



JOINT BASE LANGLEY-EUSTIS YOUTH SPORTS REGISTRATION

Activity: Baseball Basketball Cheerleading Flag Football Soccer Other: _____
 (Select one)

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 U.S.C. 801 2 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 to record youth/family information.
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 new media, used for other lawful purposes including law enforcement and litigation.
DISCLOSURE IS VOLUNTARY: Failure to provide the information may preclude the individual from participating in Air Force sponsored youth programs.

PARTICIPANT'S INFORMATION

Name: _____ Nickname: _____
 (Last) (First) (MI)
 Birth Date: _____ Grade in School: _____ Gender: Male Female
 (MM / DD / YY) (Select one)
 Height: _____ ft _____ in(s) Weight: _____ lbs Shirt Size: YS YM YL AS AM AL AXL
 (Select one)
 Playing Age: _____ Playing Experience: _____ yr(s) Skill Level: Beginner Intermediate Advanced
 (Select one)

SPONSOR'S INFORMATION

Name: _____ Rank/Rate: _____ Unit: _____
 (Last) (First) (MI)
 Status: Active Duty Civilian, APF Civilian, NAF Contractor National Guard
 (Select all that apply) Reserve Retired Wounded Warrior Other: _____
 Branch of Service: USAF USA USCG USMC USN Other: _____
 (Select one)

CONTACT'S INFORMATION

Name: _____ Relationship: _____
 (Last) (First) (MI)
 Cell No.: _____ Home No.: _____ Work No.: _____
 Personal Email: _____ Work Email: _____

VOLUNTEER OPPORTUNITIES

(Select all that apply. *Please ask staff for application.)

Coach* Team Parent Field Maintenance Administration
 Assistant Coach* Concessions Official/Referee Other: _____

REFUND POLICY

Full refunds will be processed for payments received for Youth Sports activities if participation is low and the program must be cancelled. Partial refunds maybe granted for medical reasons (doctor's note required), PCS Move (orders required), or for other reasons not stated here on a case by case basis. Funds may not be credited or transferred to another sport. Upon completion of the sports season refunds are no longer authorized. All refunds must be approved by the Youth Sports & Fitness Supervisor.

SIGNATURE OF PARENT/LEGAL GUARDIAN: _____ **DATE:** _____

FOR OFFICIAL USE ONLY

Staff Initials: _____ Registration Date: _____ Price: _____ Exam Date: _____
 (MM / DD / YY) (MM / DD / YY)

AIR FORCE YOUTH PROGRAMS REGISTRATION

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 U.S.C. 801 2 and 44 U.S.C. 3101.

PRINCIPAL PURPOSE: 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; disclosure to news media; used for other lawful purposes including law enforcement and litigation.

DISCLOSURE IN VOLUNTARY: Failure to provide the information may preclude the individual from participating 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>FOR CONTACT ABOVE</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

If you have noted an allergy, illness, injury, and/or any other special needs care in this box, Special Needs paperwork must be completed before your child will be allowed to participate in the Youth Sports program. **Please ask staff for paperwork.**

If any of these medical conditions require medication prescribed by a physician during the activity, an AF Form 1055 must be completed before your child will be allowed to participate in the Youth Sports program. Your child is not allowed to keep any medication. Medication must be given to their team coach or a YP staff member for safe keeping. **Please ask staff for paperwork.**

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

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



JOINT BASE LANGLEY-EUSTIS YOUTH SPORTS CODE OF ETHICS

PLAYERS' CODE OF ETHICS

I hereby pledge to be positive about my youth sports experiences and accept responsibility for my participation by following this Players' Code of Ethics pledge:

- I will encourage good sportsmanship from fellow players, coaches, officials and parents at every game and practice by demonstrating good sportsmanship.
- I will attend every practice and game that I can, and will 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, other players, officials and fans 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 environment that is free of drugs, tobacco and alcohol and expect adults to refrain from their use at all youth sports events.
- I will encourage my parents to be involved with my team in some capacity because it is important to me.
- I will do my very best in school.
- I will remember that sports participation is an opportunity to learn and have fun.

