

# SJAFB YOUTH SPORTS REGISTRATION FORM

## PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 8013; 44 USC 3101

**PRINCIPAL PURPOSE:** To register dependent youth of military, retired and DoD personnel in a Youth Activities Program.

**ROUTINE USES:** To accept entries in Air Force sponsored youth activities programs and monitor participation. Information furnished may be (1) disclosed to any DoD component or part thereof, and upon request to other Federal, State or Local Government agencies in the pursuit of their duties, (2) disclosed to news media announcing participation, (3) 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 the Air Force sponsored youth activities program.

Print Childs Name (First, Middle Initial, Last)	Gender	AGE of child	Date of Birth (mm/dd/yyyy)
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Home Phone	Sponsors Duty Phone	Cell phone	Address
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Sport or Activity registering for? Circle one Soccer Basketball Softball Baseball Coach Pitch T-Ball Cheerleading START SMART	T-shirt Size  Shorts Size	Staff post: Payment type?  Credit Card      Cash	Amount of Payment:  _____
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Parent Code of Conduct Signed? Circle one: Yes No	Current Physical Form already on file?  Yes / No	Years of experience:
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- A Sports Medical Clearance form must be done annually and on file with the Youth Center before the child participates in any team sport
- I hereby give my permission and approval for the above named child to participate in all activities required for this sport
- I assume all risks and hazards incidental to such participation, including transportation and I release the Youth Center, Coaches, Volunteers and participants from any claim arising from any injury to my child
- Any health problems or limitations we should be aware of:
- **As the parent/guardian of this child I am interested in:** Coaching \_\_\_\_\_ Asst. Coaching \_\_\_\_\_ Team Parent \_\_\_\_\_

## EMERGENCY MEDICAL DATA AND CONTACT INFORMATION

### PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 8013; 44 USC 3101; EO 9397

**PRINCIPAL PURPOSE:** To provide Youth Flight Programs with authorization for medical treatment in emergency situation; identify children and sponsor; record known allergies; record income data; record special needs requirements; and record special instructions

**ROUTINE USES:** This form may be furnished to civilian doctors or hospitals in the event emergency medical treatment for your child is needed. Information provided on this form may be disclosed, upon request, to other Federal, state or local government agencies in the pursuit of their official duties. Finally, it may be 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 the Air Force sponsored youth activities program.

SPONSOR NAME (Print First & Last Name)	MARITAL STATUS	SPOUSE NAME (Print First & Last Name)	
SPONSOR RANK/GRADE	SPONSOR CELL PHONE #	SPOUSE RANK/GRADE	SPOUSE CELL PHONE #
SPONSOR'S ORGANIZATION	SPONSORS EMAIL ADDRESS	SPOUSE WORK PHONE	SPOUSE EMAIL ADDRESS
EMERGENCY CONTACT PERSON	EMERGENCY CONTACT PHONE	PRIMARY PHYSICIAN'S NAME	PHYSICIAN'S PHONE

SPECIAL NEEDS OR INSTRUCTIONS

**PERFERRED E-MAIL ADDRESS-PLEASE WRITE CLEARLY:**

SPECIAL CARE/CHRONIC ILLNESSES/ALLERGIES OF CHILD	I Authorize Emergency treatment for the child here named below
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*I the undersigned parent or guardian, agree that all information provided on this document is accurate and true to the best of my Knowledge. I also agree that the videotaped or photographed image of my child participating in the above named Youth Sport activity may be utilized in an outlet used to promote or publicize future or current youth programs activities.*

\_\_\_\_\_  
Parents Signature

\_\_\_\_\_  
Today's Date