTRATION**

SHOT RECORD ___
PHYSICAL ___

AUTHORITY: 10 U.S.C. 8013, *Secretary of the Air Force*, implemented by Air Force Instruction 34-801, Youth Programs.
PRINCIPAL PURPOSE: The information is used by youth program personnel to enroll dependents of military, retired, and DoD personnel in youth sports programs and locate parents/guardians in case of emergency.
ROUTINE USES: As indicated in system notice F034 AF SV A C
DISCLOSURE VOLUNTARY: Failure to provide requested information may preclude the individual form participation in Air Force Sponsored youth activities.

CHILD'S NAME AS IT WILL APPEAR ON PARTICIPATION MOMENTO OR CERTIFICATE	AGE
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NAME OF SPORT	YEARS EXPERIENCE FOR THIS SPORT
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PARENTS: Please be sure about the size of clothing you order. Unless the uniform company sends the wrong size, the parents are responsible for purchasing replacement uniforms.

CIRCLE SHIRT SIZE: (YOUTH) XS S M L (ADULT) S M L XL

AGREEMENT

I hereby give my consent for the above-named person to participate in the mentioned activity sponsored by Youth Activities. I further agree to cooperate by providing proper care and cleaning of uniforms, equipment and will assume full responsibility for the expedient return of an pecuniary liability for all lost, stolen, or damaged through neglect or carelessness.

PARENT'S SIGNATURE: _____ **DATE:** _____

PUBLICITY AND PHOTO RELEASE

I, _____, give permission for _____ to be videotaped and/or photographed. These photos/videotapes will be kept on file to support the publicizing of the mission here at Hurlburt Field, AFB.

PRIMARY CONTACT NAME AND PHONE NUMBER:

SUCCESS OF THIS PROGRAM REQUIRES PARENTAL INVOLVEMENT AND SUPPORT. IF YOU CAN HELP BY COACHING, OR BEING A TEAM HELPER, PLEASE INFORM THE SPORTS DEPARTMENT.

REFUNDS: Given for any reason before skill draft; for medical reasons only until the start of the season. No refunds will be made once play begins.

ALL EQUIPMENT SIGNED FOR ON A HAND RECEIPT WILL BE RETURNED TO THE COACH OR YOUTH CENTER IMMEDIATELY AFTER COMPLETION OF MY CHILD'S PARTICIPATION.

Would you like to be contacted about upcoming events and sports registrations?
 Yes No

NOTICE

As a coach you sign the Coaches' Code of Ethics Pledge, but parents also should be held to a standard of behavior that provides a positive environment for the child's sports experience. You are encouraged to duplicate this Pledge and have the parents of your players read and sign the Parents' Code of Ethics Pledge.



PARENTS' CODE OF ETHICS

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

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

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

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

I will support coaches and officials working with my child in order to encourage a positive and enjoyable experience for all.

I will demand a sports environment for my child that is free of drugs, tobacco, and alcohol, and will refrain from their use at all youth sports events.

I will remember that the game is for youth – 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 promise to help my child enjoy the youth sports experience by doing whatever I can, such as being a respectful fan, assisting with coaching, or providing transportation.

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

I will read the NYSCA Standards For Youth Sports and do what I can to help all youth sports organizations implement and enforce them.

Parent Signature

Date

Air Force Youth Programs Registration Privacy Act Statement

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

PRINCIPAL PURPOSES: To register dependent youth of military, retired and DOD personnel in the youth activities program and to register volunteers who are willing to participate in the program and to identify the activities in which they are skilled.

ROUTINE USES: To accept entries in Air Force sponsored youth activity programs and monitor participation. Information furnished may be (1) 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, (2) disclosed to news media announcing participation, and (3) 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 activities program.

<i>YOUTH NAME</i> LAST, FIRST, MI	SPONSOR NAME/RANK LAST, FIRST	SPOUSE NAME/RANK LAST, FIRST	EMERGENCY CONTACT OTHER THAN PARENT
BIRTHDAY: AGE: GRADE:	SQUADRON: BRANCH:	HOME ADDRESS: ZIP:	EMERGENCY PHONE SAME AS CONTACT
MALE / FEMALE	WORK PHONE(SPONSOR)	WORK PHONE (SPOUSE)	PHOTO PERMISSION YES / NO
E-MAIL(PRIMARY)	CELL PHONE(SPONSOR)	CELL PHONE (SPOUSE)	E-MAIL(SECONDARY)
HOBBIES & INTERESTS	SPONSOR SSN (LAST 4)	HOME PHONE:	PARENT VOLUNTEER Yes / No

SPECIAL NEEDS CARE / ILLNESS / ALLERGIES / INJURIES

<u>SCHOOL ATTENDING:</u> YOUTH Ethnicity: _____	<u>FAMILY SETTING:</u> Dual Military Single Military Civilian Contractor	<u>HOUSEHOLD:</u> Parents Grandparents Single parent <u>DEROS:</u>	Takes <u>MEDICATION</u> daily? YES NO Has an <u>Epi-pen</u>? YES NO Has an <u>IEP</u>? YES NO
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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 above named youth to and from any events throughout the year.

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

PROGRAM ORIENTATION DATE:	CARD ISSUE DATE:	ENROLLED IN SCHOOL AGE PROGRAM? Yes No
CARD EXPIRATION DATE:	PAID RECEIPT #:	STAFF INITIAL / DATE OF RECEIPT