© National Alliance for Youth Sports

PLAYER ACKNOWLEDGEMENT

SIGNATURE OF PLAYER:

PRINTED NAME:

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

PARENT ACKNOWLEDGEMENT

SIGNATURE OF PARENT/LEAGAL GUARDIAN:

PRINTED NAME:

DATE:



CHILD HEALTH ASSESSMENT / SPORTS PHYSICAL

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 U.S.C. 801 2 and 44 U.S.C. 3101.

PRINCIPAL PURPOSE: To show the child is current for routine screening tests/preventive health services and immunizations according to the schedule recommended by the American Academy of Pediatrics, the Centers for Disease Control and Prevention, and the Academy of Family Practice.

ROUTINE USES: This form may contain personal medical information protected by the Privacy Act of 1974 (see AFI 33-332) and the Health Insurance Portability and Accountability Act (HIPPA) (see DoD 6025.18-R) not intended for disclosure outside government channels and exempt from mandatory disclosure under the Freedom of Information Act, 5 U.S.C., 552.

Exemption 6 may apply. Title 5, U.S.C. 552a, The Privacy Act of 1974, as amended, which affords individuals the right to privacy in records maintained and used by Federal agencies. NOTE: 5 U.S.C. 552a includes Public Law (PL) 100-503, The Computer Matching and Privacy Act of 1988.

DISCLOSURE IN VOLUNTARY: Failure to provide the information may preclude the individual from participating in program.

PART A: TO BE COMPLETED BY THE CHILD'S SPONSOR

CHILD'S NAME: (Last, First, MI)

CHILD'S DATE OF BIRTHDATE: (MM/DD/YYYY)

CHILD'S SPONSOR'S NAME: (Last, First, MI)

CHILD'S GENDER: (Pick one)

MALE OR FEMALE

CHILD'S HEALTH INFORMATION

Health history and medical information pertinent to routine child care and emergencies (describe, if any):

None

Allergies:

None

Is the above mentioned child covered by TRICARE for health emergencies?

YES

NO

Does the above mentioned child have health and accident insurance other than TRICARE?

YES

NO

Insurance Carrier

Policy / Group #

I give permission for the authorized personnel at the Joint Base Langley-Eustis Youth Programs including Youth Sports to have access to my child's health assessment information (to include this form).

Sponsor's Signature:

DATE:

PART B: TO BE COMPLETED BY THE CHILD'S HEALTH CARE PROVIDER

HEALTH PROBLEMS OR SPECIAL NEEDS, RECOMMENDED TREATMENT/MEDICATIONS/SPECIAL CARE: (e.g., asthma, chronic illness, hearing or vision impairments, feeding needs, neuromuscular conditions, urinary or other ongoing health problems. (Attach additional documentation if necessary)

None

HEALTH CARE PROVIDER'S STATEMENT: I have examined the above named child and/or reviewed their records and find that he/she is current for age-appropriate routine screenings, immunizations and medically able to participate in the program.

NAME OF MEDICAL CARE PROVIDER:

SIGNATURE OF MEDICAL CARE PROVIDER:

ADDRESS:

PHONE:

DATE FORM SIGNED:

VACCINE ADMINISTRATION RECORD

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974)

This document complies with Article 36 and Annex 6 of the World Health Organization International Health Regulations (IHR) of 2005. International Health Regulations call for this document to be accepted in lieu of the International Certificate of Vaccinations (PHS Form 731) when traveling outside the United States. In accordance with the IHR, this automated record is an equivalent document issued by the United States Armed Forces.

By inserting the Vaccine Information Statement (VIS) version date in the applicable field, providers verify that the vaccines(s) annotated were administered and current VISs were given to the parent, legal guardian or patient. This form complies with federal record-keeping requirements of the National Childhood Vaccine Injury Act of 1986 as amended 14 December 1993. Parent, guardian, or patient signature is not required unless state law mandates a guardian signature and proof of informed consent.

Vaccine (Series)	Date	Manufacturer	Lot Number	Dosage	VIS Version	Administering Tech

Immunization Exemptions

Vaccine	Exemption	Expiration Date

LAST ITEM

DO NOT MAKE ENTRIES BELOW THIS BLOCK

	Name:		Sex:
	Status:		Rank:
	Service:	Sponsor's SSAN:	DOB: