



Amount Paid: \_\_\_\_\_  
Employee's Initials: \_\_\_\_\_

## JB Charleston Youth Sports Registration Form

Youth's Name: \_\_\_\_\_

Parent/Guardian's Name(s): \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

Parent/Guardian Cell Phone: \_\_\_\_\_

Child Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Child Size (circle one): YXS, YS, YM, YL, AS, AM, AL

Sport/Camp: \_\_\_\_\_

Practice Request (*not a guarantee*): \_\_\_\_\_

**General Guidelines:** Practices are held 1-2 times per week, with games 1-2 times per week. Practices may be cancelled due to weather and are made up at the discretion of the coach and availability of location. Games will be cancelled and rescheduled by Youth Programs' Staff. Refunds are **not** given once the first week of practices have occurred.

### Parent's Code of Ethics

I hereby pledge to provide positive support, care and encouragement for my child participating in Youth Sports by following this Parent's 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 any personal desire to win.

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

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

I will demand a drug, alcohol and tobacco free 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 the 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 upholds the NYSCA 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 Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Player's Code of Ethics**

I hereby pledge to provide a positive attitude and be responsible for my participation in Youth Sports by following this Code of Ethics.

I will encourage good sportsmanship from fellow players, coaches, officials and parents at every game and practice.

I will attend every practice and game that is reasonably possible and notify my coach if I cannot.

I will expect to receive a fair and equal amount of playing time.

I will do my very best to listen and learn from my coaches.

I will treat my coaches with respect regardless of race, sex, creed or abilities and I will expect to be treated accordingly.

I deserve to have fun during my sports experience and will alert parents or coaches if it stops being fun!

I deserve to play in an alcohol, tobacco and drug free environment and expect adults to respect that wish.

I will encourage my parents to be involved with my team in some capacity because it's important to me.

I will do my very best in school.

I will remember that sports are an opportunity to learn and have fun.

Player's Signature \_\_\_\_\_ Date \_\_\_\_\_

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 contractor and all other parties involved from and on account of damage of any kind which the youth may suffer as a result of participating in the program.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**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

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## Application to participate in JB Charleston Youth Sports

Student's Name (Last, First, MI)		M/F	Age
Date of Birth	Cell Phone		Sponsor's Duty Phone
Child's Application			<b>KEEP IN FILE</b>
This application to participate in athletics at the above youth center is voluntary on my part and is made with the understanding that I have never received any money for participation in athletic events and that I have never competed under an assumed name.			
Date:	Signature of Child (or Parent/Guardian):		
Parent or Guardian Permission			
I hereby give my consent for the above child to have a medical examination (sports physical) performed by local U.S. military hospital/clinic personnel, to engage in the approved sport(s) checked below.			
Date:	Printed Name of Parent or Guardian:	Signature of Parent or Guardian:	

### Medical Certificate to be completed by Examining Physician

		Yes	No
General health is satisfactory?			
Is visual correction required for competition?	Glasses / Contacts		
Is there a bridge or false teeth?			
Are there health problems that should be evaluated or treated before participating in competitive sports? If yes, when will evaluation/treatment be complete?			
Are there medical conditions that may affect participation? (asthma, diabetes) If so please indicate required actions:			
Are there medications that may be required for participation? If yes, please indicate required medications and dosage:			
<input type="checkbox"/>	Basketball	<input type="checkbox"/>	Flag Football
<input type="checkbox"/>	Baseball	<input type="checkbox"/>	Golf
<input type="checkbox"/>	Cross Country	<input type="checkbox"/>	Gymnastics
<input type="checkbox"/>	Cheerleading	<input type="checkbox"/>	Soccer
<input type="checkbox"/>	Field Hockey	<input type="checkbox"/>	Swimming
<input type="checkbox"/>		<input type="checkbox"/>	Tennis
<input type="checkbox"/>		<input type="checkbox"/>	Track and Field
<input type="checkbox"/>		<input type="checkbox"/>	Volleyball
<input type="checkbox"/>		<input type="checkbox"/>	Other:
I have examined _____ and find him/her to be physically able to compete in ALL of the supervised athletic activities listed above except where noted. This certificate is valid until _____			
Date:	Printed Name of Examining Physician:	Signature & Stamp of Examining Physician:	

**\* PLEASE ATTACH IMMUNIZATION RECORDS\***  
(If haven't already turned one in)