

Youth Sports Registration Form

Data Required by the Privacy Act of 1974

AUTHORITY: Title 10, US Code, Section 3013

PRINCIPAL PURPOSE(S): To determine youth and family program eligibility; background information for appropriate assignment of each youth into activity(ies); emergency contact information in case of accident or illness; and to provide for sponsor consent to provide emergency medical care.

ROUTINE USES: To provide information to medical personnel in the absence of a parent/guardian; to notify the parent/guardian in case of emergency; mail information of interest to participant(s); and to use pictures of child/youth and/or parent/guardian of youth participating in program(s).

DISCLOSURE: Disclosure of requested information is voluntary. Failure to provide information may cause CYS Youth Sports to be unable to determine eligibility for participation, and therefore result in child/youth being unable to participate in scheduled program(s).

Last Name _____ First Name _____ MI _____

Gender Male Female Child's Age _____ Grade _____ Shirt Size _____ Pant Size _____

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|--|---|--|
| Seasonal Sports <input type="checkbox"/> Fall Soccer <input type="checkbox"/> Basketball <input type="checkbox"/> Baseball <input type="checkbox"/> Flag Football HS 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9-10 <input type="checkbox"/> 11-12 <input type="checkbox"/> 13-15 <input type="checkbox"/> | Summer League Basketball 13-18 <input type="checkbox"/> | In-Line Hockey 11-15 <input type="checkbox"/> 7-10 <input type="checkbox"/> |
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| Girls <input type="checkbox"/> Fall Soccer <input type="checkbox"/> Basketball <input type="checkbox"/> Baseball <input type="checkbox"/> Volleyball 9-11 <input type="checkbox"/> 12-15 <input type="checkbox"/> | Cheerleading (Girls Only) <input type="checkbox"/> Basketball <input type="checkbox"/> Flag Football 4-6 <input type="checkbox"/> 7-10 <input type="checkbox"/> 11-15 <input type="checkbox"/> |
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|---|------------------------|
| Clinics <input type="checkbox"/> Football <input type="checkbox"/> Hockey <input type="checkbox"/> Volleyball <input type="checkbox"/> Baseball <input type="checkbox"/> Basketball <input type="checkbox"/> Soccer 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9-10 <input type="checkbox"/> 11-12 <input type="checkbox"/> 13-15 <input type="checkbox"/> 16-18 <input type="checkbox"/> | Other (describe) _____ |
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| Special Events <input type="checkbox"/> Track/Field <input type="checkbox"/> Other (describe) _____ 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9-10 <input type="checkbox"/> 11-12 <input type="checkbox"/> 13-15 <input type="checkbox"/> 16-18 <input type="checkbox"/> | Swim Team Age _____ <input type="checkbox"/> Fall (Aug-Dec) <input type="checkbox"/> Spring (Jan-Mar) |
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RELEASE OF MEDICAL LIABILITY AND AGREEMENTS.

I, the parent/guardian of _____, do hereby give my permission for his/her attendance and participation in the Youth Sports (YS) program. I give consent for an authorized YS representative to take my child/children for care, medical or dental, in an emergency situation where the child's condition represents a serious or immediate threat to his/her life, or well being. I understand that a conscientious effort will be made to notify me prior to such action and the expense if any, will be borne by me. Treatment at an Army medical facility may be provided without additional consent under the provision of AR 40-3, paragraph 2-19.

RELEASE AND HOLD HARMLESS: I hereby release the YS and the United States Government from any liabilities or claims arising from participation in this sports program. I agree that I will never prosecute or in any way aid in prosecuting any demand, claim, or suit against the United States Government from any loss, damage, or injury to my person or property that may occur from any cause whatsoever as a result of taking part in this CYS (Child & Youth Service) activity.

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| Dodgeball 7-10 <input type="checkbox"/> 11-14 <input type="checkbox"/> 15-18 <input type="checkbox"/> | Teen Kahuna 11-12 <input type="checkbox"/> 13-18 <input type="checkbox"/> |
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Home Phone _____

Work Phone _____

Sponsor SSN _____

Sponsor Rank _____

Signature of Parent/Guardian _____ Date _____

Special Instructions or Comments

Parent/Guardian Name _____ 1 _____

E-mail (work) _____ 2 _____

Street/Unit # _____ Box # _____

E-mail (home) _____ House/Apt # _____

Uniform & Equipment Return: I agree to return the uniform and equipment issued to my child in as good a condition as when received, except for normal wear and tear. Otherwise I will pay YS reasonable replacement costs. Trophies may be withheld until uniform/equipment is received by YS.

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| Permission to use game/team photos in the official USAG-J Youth Sports Web Site? <input type="checkbox"/> YES <input type="checkbox"/> NO |
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| Will you coach? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> ASSIST |
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Housing Area

- Zama
- SHA
- Depot
- Other