Thank you for your interest in WPAFB Youth Sports Programs! Please take the time to fill out the following information accurately. When complete, return it to the appropriate person(s) according to the following directions:

**Return to Youth Center:** Participant/Volunteer Registration Form, Proof of Age (i.e. copy of Birth Certificate or Military I.D.)

**Give to Coach:** Youth Sports Medical Information and Release form.

**Read and Keep:** Parents Code of Ethics

**NOTES:**
*An annual physical is required and a copy must be provided to the Youth Center to be kept on file.

*Youth must be eligible to participate in WPAFB Youth Activities (i.e. legal dependent(s) of DoD employees). Supporting documentation may be required.

The WPAFB Youth Sports Program is always looking for volunteers willing to help coach and participate in our Sports Advisory Board. ANY assistance you are willing to provide towards enhancing the experiences of our youth will be greatly appreciated!

Thank You!
WPAFB Youth Sports Staff
Baseball (ages 5-18)
- Registration starts end of January. Runs through the second week of March.
- Practice starts beginning of April. Regular season starts beginning of May.
- A copy of annual Physical given within 12 months of end of season is required.
- Runs through end of June. All-Star tournament ends mid-July.
- Current cost is $55.00, $65.00 after registration closes unless you have PCS orders.
- 1-2 games per week.
- Participate in Little League Baseball.

Soccer (ages 4-13)
- Registration starts end of April. Runs through the end of June.
- Practice starts beginning of August. Age cutoff is July 31 (age as of that date).
- A copy of annual Physical given within 12 months of end of season is required.
- Regular season starts beginning of September. Runs through end of October.
- Current cost is $55.00, $65.00 after registration closes unless you have PCS orders.
- 1-2 games per week. One during the week and one on Saturday.
- Participate in Soccer Association for Youth (SAY).

Basketball (ages 5-18)
- Registration starts second week of September. Runs through end of October.
- Practice starts first week of December.
- A copy of annual Physical given within 12 months of end of season is required.
- Regular season starts beginning of January. Runs through second week of March.
- Current cost is $55.00, $65.00 after registration closes unless you have PCS orders.
- 1-2 games per week. Mostly Saturday games.
- Compete against other peers registered in the program.

Flag Football (ages 5-12)
- Registration starts third week in July. Runs to the end of August.
- Practices start end of August.
- A copy of annual Physical given within 12 months of end of season is required.
- Regular season starts middle of September. Runs to the end of October.
- Current cost is $55.00, $65.00 after registration closes unless you have PCS orders.
- 2 games per week. Tuesdays and Thursday.

COACHES AND VOLUNTEERS ARE ALWAYS NEEDED!!!
PARENTS’ CODE OF ETHICS

I hereby pledge to provide positive support, care, and encouragement for my child participating in youth sports by following this Parents’ Code of Ethics:

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 place the emotional and physical well being of my child ahead of my personal desire to win.

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 Coaches’ Code of Ethics.

I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.

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 adults.

I will do my very best to make youth sports fun for my child.

I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.

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 read the National Standards For Youth Sports and do what I can to help all youth sports organizations implement and enforce them.

© National Alliance For Youth Sports
YOUTH ACTIVITIES REGISTRATION FORM

"THE UNDERSIGNED IN CONSIDERATION OF PERMISSION FOR MY CHILD TO PARTICIPATE IN THE WRIGHT PATTERSON YOUTH SPORTS PROGRAM, AGREE TO SAVE, HOLD HARMLESS, INDEMNIFY, AND DEFEND THE UNITED STATES AND ITS AGENTS FROM ANY AND ALL LIABILITY AND CLAIMS OF WHATEVER KIND, INCLUDING BUT NOT LIMITED TO PERSONAL INJURY AND PROPERTY DAMAGE, OCCURRING IN THE CONNECTION WITH OR RISING OUT OF THE ACTIVITIES OR CONDUCT WITH THE PROGRAM. I ALSO AGREE TO ASSUME RESPONSIBILITY FOR AND INDEMNIFY THE UNITED STATES AND ITS AGENTS FOR ANY AND ALL LOSS AND DAMAGE OF WHATEVER KIND CAUSED TO THE PROPERTY OF THE UNITED STATES IF SUCH LOSS OR DAMAGE IS THE RESULT OF THE NEGLIGENCE OR MISCONDUCT OF MY CHILD AT ANY LOCATION CONNECTED WITH THE PROGRAM."

