



Peterson AFB Youth Sports & Fitness Registration

Privacy Act of 1974

Authority: Title 10, United States Code, Section 8013

Principal Purposes: To obtain youth and family program eligibility and background information for proper team assignment.

Routine Uses: To notify the parents in case of emergency, to contact the parents/guardian relative to participation in programs.

Disclosure: Disclosure of requested information is voluntary, but not providing will limit access to Youth Programs activities.

*This applies to all pages in the Youth Sports Application package.

For fastest service, please complete this packet digitally and email to Tracy.Lindley.1@us.af.mil

Start Smart 3-4 yr olds (\$45) **Development 5-18 yr olds (\$65)** **Cheer 5-18 yr olds (\$75/\$25)****
** \$75 Without Uniform/\$25 With Uniform

Basketball **Winter Cheer** **Soccer** **Baseball** **Flag Football** **Fall Cheer** **Indoor Soccer**
Approx: (Jan-Mar) (Jan-Mar) (Mar-May) (Jun-Aug) (Sep-Oct) (Sep-Oct) (Nov-Dec)

"Year-Round Sports Savings!!" - - Sign up for 5 sports at once & get one sport FREE (\$65/\$45 savings)!!

JERSEY SIZE: **YOUTH:** Small Medium Large **ADULT:** Small Medium Large

SHORT SIZE: **YOUTH:** Small Medium Large **ADULT:** Small Medium Large

Child's ETHNICITY (select one) and RACE (select one or more)

Ethnicity Hispanic / Latin Not Hispanic/ Latino Other **Race** (A) Asian; (AI) American Indian/ Alaskan Native; (B/AA) Black or African American; (H/PI) Native Hawaiian or Pacific Islander; (W): White

Child Name: _____ DOB: _____ Age: _____ Male/Female: _____ Years of experience: _____

Sponsor Name: _____ DSN#: _____ Cell #: _____

Rank: _____ Branch: _____ Email: _____

Spouse Name: _____ Spouse's Cell #: _____

Emergency Contact Name (**other than parents**): _____ Cell #: _____

PHYSICAL / IMMUNIZATIONS: Per AFI 34-144, (11.28.6) and (11.5.3.2.) A current sports physical and immunization records are required to participate in youth sports. Physicals and immunization records must be turned in at the time of registration. No exceptions. Physicals must be valid through the current sport season. The league must be informed of any medical conditions that require special treatment or attention.

Medical Concerns: _____

EQUIPMENT: Players must provide their own safety items (mouth guard, shin guards, shoes, etc.).

I, the parent or guardian of the above named child; give my approval for his/her participation in the above named Sports. I understand that I assume all risks involved in such participation. I hereby waive, absolve and agree to hold harmless the R.P. Lee Youth Center, sponsors, supervisors, and other participants from liability for loss or injury incurred by my child during, or as a result of participation in this activity.

I further state that I am fully aware of the possible risks encountered by a participant in the Youth Center's activities.

Parent/ Guardian Signature

Date

I would like to VOLUNTEER: Coach Assistant Coach (Pick up a Volunteer Packet from the Youth Center Front Desk)

STAFF USE ONLY

Amount/Date PD: _____ Payment Type _____ Physical Date: _____
Staff Initials: _____ Refund _____ Shot Record : _____



Parents' Pledge & Code of Ethics

Child's Name: _____

I hereby pledge to provide positive support for my child participating in youth sports by following the National Alliance for Youth Sports & Peterson Youth Sports "Parent's Code of Ethics:

1. I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game, proactive or other youth sports event.
2. I will place the emotional and physical well-being of my child ahead of my personal desire to win.
3. I will insist that my child play in a safe and healthy environment.
4. 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 Coach's Code of Ethics.
5. I will support coaches / officials working with my child, in order to encourage a positive and enjoyable experience for all.
6. I will demand a sports environment for my child that is free from drugs, weapons, tobacco and alcohol and will refrain from their use at all youth sports events.
7. I will remember that the game is for youth – not adults.
8. I will do my best to make youth sports fun for my child.
9. I will ask my child to treat other players, coaches, fans, and officials with respect regardless of sex, race, creed or ability.
10. I will help my child enjoy the youth sports experience by doing whatever I can, such as being a respectable fan, assisting with coaching or providing transportation.
11. I will read the National Standards for Youth Sports and do what I can to help all youth sports organizations implement and enforce them.
12. No pets will be permitted at any youth sports event or facility.
13. I hereby pledge to be a positive role model.

Special note: Coaches will discuss this pledge with parents during the initial parent's meeting.

***PARENT/GUARDIAN:** Please check box if applicable, print/ sign name and date the form below.

Photo Release: *Do you agree that your child can have his/her picture taken by a member of the 21st Force Support Squadron or base newspaper staff for publicity purposes?* YES NO

***PARENT/GUARDIAN- REQUESTS/CONCERNS/NEEDS:**

Parent/Guardian Signature

Date



Fees Authorization

This form is optional, however, failure to complete will require a visit to the Youth Center before the program/activity to make payment.

Child's Name: _____

Type of Card:

Visa

Master Card

Credit Card/ Debit Card Number:

UPN Security Code (back of card):

Expiration Date (MM/YY): / Updated: /

Cardholder Name (as it appears on the card): _____

Cardholder Phone Number: _____

By signing below, I authorize Peterson AFB Child and Youth Programs to automatically charge my account for any balance due for services I have signed up for that have not been paid by the due date established for the program/activity. I understand that the balance due includes applicable late fees for this service.

Year-Round Sports Customers: Your card will be charged approx. 1 month before practices begin for each sport through the year.

Signature Date

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This document contains personal data subject to the Privacy Act of 1974, 10 USC 8012 and EO 9397. Requires safeguarding and disclosure only as authorized in AFI 37-132. Confidentiality applies.