**Joint Base Andrews U/**

 **Youth Athletics Program Registration Form** (Sports Director use only)

**PARTICIPANT’S NAME** **M / F**

 (Last, First, MI) (Date of Birth MM/DD/YY) (Age) (Sex circle one)

**Address** **City State Zip Code**

**E-Mail (Home)**  **(Work)**

**Hm. Ph**. **Wk. Ph.** **Cell Ph.**

**Branch of Service**: USAF/ US ARMY/ USN/ USMC/ USCG/ DOD/ NAF/ CONTRACTOR **Status:** Active Duty / Retired / Other

**SPONSOR'S NAME SPONSOR’S SSN( Last 4)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SPECIAL REQUEST MEDICAL CONDITION**S

**PRACTICE NIGHT: 1ST PREFERENCE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2ND PREFERENCE** ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SPORT** (*circle one*): Start Smart / Basketball / Baseball / Flag Football / Soccer / Cheerleading / Other

**UNIFORMS**: Youth Jerseys: S 7/8 M 10/12 L 14/16 Shorts/Pants Size: S 7/8 M 10/12 L 14/16

 Adult Jersey: S M L XL 2XL 3XL Adult Shorts/Pants Size: S M L XL 2XL 3XL

Youth Sports is operated through JBA Youth Center and the efforts of volunteers. Please indicate below in what capacity you will help this season:

 Coach: Assistant Coach: Team Parent: Special Events: Field Marshall: Referee:

*PAYMENT TERMS/INFORMATION*

PAYMENT TERMS: Fees are payable upon registration. Players who are eligible for membership, but are not members will be assessed an extra fee.

CHECK INFORMATION: The following is required on the face of the check: sponsor’s name, current phone number, home address, participant’s name and type of activity. Any missing information could cause a delay in payment which would result in a late payment fee.

REFUND: *Full* *Refunds, prior to the start of the season, will only be given for PCS or medical reason.* Documentation must be provided. **Withdrawal from the program with less than 1 week of practice will result in a $15.00 service charge deducted from the refund. Refunds will not be given for withdrawal from the program after 1 week of practice.**

RETURNED CHECK CHARGE: $50.00 charge for any returned check. Player is unable to participate in any Youth Center Program until restitution has been made.

HEALTH AND SAFETY: **A sports physical must be on file at Youth Center or provided at time of registration as well as a current flu shot**. **Physicals and flu shots may not be more than 1 year old.** The league must be informed of any medical condition which requires special treatment or attention. I give permission for this registrant to participate in all activities in JBA Youth Basketball. Recognizing the possibility of injury associated with participation in basketball, I give permission for emergency care to be given to the registrant in case of injury.

POLICIES/PROCEDURES: AFMAN 34-804, Youth Sports and The National Standards for Youth Sports will be utilized for all youth sports programs. All youth programs have certain inherent risks, as parent I knowingly and freely assume all such risks, both known and unknown and assume full responsibility for my child’s participation. I willing 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 and my child from participation and bring such to the attention of the official immediately. I also authorize my child’s photo to be published in the local paper (i.e. JBA Facebook, Spotlight, Andrews Gazette, Washington Post, Marquee: Poster: Flyer)

**DECLARATION: I have fully read and agree to the terms and conditions of this contract.**

**(**Signature of Authorize parent/ Guardian) (Date M/DD/YY)

 **\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*Joint Base Andrews Youth Center Staff Only\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

 (Y/C Membership NO.) (Date of Physical) (Flu Shot) FEE Staff Initial

Payment Method: CASH CHECK CREDIT

**PARENTS’ CODE OF ETHICS**

“National Alliance for Youth Sports”

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

 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 a personal desire to win.

 I will insist that my child plays 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 for all.

 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 sports experience by doing whatever I can, such as being a respectable 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 Coaches’ 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.

 I will be a good steward and pick up all trash from the bleacher area or wherever I may find it and place in the trash receptacle. I will also teach my child to pick up all litter.

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PARENTS NAME SPORT

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PARENTS SIGNATURE DATE