REGISTRATION FOR (SPORT/ACTIVITY: _______________________________________________________________

CHILD'S NAME: ______________________________________________________________________________________
SEX: ___________  HEIGHT (INCHES):________________  WEIGHT (POUNDS):________________________
DATE OF BIRTH: (YYYY/MM/DD) ___________________________  YEARS OF EXPERIENCE:_____________________
MY CHILD HAS THE FOLLOWING HEALTH CONDITIONS:__________________________________________________
MY CHILD TAKES THE FOLLOWING MEDICATIONS:___________________________________________________

SPONSOR’S NAME/RANK: __________________________________________  E-MAIL(S)_________________________
SQUADRON/OFFICE SYMBOL: __________________  SPouse’S NAME: __________________________
HOME ADDRESS:_______________________________  CITY:________________________  ZIP:____________________
HOME PHONE:____________________  DUTY PHONE:____________________________  CELL PHONE:____________________

**EMERGENCY CONTACT (IN CASE WE CANNOT NOTIFY THE SPONSOR OR SPOUSE)**

CONTACT NAME: ___________________________________________  HOME PHONE:____________________  WORK PHONE:____________________
CELL PHONE:____________________________________________

I HAVE READ AND UNDERSTAND THE PARENTS CODE OF ETHICS. MY CHILD HAS HAD A PHYSICAL IN THE LAST 12 MONTHS AND IS CLEARED TO PLAY SPORTS.

(ATTACH A COPY OF THE PHYSICAL)

SIGNATURE (PARENT/GUARDIAN):______________________________________________________________

ANY SPECIAL REQUESTS: _________________________________________________________________
(SPECIAL REQUESTS ARE NOT GUARANTEED)

IF YOU WISH TO BE A COACH, PLEASE FILL OUT A VOLUNTEER FORM

SHIRT SIZE                                            PANTS SIZE
YOUTH SMALL  _________   YOUTH SMALL
YOUTH MEDIUM _________  YOUTH MEDIUM
YOUTH LARGE _________  YOUTH LARGE
ADULT SMALL _________  ADULT SMALL
ADULT MEDIUM _________  ADULT MEDIUM
ADULT LARGE _________  ADULT LARGE
ADULT X-LARGE _________  ADULT X-LARGE

THIS FORM IS PROTECTED BY THE PRIVACY ACT OF 1974

IMAGE RELEASE: by initialing below, permission is granted for the image of the participant above to be used in local newspapers and other printed material to promote/publicize the youth sports program.

Initials of parent/guardian________________

THIS REGISTRATION FEE IS NON-REFUNDABLE EXCEPT FOR PCS OR DOCTORS STATEMENT.

FEE PAID:_____  CASHIER:_______  DATE:_______  CHECK #:_________  RECIEPT #:_________

CASHIER:____________________________
ATHLETIC PRE-PARTICIPATION SCREENING FORM
NOTE: A valid physical must be given within 12 months of the start of the Sports season

Section 1- to be filled out by parent or guardian in regard to student-athlete

Student Name_______________________________________ DOB/AGE__________/__________

Parent/Guardian Home Address_____________________________________________________________________________________

Parent/Guardian Work Phone_________________________________ Home Phone____________________________________

Circle sports in which athlete will participate: Baseball, Basketball, Football, Soccer, Softball,

MEDICAL HISTORY OF STUDENT-ATHLETE

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you even been hospitalized?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Have you ever had surgery?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Are you presently taking any medication or pills?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Do you have any allergies (medication, bee stings or other stinging insects, etc.)?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Have you ever had a racing of your heart or skipped heartbeats?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Has anyone in your family died of heart problems or a sudden death before the age of 50?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Have you ever had chest pain during or after exercise?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Do you have any skin problems (itching, rashes, acne, etc.)?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Have you ever had a concussion?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Have you ever had heat stroke or heat exhaustion?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Have you ever passed out or been dizzy during or after exercise?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Have you ever had a seizure?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Have you ever get tired more quickly than your friends during exercise?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Have you ever had a head injury?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Have you ever been knocked out or unconscious?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Have you ever fainted?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Have you ever had any problems with your eyes or vision?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Have you ever had heat or muscle cramps?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Have you ever had a stinger, burnet, or pinched nerve?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Have you ever had any abnormal bleeding or bruising?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Have you ever sprained, strained, dislocated, fractured, broken, had swelling of, or any other injuries of any bones or joints?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Have you ever had any other medical problems (infectious mononucleosis, diabetes, etc.)?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Have you ever had any other significant medical conditions or history?</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

If you answered “YES” to any of the above questions, please attach explanations to this sheet.

Section 2- to be filled out by the Medical Professional:

Height___________   Weight__________   B.P.__________/__________   Pulse__________   Eyes: R_____   L_____

Orthopedic Findings_________________________________  Scoliosis_____   Heart_____   Lungs_____   Hernia_____  

Comments:_______________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

SIGNATURE SIGNIFIES THAT ATHLETE IS CLEARED TO PARTICIPATE IN SPORTS

Attending Physician (print):__________________________________________  Office Phone:________________________

Physician’s Signature:_______________________________________________ DATE:_____________________________

THIS FORM IS TO BE FILLED OUT COMPLETELY, FILED IN THE WPAFB YOUTH SPORTS OFFICE