

DEPARTMENT OF AIR FORCE



YOUTH PROGRAMS

Keesler AFB

YOUTH SPORTS REGISTRATION PACKET

Keesler AFB
Biloxi, MS

CHECKLIST

Please complete the following documents.

- AF Form 88
- Youth Sport Registration Form
- Parent's Code of Ethics
- Credit Card Billing Information
- Copy of current immunization records, including Influenza vaccination
- Current Sport Physical*

*Children 4 years of age and younger and those not participating in a sport are not required to have a current sport physical.

Asthma / Allergy Information-If Applicable

- Completed Asthma/ Allergy Action Plan
- AF Form 1055
- Medication Carry Wavier

Please return the above documents to the Youth Center, Bldg. 6801. If you have any questions, please feel contact Eryn Hurley at 228-377-4116.

Thank you

-Youth Programs Staff

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 <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>SAME AS CONTACT</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

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



KEESLER AFB YOUTH PROGRAMS YOUTH SPORTS REGISTRATION

NAME OF CHILD (LAST, FIRST):		AGE AND BIRTH DATE (DD/MM/YYYY):	
SPONSOR NAME:	SPONSORS PHONE:	HOME PHONE OR CELL:	
BEST EMAIL CONTACT:			
YOUTH SHIRT SIZE (Indicate if size is a Youth or Adult size. i.e., YS for Youth Small, AS for Adult Small)			

As the parent or legal guardian of the child named above, I understand and agree to the following terms of registration and participation:

1. Teams will be organized based on the number of registrations and volunteer coaches.
 2. Age groupings may be changed based on the number of children registering, however IAW AFMAN 34-804, no more than a 2-year age grouping will be used. Upon an AETC waiver request, a player may be approved to play up in an age division, but will never be approved to play down in a lower age division.
 3. Registration does not guarantee placement on a specific team. Every attempt will be made to place siblings and peers on the same team, provided they are in the same age division, however this is not guaranteed.
 4. Refunds will only be made in the event that a child cannot be placed on a team, for short notice PCS, documented medical conditions and/or long term (half of season) emergency leave. Absolutely no refunds will be made after uniforms are ordered or by the date of the first practice, whichever comes first.
 - 5. A Sports Related Physical Examination is required and a copy must be presented prior to the start of the season. The sports physical must be valid throughout the duration of the season. A youth may not participate in practice or games until the physical has been completed.**
 - 6. A copy of up to date immunization records including a current season influenza vaccine is required and a copy must be presented prior to the start of the season.**
 7. All players and parents will show good sportsmanship both on and off the court during all practices and games. Any persistent misconduct will be cause for the parent to leave the practice or game and if continued, removed for the season. A **Parent's Code of Ethics** must be signed and on file prior to the start of the season.
 8. Coaches are volunteers for coaching only and parents must agree to ensure their child is not left unattended prior to start and for the duration of scheduled practices and games. Parents must remain at all practices and games with their child.
- NOTE: Registration is not complete or valid until the registration fee has been paid, and the Youth Sports Physical, and Parent's Code of Ethics forms are completed and turned in.**

I have read and understand the terms of this registration and participation agreement:

Parent/Guardian Signature: _____ **DATE:** _____

I am interested in opting in for Remind Text Messages: YES NO

If YES add Cell #1 _____ **Cell #2** _____

YP OFFICE USE ONLY

SPORT: _____	START SMART (3-4 YRS) _____
Date of Registration: _____	Amount Paid \$: _____
Date of Last Physical: _____	Payment Date: _____
<input type="checkbox"/> Physical Examination Completed	<input type="checkbox"/> Parents Code of Ethics Completed
<input type="checkbox"/> Current Immunizations	YP Staff Initials: _____

KEESLER AFB YOUTH PROGRAMS
YOUTH SPORTS PHYSICAL EXAMINATION

NAME: _____ AGE: _____ DATE OF BIRTH _____

ADDRESS: _____ CITY: _____ STATE _____ ZIP CODE _____

TO BE COMPLETED BY YOUR MEDICAL PROVIDER

Date of physical examination: _____

(DD/MM/YYYY)

RESULTS OF PHYSICAL EXAMINATION

Youth cleared to play sports with no exceptions: YES NO

Youth cleared to play sports with exceptions: (Please explain) YES NO

Youth not permitted to participate in sports at this time: (Please explain)

MEDICAL PROVIDER'S INFORMATION

MEDICAL PROVIDER'S STAMP

DATE

MEDICAL PROVIDER SIGNATURE



YOUTH PROGRAM SPORTS
Automatic Billing Information

Note: We accept Visa and MasterCard only.

Youth's Name: _____

Cardholder's Name (As it appears on Credit Card): _____

Account Number: _ _ _ _ - _ _ _ - _ _ _ - _ _ _ -

Expiration Date (MM/YY): _____ / _____

I hereby authorize the Keesler Youth Center to automatically charge my credit card for the following:
(Please initial on the left.)

_____ Soccer Registration: \$50 per youth

Total amount: _____

PARENT SIGNATURE: _____ DATE: _____

This document contains personal data to the Privacy Act of 1974, 10USC 8012 & EO 9397. It requires safeguarding and disclosure only as authorized in AFL 33-332.

CONFIDENTIALITY APPLIES.



Parents' Code of Ethics



I hereby pledge to provide positive support, care, and encouragement for my child participating in youth sports by following this PAYS 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 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 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 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.

I will read the National Standards for Youth Sports and do what I can to help all youth sports organizations implement and enforce them.

Parent Signature

Date

List Each Child's Name: