



YOUTH PROGRAMS

Participant Registration

SPORT: _____

Staff Only
Physical: Yes No
Expires: _____

PLAYER'S NAME: _____ **AGE:** _____
SKILLS ASSESSMENT-COACHES CHOOSE PLAYERS AND WILL LET YOU KNOW PRACTICE DAYS.

HEIGHT: _____

SKILL LEVEL FROM 0-5 (ZERO NO EXPERIENCE): _____

SIBLINGS ALSO ENROLLED THIS SEASON: NAME: _____ **AGE:** _____

NAME: _____ **AGE:** _____

NAME: _____ **AGE:** _____

Liability Waiver/Release:

(Please read carefully and initial each line)

- _____ I give my permission and approval for the above named child to participate in the program. I assume all risks and hazards incidental to such participation including transportation to and from scheduled activities. I hereby waive and release the USAF organizer supervisors and persons transporting the child to and from activities for any claim out of any injury to my child.
- _____ I hereby authorize any military or civilian health care facility to render emergency care to my minor child in the event of injury relating to participation in Kadena Youth Sports & Fitness sponsor activities. I understand that Kadena Youth Sports & Fitness and its staff and coaches will not be held liable for any injury or accident to the above named child while participating in our programs.
- _____ I/We further understand that any adverse behavior on the part of our child or ourselves will result in the suspension of our privileges from this program.
- _____ As a parent, I/We assume all responsibility for equipment used by my child. I/We agree to return the same equipment at the end of the playing season.
- _____ As a parent, I will make sure to bring a copy of my child's up to date immunization record and sports physical in order to register. Registration form without the required documents will not be accepted.
- _____ **REFUNDS:** After first practice, regardless of whether child has played. No refunds will be issued.

Parents' Code of Ethics

(Please read carefully and initial each line)

- _____ I will practice good sportsmanship by encouraging 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 the use of such substance during attendance or participation in any Youth Programs event.
- _____ I will remember that the game is for youth participants; and as an adult, my role is to be a supportive parent promoting a positive, healthy environment for all youth.
- _____ 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.

PARENTS/GUARDIANS NAME (Please Print) : _____

PARENTS/GUARDIANS SIGNATURE: _____ **DATE:** _____

E-MAIL ADDRESS: _____

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

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 above 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



Immunization Acknowledgment Form

In accordance with AFI 34-144, *Child and Youth Programs*, paragraph 12.6.2, dated 2 July 2019, *no documentation of vaccines is required in School Age Care or Youth Programs if the state requires schools to have current immunizations. Documentation is required for youth that are home schooled. Maintain documentation in youth records.*

Please Initial:

_____ My child **DOES** attend a DODDS school, and I understand that I **DO NOT** have to provide an upto date shot record to Youth Programs in order for my child to participate.

_____ My child **DOES NOT** attend a DODDS school, and I understand that I **DO** have to provide up todate shot records to Youth Programs in order for my child to participate.

By initialing above and signing below I am indicating that I understand this instruction, and agree to comply accordingly.

Child's Name

Sponsor's Name

Sponsor's Signature