

Youth Sports Registration Form



MANDATORY

*Must be a current member of youth programs to participate
A copy of most current physical must be provided to participate*

PLEASE PRINT CLEARLY

Sport _____ Age as of 1st game _____ M / F

Player's Information _____ Shirt Size - ys/ym/yl/AS/AM/AL/AXL

Last Name _____ First Name _____ DOB _____

MM/DD/YY

Sponsor's name _____ Unit _____

Home phone _____ Work phone _____

Email _____

Emergency contact information

Last Name _____ First Name _____

Home phone _____ Work phone _____

PARENTS' CODE OF ETHICS

- 1) I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice or other youth sports event.
- 2) I will place the emotional and physical well being of my child ahead of a personal desire to win.
- 3) I will insist that my child play in a safe and healthy environment.
- 4) I will support coaches and officials working with my child in order to encourage a positive and enjoyable experience for all.
- 5) I will demand a sports environment for my child that is free of drugs, tobacco, and alcohol, and I will refrain from their use at all youth sports events.
- 6) I will remember that the game is for the youth not the adults.
- 7) I will do my best to make youth sports fun for my child.
- 8) I will ask my child to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed, or ability.
- 9) I promise to 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.
- 10) 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.
- 11) I will read the NYSCA National Standards for Youth Sports and do what I can to help all youth sports organizations implement and enforce them.

Liability Waiver/Medical release

I give my permission and approval for the above named child to participate in the Youth Sports Program. I assume all risks and hazards associated with participation, including transportation to and from selected activities. I hereby waive and release the USAF, organizers, supervisors, and persons transporting my child from any claim of injury to my child. I hereby authorize any medical health care facility to render emergency care to my minor child in the event of injury relating to participation in Yokota AB Youth Program sponsored activities. I understand that Yokota AB Youth Programs, board of trustees, officers, staff, and coaches will not be held liable for any injury or accident to the above named child while participating in Yokota AB Youth Programs.

I hereby pledge to live up to the NYSCA code as a parent and agree to the above liability release

Print Name

Signature/date

Refund date _____

Payment received date/stamp _____

PRIVACY ACT OF 1974 APPLIES