

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

<b>SIGNATURE OF PARENT/LEGAL GUARDIAN</b>	<b>DATE</b>
---	-------------

### FOR USE BY YOUTH PROGRAM STAFF (COMPLETE & INITIAL)

<b>PROGRAM ORIENTATION DATE</b>	<b>MEMBERSHIP CARD ISSUE DATE</b>	<b>MEMBERSHIP CARD NUMBER</b>
<b>EXPIRATION DATE</b>	<b>MEMBERSHIP FEE PAID</b>	<b>STAFF INITIAL / DATE</b>



### **PARENTS CODE OF ETHICS PLEDGE:**

**\*\*\*Parents: Please review with your child prior to the sports season and return signed form to the youth center. Registration is incomplete without this signed form.\*\*\***

- 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?

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_



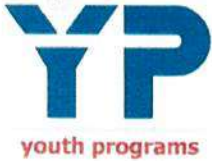
**PLAYERS CODE OF ETHICS PLEDGE:**

**\*\*\*Parents: Please review with your child prior to the sports season and return signed form to the youth center. Registration is incomplete without this signed form.\*\*\***

**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 from fellow players, coaches, officials, and parents at every game and practice.
- I will attend every practice and game that is responsible 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.

Child's Signature \_\_\_\_\_ Date: \_\_\_\_\_



**Family Member Programs Flight  
Child Information Sheet**

This form must be completed by all parents for their child(ren) attending any of the actives in the Family Member Programs Flights: Child Development, School Age Programs, Family Child Care, Open Recreation, Youth Sports and Teen Center.

Please Review the following list of special needs. If your child has been identified as having one or more these special needs, please indicate which needs have been identified.

Food Allergies	Yes _____	No _____
Behavior Disorder (Specify)	Yes _____	No _____
Physical Disabilities (Specify)	Yes _____	No _____
Speech/Language Delayed	Yes _____	No _____
Hearing Impaired	Yes _____	No _____
Developmentally Delayed	Yes _____	No _____
Diabetes	Yes _____	No _____
Asthma	Yes _____	No _____
Vision Impaired	Yes _____	No _____
ADHD (Attention Deficit Hyperactivity Disorder)	Yes _____	No _____
ADD (Attention Deficit Disorder)	Yes _____	No _____
Breathing Difficulties	Yes _____	No _____
Heart Monitor	Yes _____	No _____
Seizures	Yes _____	No _____
Lead Poisoning	Yes _____	No _____
Attending an At Risk Preschool of Pre-K	Yes _____	No _____
Other Medical or Mental Condition (Specify)	Yes _____	No _____

Specify Identified Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Date

Circle One: Child Development Center  
Family Child Care  
Teen Center

School Age Care  
Open Recreation  
Youth Sports

