



Amount Paid \$	CA/CK/CC	Date:	Staff Int.
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## D-M YOUTH PROGRAMS SPORTS REGISTRATION FORM

Youth's Name (Last, First, M.I)	Sponsor (Last, First, MI)	Spouse (Last, First, M.I)	Emergency Contact Name (other than Parent/Guardian)
Home Phone	Rank/Grade	Rank/Grade	Emergency Contact Phone #
Address/Zip	Duty Phone	Work Phone	Hospital Name/Phone #
Child's Date of Birth	Organization	Organization	Physician's Name
Gender: Male Female	Cell Phone	Cell Phone	Player's Years of Experience
I authorize emergency treatment for Youth named hereon:		Parent/Guardian Signature & Date	
Special needs care/chronic illnesses/allergies (please describe):		Adults authorized to sign Youth in/out	
Special instructions:			

**Check the appropriate:**

**League Age : \_\_\_\_\_**

- |  |  |
|--|--|
| <input type="checkbox"/> Flag Football 5-6 7-8 9-10 11-12<br><input type="checkbox"/> Basketball (Circle age group) 5-6 7-8 9-10 11-12 13-15<br><input type="checkbox"/> Baseball (T-ball, Coach Pitch, Minor, Major, Junior, Senior)<br>5-6       7-8               9-10 11-12 13-14 14-15<br><input type="checkbox"/> Softball (Ages 9-12) | <input type="checkbox"/> First Steps (football, basketball, soccer, t-ball)<br><input type="checkbox"/> Indoor Soccer 6-8 9-11<br><input type="checkbox"/> Clinic (football, basketball, baseball, soccer)<br><input type="checkbox"/> Instructional Class _____<br><input type="checkbox"/> Other _____ |
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**PHYSICALS AND BIRTH CERTIFICATES ARE MANDATORY. PLEASE SUBMIT A COPY OF EACH.** My child has had a sports physical within the last year. The physical was performed on \_\_\_\_\_ or I have a physical scheduled on \_\_\_\_\_.

I hereby give my permission for the child named above to participate in this sports activity. I, for myself and on behalf of my heirs, assigns, personal representatives and next-of-kin, I HEREBY RELEASE AND HOLD HARMLESS, Davis-Monthan Air Force Base Youth Center their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event (Releases), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I authorize any USAF hospital or any civilian hospital, if necessary, to render emergency medical treatment for my child in my absence for injuries sustained while in this activity or upon being ill while engaged in this activity. My child has permission to go on any trip schedule for his/her activity.

**PRIVACY ACT STATEMENT:**

**AUTHORITY:** 10 USC 8013; 44 USC 3101; EO 9397

**PRINCIPAL PURPOSES:** To provide Youth Programs with authorization for medical treatment in emergency situations, authorization for field trips, identify children and sponsor, record known allergies, record special needs requirements, and record special instructions. **ROUTINE USES:** Form may be furnished to civilian doctors or hospitals in the course of obtaining emergency medical attention for children. Information furnished may be disclosed, upon request, to other Federal, State or local governmental agencies in the pursuit of their official's duties. Finally, it may be used for other lawful purposes including law enforcement and litigation. **DISCLOSURE IS VOLUNTARY:** Failure to furnish information, may result in denial of admission of child(ren) to Youth Programs.

Permission to be photographed and/or videotaped, to support our documentation of children's learning at special functions during Youth Programs events. This may also include Base wide distribution of photo.

<b>I certify that the above information is current.</b> Parent/Guardian Signature	<b>Date</b>
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The Youth Sports Program relies heavily on the support of volunteers. Without volunteers, we would not be able to offer a sports program. Coaches training is provided. Your assistance is greatly appreciated!

Please check one: Coach ( ) Asst. Coach ( ) Team Parent ( ) Scorekeeper ( ) Umpire/Referee ( ) Other ( )

