

YOUTH ACTIVITIES REGISTRATION FORM

REGISTRATION FOR: Baseball Basketball Flag Football VolleyBall Soccer Running Club

CHILD'S NAME: _____ AGE: _____ SEX: _____

HGT (INCHES): _____ WGT (POUNDS): _____ D.O.B.: (YYYY/MM/DD) _____ YEARS OF EXPERIENCE: _____

SPONSOR'S NAME/RANK: _____

E-MAIL(S): _____ CONTACT PHONE: _____

ANY SPECIAL REQUESTS: _____

SPECIFY REASON FOR REQUEST: _____
(SPECIAL REQUESTS ARE NOT GUARANTEED)

(MUST HAVE A COMPLETED PHYSICAL SIGNED BY A DOCTOR - NO PHYSICAL NO PLAY)

*****IAW AFI 34-144 a current and up-to-date copy of your Childs immunization record to include current flu shot is required *****

SHIRT SIZE (CIRCLE ONE): YXS YS YM YL AS AM AL AXL

PANTS SIZE (CIRCLE ONE): YXS YS YM YL AS AM AL AXL

SIGNATURE (PARENT/GUARDIAN): _____

THIS REGISTRATION FEE IS NON-REFUNDABLE EXCEPT FOR PCS OR DOCTORS STATEMENT.

FEE PAID: _____ CASHIER: _____ DATE: _____ CHECK #: _____ RECIEPT #: _____

Before you proceed please indicate yes or no if you have completed the following forms with-in the last 12 months:

Yes No

AF IMT 88

Physical form

Immunization

Photo release

Parent code of ethics

If you answered yes to all please proceed to page 6.

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

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:

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 my personal desire to win.

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

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

© National Alliance For Youth Sports

Signature: _____

Date: _____

AUTHORIZATION FOR PHOTOGRAPHS

Involving a Minor

In order to support the promotion and advertising of Air Force Service Programs, I hereby consent to have photographs taken of the minor named below, in support of this promotional and advertising effort. As the parent/guardian of the minor being photographed, and by signing below, I hereby grant to the United States, the U.S. Air Force, and all instrumentalities and agencies thereof (the Government), the right and license to use, re-use, copy, publish, and re-publish the photographs in any medium,, free of any claims or demands thereof.

I acknowledge that the Government, including its officers and employees acting in their official capacities may use, re-use, copy, publish, and re-publish these photographs in Government or commercial publications, on web-based sites, and in or on other electronic publishing media. I also acknowledge that these photographs may be used in Trade Shows and like events.

I understand that these photographs are for the express purposes of promoting and advertising Air Force Services Programs and I am providing this AUTHORIZATION for those purposes only. I represent that I am the Parent/Guardian of the named minor, and that I have full authority to sign and consent to the foregoing on behalf of the named minor. By signing this AUTHORIZATION, I expressly waive any compensation or remuneration from the Government to which I, or the named minor, might be entitled as a result of the taking of use of the photographs covered by this AUTHORIZATION.

NAME OF MINOR (PRINT)

PARENT/GUARDIAN
(PRINT)

DATE

SIGNATURE-PARENT/GUARDIAN

ATHLETIC PRE-PARTICIPATION SCREENING FORM

NOTE: A valid physical must be given within 12 months of the start of the Sports season

Section 1- to be filled out by parent or guardian in regard to student-athlete

Student Name _____ DOB/Age _____ / _____

Parent/Guardian Home Address _____

Parent/Guardian Work Phone _____ Home Phone _____

Circle sports in which athlete will participate: Baseball, Basketball, Football, Soccer, Softball,

MEDICAL HISTORY OF STUDENT-ATHLETE

Have you ever been hospitalized?	YES NO	Have you ever had high blood pressure?	YES NO
Have you ever had surgery?	YES NO	Have you been told that you have a heart murmur?	YES NO
Are you presently taking any medication or pills?	YES NO	Have you ever had a racing of your heart or skipped heartbeats?	YES NO
Do you have any allergies (medication, bee stings or other stinging insects, etc.)?	YES NO	Has anyone in your family died of heart problems or a sudden death before the age of 50?	YES NO
		Have you ever had chest pain during or after exercise?	YES NO
Have you ever fainted?	YES NO		
Have you ever passed out or been dizzy during or after exercise?	YES NO	Do you have any skin problems (itching, rashes, acne, etc.)?	YES NO
Have you ever had a concussion?	YES NO	Have you ever had a seizure?	YES NO
Have you ever had heat stroke or heat exhaustion?	YES NO	Do you have trouble breathing during activity?	YES NO
Do you get tired more quickly than your friends during exercise?	YES NO	Do you wheeze or cough during or after exercise?	YES NO
Have you ever had a head injury?	YES NO	Do you have a history of asthma?	YES NO
Have you ever been knocked out or unconscious?	YES NO		
		Have you ever had any problems with your eyes or vision?	YES NO
Have you ever had heat or muscle cramps?	YES NO	Do you wear glasses, contacts, or protective eyewear?	YES NO
Have you ever had a stinger, burner, or pinched nerve?	YES NO	Have you ever had any problems with your hearing?	YES NO
Have you ever had any abnormal bleeding or bruising?	YES NO	Any injuries since last exam?	YES NO
Have you ever sprained, strained, dislocated, fractured, broken, had swelling of, or any other injuries of any bones or joints?	YES NO	Have you had any other medical problems (infectious mononucleosis, diabetes, etc.)?	YES NO
		Do you have any other significant medical conditions or history?	YES NO

If you answered "YES" to any of the above questions, please attach explanations to this sheet.

Section 2- to be filled out by the Medical Professional:

Height _____ Weight _____ B.P. _____ / _____ Pulse _____ Eyes: R _____ L _____

Orthopedic Findings _____ Scoliosis _____ Heart _____ Lungs _____ Hernia _____

Comments: _____

SIGNATURE SIGNIFIES THAT ATHLETE IS CLEARED TO PARTICIPATE IN SPORTS

Attending Physician (print): _____

Office Phone: _____

Physician's Signature: _____

DATE: _____

THIS FORM IS TO BE FILLED OUT COMPLETELY, FILED IN THE WPAFB YOUTH SPORTS OFFICE

**+WRIGHT-PATTERSON AIR FORCE BASE
YOUTH SPORTS MEDICAL INFORMATION
AND RELEASE FORM
(ONE FOR EACH ATHLETE-GIVE TO YOUR COACH)**

Athlete's Name _____ D.O.B _____

Father's Name _____ Home Phone _____

Work Phone _____ Email _____

Mother's Name _____ Home Phone _____

Work Phone _____ Email _____

Emergency Contact _____ Phone _____

MEDICAL INFORMATION:

Family Physician's Name _____

Phone _____ Address _____

Allergies and/or Medical Conditions (list): _____

Medications (list): _____

Date of last Tetanus Toxoid Booster _____

Date of last physical examination _____

I/we hereby grant consent to any and all health care providers to administer any necessary medical care as a result of injury/illness. This consent includes First Aid and transportation to/from health care providers.

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

NOTE: This release is to be carried by head/assistant coach to all practices and games.

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in athletic activities.