

Eielson AFB Youth Sports Registration

Our Mission

To provide a variety of recreational and league sports activities for youth. To provide opportunities for all youth participants to develop physically, socially, cognitively and have fun.

<i>Please List Youth Sport Registering For</i>
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<u>Youth, First, MI, Last Name:</u>	<u>Playing Age:</u>	<u>Date of Birth:</u>	<u>Sex:</u> Male or Female
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<u>Parent(s) Name(s):</u>	<u>Organization:</u>	<u>Work Phone:</u>
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<u>Home Phone:</u> # ()	<u>Cell Phone(s)</u> # () # ()	<u>Parent Email Address(es):</u> 1 2
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<u>Has Child Played Before?</u> Y N	<u>Shirt Size:</u> <i>Youth</i> <i>Adult</i> _____	<u>How did You Hear about the Activity:</u>
<u>How many Years?</u>		
<u>Youth Height?</u>		

I the parent/guardian of the above child, do hereby give my permission for his/her attendance and participation in the Youth Activities Sports Program.

MEDICAL CARE AUTHORIZATION: I hereby authorize my child to receive emergency medical treatment whenever deemed necessary at any US Military Medical Facility or any other medical facility when a US medical facility is not available.

HOLD AND SAVE HARMELSS AGREEMENT: Now, therefore in consideration of mutual covenants and agreements between the parties hereto it is agreed as follows: We the parents of the above named child agree to save harmless and defend the base Youth Activities, MWR Divisions, 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 arising out of, claimed on account of, or in any manner predicated upon injuries received in any manner caused or contributed to the Youth Activities Sports Program by the contractor, his agents, servants, or employees. Parent further agrees to save harmless the contractor and all other parties involved from and on account of damages of any kind which the child may suffer as the result of participating in the Youth Activities Sports Program.

UNIFORM AND EQUIPMENT RETURN: In consideration of the benefits to my child from the Youth Activities Sports Program. I agree to either return the uniform and/or equipment issued to my child in as good a condition as when received, except for normal wear and tear, or I will pay the Youth Activities Sports Program. I agree to either return the uniform and/or equipment issued to my child in as good a condition as when received, except for normal wear and tear, or I will pay the Youth Activities the reasonable cost of repairing or replacing the said items.

TRANSPORTATION: I agree to pay transportation for my child to participate in any special or championship team games which may involve competition at distant locations except when specifically supported by Youth Activities.

MEDIA RELEASE: I authorize the 354th Services Squadron the unlimited right to use and/or reproduce photographs, videotape, likenesses or the voice of my child in any legal manner for the internal or external promotional/informational activities of the 354th Services Squadron and the United States Air Force.

Would you like to be a volunteer? Yes No

Signature of Parent/Guardian

Office Use Only

Staff Initials

Date Paid

Physical Date

Amount Paid

Eielson Youth Sports

354FSS.FSFY.YouthPrograms@us.af.mil
(907) 651-8414



When a youth participates in the Eielson Child and Youth Sports Program, he/she and their guardian must accept certain responsibilities. These responsibilities are based on common sense and respect for others. We have a minimum number of guidelines, which the participants must follow:

PLAYER: I hereby state that:

1. I, as a player, will use every effort to be a positive member of my team and exhibit good sportsmanship at all times.
2. I will keep in mind that this is an extra-curricular activity and will keep my grades and behavior at an appropriate level so that I may participate.
3. I will attempt to attend and actively participate in every practice and event scheduled. If I cannot make it, I will inform my coaches as to why I am unable to attend.
4. I will practice and play to the best of my ability.
5. I recognize that I am playing a team sport; as such the interests of the team shall take precedence over individual exploits.
6. I will not criticize the performance of another teammate, a coach's decision, a referee's call or an opponent.
7. I will conduct myself in a respectable manner at practices and at games.
8. I will not attempt ever to deliberately injure another player.
9. I realize that failure to comply with the above regulations will result in loss of game time or suspension from athletic participation.

PARENT: I hereby pledge to:

1. Provide positive support, care and encouragement for my child's participation in youth sports by following this code of ethics.
2. I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game, practice, or other youth sport event.
3. I will place the emotional and physical well-being of my child ahead of any personal desire to win.
4. I will insist that my child play in a safe and healthy environment.
5. I will demand a drug, alcohol and tobacco free sport environment for my child and agree to assist by refraining from their use in the playing facilities.
6. I will remember that the game is for the children and not for the adults.
7. I will do my very 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 will make every effort for my child to attend all practices and games and I will give proper notification to the coach if they are unable to attend.
10. I will see that all the requested fees are paid in full before my child participates.

Parent Signature: _____ Date: _____

Youth Signature: _____ Date: _____



Youth Sport: _____

Athlete Name: _____

Amount to Deduct: _____

Email Receipt To: _____

Eielson Youth Programs Credit Card Authorization

Type of card:

_____ Visa _____ MasterCard

Credit Card Number:

Expiration Date (MM/YY):

__ / __

CCV __ __ __

Cardholders name as it appears on the card

I understand that if this card is not current and is disproved my child is subject to be removed from enrollment. I may have to re-enroll my children, space permitting.

By signing below, I authorize Youth Programs to charge my account for the amount to deduct balance listen on the form above. I understand that once the payment amount is deducted, this Credit Card Authorization form will be shredded and my information will not be stored for future sports programs.

Signature of cardholder

Date

This document contains personal data subjected to the Privacy Act of 1974, 10 USC 8012 & E) 9397. This document requires safeguarding and disclosure as authorized in AFI-37-132. Confidentiality applies.