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
“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.”

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.

SIGNATURE (PARENT/GUARDIAN): ____________________________________________________________________________

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

REGISTRATION FOR (SPORT/ACTIVITY) Baseball, Basketball, Cheer leading, Flag Football, Soccer, Softball, Other: ________

CHILD’S NAME: ______________________________ AGE: __________

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: __________________________

ANY SPECIAL REQUESTS: __________________________________________________________________________

SPECIFY REASON FOR REQUEST: ____________________________

(SPECIAL REQUESTS ARE NOT GUARANTEED)

(MUST HAVE A COMPLETED PHYSICAL SIGNED BY A DOCTOR - NO PHYSICAL NO PLAY)

SHIRT SIZE (CIRCLE ONE): YXS YS YM YL AS AM AL AXL

PANTS SIZE (CIRCLE ONE): YXS YS YM YL AS AM AL AXL

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 #: __________ RECEIPT #: __________

THIS FORM IS PROTECTED BY THE PRIVACY ACT OF 1974
AUTHORIZATION FOR PHOTOGRAPHS
Involving a Minor

In order to support the promotion and advertising of Air Force Service Programs, I hereby consent to have photographs taken of the minor named below, in support of this promotional and advertising effort. As the parent/guardian of the minor being photographed, and by signing below, I hereby grant to the United States, the U.S. Air Force, and all instrumentalities and agencies thereof (the Government), the right and license to use, re-use, copy, publish, and re-publish the photographs in any medium,, free of any claims or demands thereof.

I acknowledge that the Government, including its officers and employees acting in their official capacities may use, re-use, copy, publish, and re-publish these photographs in Government or commercial publications, on web-based sites, and in or on other electronic publishing media. I also acknowledge that these photographs may be used in Trade Shows and like events.

I understand that these photographs are for the express purposes of promoting and advertising Air Force Services Programs and I am providing this AUTHORIZATION for those purposes only. I represent that I am the Parent/Guardian of the named minor, and that I have full authority to sign and consent to the foregoing on behalf of the named minor. By signing this AUTHORIZATION, I expressly waive any compensation or remuneration from the Government to which I, or the named minor, might be entitled as a result of the taking of use of the photographs covered by this AUTHORIZATION.

NAME OF MINOR (PRINT)  PARENT/GUARDIAN
(PRINT)

DATE  SIGNATURE-PARENT/GUARDIAN
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
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 ever been hospitalized?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever had surgery?</td>
<td></td>
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<tr>
<td>Are you presently taking any medication or pills?</td>
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<tr>
<td>Do you have any allergies (medication, bee stings or other</td>
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<tr>
<td>Have you ever been told that you have a heart murmur?</td>
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<tr>
<td>Have you ever had a racing of your heart or skipped heartbeats?</td>
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<td></td>
</tr>
<tr>
<td>Has anyone in your family died of heart problems or a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has anyone in your family died of heart problems or a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever had chest pain during or after exercise?</td>
<td></td>
<td></td>
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<tr>
<td>Have you ever fainted?</td>
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<tr>
<td>Do you have any skin problems (itching, rashes, acne, etc.)?</td>
<td></td>
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<tr>
<td>Have you ever had a seizure?</td>
<td></td>
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<tr>
<td>Do you have trouble breathing during activity?</td>
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<tr>
<td>Do you get tired more quickly than your friends during exercise?</td>
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<tr>
<td>Have you ever had a head injury?</td>
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<tr>
<td>Have you ever been knocked out or unconscious?</td>
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<tr>
<td>Have you ever had any problems with your eyes or vision?</td>
<td></td>
<td></td>
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<tr>
<td>Do you wear glasses, contacts, or protective eyewear?</td>
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<td></td>
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<tr>
<td>Have you ever had an injury?</td>
<td></td>
<td></td>
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<tr>
<td>Have you ever had any problems with your hearing?</td>
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<td></td>
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<tr>
<td>Any injuries since last exam?</td>
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<tr>
<td>Have you ever had any medical problems (infectious mononucleosis,</td>
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<tr>
<td>Have you ever had any medical problems (infectious mononucleosis,</td>
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<tr>
<td>Have you ever had any other significant medical conditions or</td>
<td></td>
<td></td>
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<tr>
<td>Have you ever had any other significant medical conditions or</td>
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<td></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
Athlete’s Name_________________________________________ D.O.B__________________

Father’s Name________________________________________ Home Phone_________________

Work Phone________________________________________ Email________________________________

Mother’s Name________________________________________ Home Phone_________________

Work Phone________________________________________ Email________________________________

Emergency Contact_________________________________ Phone ______________________

MEDICAL INFORMATION:

Family Physician’s Name__________________________________________________

Phone_________________________ Address__________________________________

Allergies and/or Medical Conditions (list): ___________________________________

________________________________________________________________________

Medications (list): ________________________________________________________

________________________________________________________________________

Date of last Tetanus Toxoid Booster________________________________________

Date of last physical examination__________________________________________

I/we hereby grant consent to any and all health care providers to administer any
necessary medical care as a result of injury/illness. This consent includes First Aid
and transportation to/from health care providers.

Father’s Signature____________________________________ Date_______________

Mother’s Signature______________________________________ Date____________

NOTE: This release is to be carried by head/assistant coach to all practices and games.

WARNING: Protective equipment cannot prevent all injuries a player might receive while
participating in athletic activities.