

Sports Registration 2018

Child's Name	Date Of Birth (d/m/y)	Age	Sex	Child's Experience	Child's Height/Weight
Attach Physical AND Immunizations Forms	Sports Physical Completed <input type="checkbox"/> Y/N <input type="checkbox"/> Date Expires (m/y)	<input type="checkbox"/> Up-To-Date Immunizations On File?	<input type="checkbox"/> Y/N	Shirt Size <input type="checkbox"/> YXS <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL	
Sponsor's Name	Rank	SQ/Organization	Duty Phone	Cell Phone	
Spouse's Name	Cell Phone		Home Phone		
Emergency Contact	Phone Number	Authorized to walk home Y/N		Adults authorized to pick up	

1. I have received the mandatory parent orientation letter. Y / N _____ Initial _____ Date _____

2. I give MHAFB Youth Center permission to take photos of my child. Y / N _____ Initial _____

MEDICAL RELEASE: (check box)

Is your child currently taking any medication or has any medical condition staff may need to be aware of? [] YES [] NO

IF YES, LIST MEDICATION(S) AND ANY MEDICAL CONDITION(S)

* **PRIVACY ACT STATEMENT:** AUTHORITY: 10 U.S.C. 8013. PURPOSE: To obtain personal information concerning participants in MHAFB Youth programs. ROUTINE USES: For internal use only except as permitted by federal law. DISCLOSURE: Discloser of the requested information is voluntary. Nondisclosure may prevent your child from participating in MHAFB Youth programs.

Age Division

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	5	6-7	8-9	10-12	13+

Age at start of season

Which sport are you registering your child for?

Spring Soccer <input type="checkbox"/>	Baseball <input type="checkbox"/>
T-Ball <input type="checkbox"/>	Fall Basketball <input type="checkbox"/>
Fall Soccer <input type="checkbox"/>	Winter Basketball <input type="checkbox"/>
Cheerleading <input type="checkbox"/>	Other: _____

If I am to request a refund it must be completed before the first practice of the season. Additionally, I must receive my refund and cannot hold it on file for future use. _____ (Initial)

Coaches and Coach Assistants Needed

If you are interested in coaching for the MHAFB Youth Sports Program, please complete the following:

Which age group are you interested in coaching? _____ Do you have a CPR/First Aid Cert? Y/N

Are you certified with NAYS? Y/N What is the best way to get in contact with you? _____

Please get a coaches application from front desk.

PLEASE LOOK AT THE BACK!

PARENT'S CODE OF ETHICS

I hereby pledge to provide positive support, care and encouragement for my child participating in youth sports by following this ***PARENT'S CODE OF ETHICS PLEDGES:***

- 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 inform the coach of any physical, emotional or mental disability or ailment that may affect the safety of my child or the safety of others.
- I will place the emotional and physical well-being of my child ahead of a personal desire to win.
- I will teach my child that doing one's best as part of the team is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.
- 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 refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.
- 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 praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
- I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.
- I will have my child to practices/games on time and pick my child up from practices/games on time.

PARENT'S NAME

PARENT'S SIGNATURE

DATE

**MARK THE APPROPRIATE BOX FOR YOUR STATUS AND
YOUR CHILD'S AGE**

	5 & UNDER	AGE 6-9	AGE 10-12	AGE 13-18
Active Duty Air Force:				
Active Duty Other:				
DOD Civilians:				
Reserve:				
National Guard:				
Coast Guard:				
Retirees:				
Contractors:				
Other:				

What sports would you like to see offered by MHAFB Youth Sports? We currently offer:

- Soccer
- T-Ball
- Basketball
- Indoor Soccer
- Cheerleading