

# Maxwell Gunter Youth Sport Registration

Date: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Amount Paid: \_\_\_\_\_  
Member/Non-Member: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Sport: \_\_\_\_\_

Annual Requirement: A current physical and immunization record with the flu shot is required prior to participation for a Youth Sport Activity.

CHILD'S NAME: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ AGE \_\_\_\_\_ School Grade \_\_\_\_\_ SEX: M \_\_\_\_\_ F \_\_\_\_\_  
(Last,)(First) (Year/Month/Day)

YEARS OF EXPERIENCE IN THIS SPORT: \_\_\_\_\_

SPONSOR'S NAME/RANK: \_\_\_\_\_ DUTY PHONE: \_\_\_\_\_  
(First Last)

SPOUSE'S NAME: \_\_\_\_\_

EMAIL FOR SPORT INFORMATION TO BE SENT TO: \_\_\_\_\_

PHONE NUMBER FOR SPORT INFORMATION TO BE SENT TO: \_\_\_\_\_

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

CONTACT NAME: \_\_\_\_\_ CELL PHONE NUMBER: \_\_\_\_\_  
ALTERNATE NUMBER: \_\_\_\_\_

## MEDICAL CONDITIONS/CARE

MY CHILD HAS THE FOLLOWING HEALTH CONDITIONS: \_\_\_\_\_

MY CHILD TAKES THE FOLLOWING MEDICATIONS: \_\_\_\_\_

AUTHORIZATION FOR MEDICAL CARE: \_\_\_\_\_ DATE: \_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

PRIVACY ACT STATEMENT: AUTHORITY: 10 U.S.C. 8013. PURPOSE: To obtain personal information concerning participants in Maxwell Gunter Youth programs. ROUTINE USES: For internal use only except as permitted by federal law. DISCLOSURE: Disclosure of the requested information is voluntary. Nondisclosure may prevent your child from participating in Maxwell Gunter Youth Programs.

## Image Release Authorization

In consideration of participation in the Maxwell Gunter AFB Youth Programs, the undersigned agrees that the likeness of their child may be photographed or video taped and that such an image may be published to promote the Maxwell Gunter AFB Youth Programs.

- Yes  
 No
- Parent/Guardian Signature



**AWARDS:** A participation award is given to each player. Award will read "Maxwell Gunter Youth Sports and the current sport."

## SHIRT SIZE:

YOUTH SMALL \_\_\_\_\_ ADULT SMALL \_\_\_\_\_ ADULT LARGE \_\_\_\_\_  
YOUTH MEDIUM \_\_\_\_\_ ADULT MEDIUM \_\_\_\_\_ ADULT X-LARGE \_\_\_\_\_  
YOUTH LARGE \_\_\_\_\_

(Please initial) \_\_\_\_\_ All children will need a sport physical and current flu immunization record on file at the youth center

(Please Initial) \_\_\_\_\_ Refund Policy: Refunds shall only be given for PCS or emergency medical reasons

\*WHERE DID YOU FIND OUT ABOUT THIS SPORT OR ACTIVITY? Touch & Go Dispatch Word of Mouth CDC  
E-Mail Youth Programs Website Fitness Center At Youth Programs Facility Other \_\_\_\_\_

## PARENT CODE OF ETHICS (Youth Sports Only)

I hereby pledge to provide positive support, care and encouragement for my child participating in youth sports by following this **PARENT 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 events.
- I will place the emotional and physical well-being of my child ahead of a personal desire to win.
- I will insist that my child play in a safe and healthy environment.
- I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience.
- I will demand a sports environment for my child that is free of 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 for 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 promise to help my child enjoy the youth sport experience by doing whatever I can, such as being a respectful fan, assisting with coaching, or providing transportation.
- 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**.
- I will read the NYSCA National Standards for Youth Sports and do what I can to help all youth sports organizations implement and enforce them.

X: \_\_\_\_\_

**Parent's Signature**

\_\_\_\_\_

**Date**

\*\*\*\*\*

### Maxwell Gunter AFB Youth Programs - (Everyone signs)

#### **WAIVER AND RELEASE OF LIABILITY PLEASE READ BEFORE SIGNING**

***In consideration of being allowed to participate in any way in Youth sports, related events and activities, the undersigned acknowledges, appreciates, and agrees that:***

- 1) The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- 2) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- 4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS Maxwell Gunter AFB Youth Programs**, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X: \_\_\_\_\_

**Parent's Signature**

\_\_\_\_\_

**Date**