

## 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.

<b>YOUTH NAME</b> LAST, FIRST, MI	<b>SPONSOR NAME / RANK</b> LAST, FIRST	<b>SPOUSE NAME / RANK</b> LAST, FIRST	<b>EMERGENCY CONTACT</b> OTHER THAN PARENT
<b>BIRTHDATE / AGE</b>	<b>ORGANIZATION</b>	HOME ADDRESS	<b>EMERGENCY PHONE</b> SAME AS CONTACT
<b>MALE / FEMALE</b>	<b>WORK PHONE</b>	WORK PHONE	<b>PHOTO PERMISSION</b> YES / NO
<b>HOME EMAIL</b>	<b>CELL PHONE</b>	<b>CELL PHONE</b>	<b>SPONSOR WORK EMAIL</b>
<b>HOBBIES &amp; INTERESTS</b>	<b>SPONSOR SS # &amp; DEROS</b> (LAST 4)	HOME PHONE	<b>PARENT VOLUNTEER</b> 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 aboved named youth to and from any events that I am notified of in advance.

**SIGNATURE OF PARENT/LEGAL GUARDIAN**

**DATE**

### 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

# REGISTRATION FORM



FIRST NAME:

LAST NAME:

GENDER:

DATE OF BIRTH:

AGE:

## SPORT:

- BASEBALL/SOFTBALL
- VOLLEYBALL
- SOCCER
- FLAG FOOTBALL
- BASKETBALL
- CHEER
- OTHER

## DOES YOUR CHILD HAVE ANY ALLERGIES OR MEDICAL CONDITIONS?

YES  NO

PLEASE SPECIFY:

EXPERIENCE IN THIS SPORT? Y N

## T-SHIRT SIZE:

- YOUTH SMALL
- YOUTH MEDIUM
- YOUTH LARGE
- YOUTH EXTRA LARGE
- ADULT SMALL
- ADULT MEDIUM
- ADULT LARGE
- ADULT EXTRA LARGE
- 2T
- 3T
- 4T

## PREFERRED PRACTICE:

M/W T/TH ANY

*For children under nine, parents must be present at games and practices.*

## PHOTOGRAPHY AUTHORIZATION

To support the promotion and advertising of Air Force Services Programs, I hereby consent to have photographs taken of the minor named on this form. As the parent/guardian of the minor being photographed, I hereby grant to the United States, the U.S. Air Force and all instrumentalities and agencies thereof the right and license to use, re-use, copy, publish and republish the photographs in any medium free of any claims or demands thereof.

SIGNATURE:

\_\_\_\_\_

DATE:

\_\_\_\_\_

## CONTACT INFORMATION

### PARENT/GUARDIAN

NAME:

PERSONAL PHONE:

DUTY PHONE:

EMAIL #1:

EMAIL #2:

### EMERGENCY CONTACT

NAME:

PERSONAL PHONE:

EMAIL #1:

EMAIL #2:

## VOLUNTEER COACH

WOULD YOU LIKE TO VOLUNTEER COACH?

YES  NO

T-SHIRT SIZE: \_\_\_\_\_ (Offered only if budget is available).

For more information contact Youth Sports at 225-7422/4199 or 374fss.fsyy@us.af.mil

\*A discount will be given after the season if you volunteer as a coach (must participate 70% or more practices and games).

# NAYS Code of Ethics for Parents



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

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

-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 for adults.

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

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

NAME:

SIGNATURE:

DATE:

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# CHILD AND YOUTH PROGRAMS

## Youth Programs

### Payment Agreement and Credit Authorization

Name of Child(ren): \_\_\_\_\_

Name of Parent/Sponsor: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Duty Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Program:  Youth Center  Teen Center  Youth Sports  Instructional

Instructional Class:  Gymnastics  Piano

One-time Payment (Not applicable for instructional classes)

Keep my credit card on file for future Youth Programs activities.

By signing below, I authorize Youth and/or Teen Center to automatically charge my account for any balance due for services that have not been paid at the time of registration (one-time payment).

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*This document contains personal data subject to the Privacy Act of 1974, 10 USC 8012 & EO 9397. Requires safeguarding and disclosure only as authorization in AFI 33-332. CONFIDENTIALITY APPLIES.*

**Credit Card Number:**

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Type of card:  Visa  MasterCard  American Express

Cardholder Name (as it appears on the card): \_\_\_\_\_

3 Digit CVV Code: \_\_\_\_\_ Expiration Date (MM/YY): \_\_\_\_\_ Billing Address Zip Code: \_\_\_\_\_