



## Sports File Checklist

**PLEASE ENSURE ALL DOCUMENTS ARE INCLUDED/COMPLETED:**

- \_\_\_ Physical Form **(MUST BE RETURNED BY NOVEMBER 2)**
- \_\_\_ Complete Shot record **(ENSURE RECORD INCLUDES FLU VACCINE)**
- \_\_\_ NAYS Forms signed by parent and child
- \_\_\_ All sections of the AF Form 88 filled in and signed

**\*\*Cash Payment Method Will No Longer Be Accepted\*\***

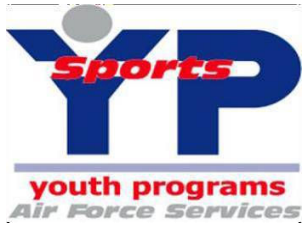
**PLEASE RETURN THIS CHECKLIST**

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Parent Signature

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Date



**Joint Base Charleston Youth Sports**  
**Indoor Soccer**  
**Registration ends November 2**

Season runs November- December 2022

<b>Age Group:</b> Indoor Soccer <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9-12				
<b>Player Information</b>				
First Name:		Last Name:		DOB:
Address:			City:	Age of Athlete (as of 2 November 2022):
Gender (circle one): Male      Female	Date of Last Physical:	Branch of Service:	Practice Request <input type="checkbox"/> Mon/Wed <input type="checkbox"/> Tues/Thurs	Jersey Size (circle one): Youth: YXS YS YM YL Adult: AS AM AL AXL
<b>Parent/Guardian Information</b>				
Primary Parent to Contact:	Home Phone:	Cell Phone:	Email	
Alternate:	Home Phone:	Cell Phone:	Email	
<b>Volunteer Assistance Information</b>				
Please indicate if you would be interested in assisting with the Soccer Program.				
<input type="checkbox"/> Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Team Parent				
<b>Signature and Fee Information</b>				
<p>I understand that with playing any sport, there is a risk of injury. I hereby grant permission for my child to participate in this sport. I hereby authorize my child to receive emergency medical treatment whenever it is necessary at any U.S. Military Facility or any other medical facility when a U.S. Military Facility is not available. Now therefore, in consideration of mutual covenants and agreements between parties here to it is agreed as follows: We the parents of the above named youth agree to save and hold harmless as well as defend the Base Youth Programs, Services Division's Central Base Fund, Department of the Air Force and contractor and all other parties involved from and on account of damage of any kind which the youth may suffer as a result of the acts of participating in the program.</p> <p>&gt; I agree to abide by the Parent's Code of Ethics. I realize that violation of any ethic could be cause for restriction from a sporting event.          &gt; I grant permission for photographs of my child to be used for marketing purposes throughout Joint Base Charleston.          &gt; Registration Form must include current phone numbers and email address.          &gt; A current Physical Form must be on file before your child will be allowed to play.</p> <p style="text-align: center;"><b><i>There will be no refunds once teams are built and uniforms ordered</i></b></p>				
Printed Name of Parent/Guardian:		Signature:		Date:
<b>Registration Fee:</b> Ages: 5-13 year olds <input type="checkbox"/> \$45.00				
Receipt #:	Staff Initials:		Date:	
<b>Physical is:</b> Attached <input type="checkbox"/> On File <input type="checkbox"/> Scheduled <input type="checkbox"/>			<b>Does your child have any Special Needs</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

**AIR FORCE YOUTH PROGRAMS REGISTRATION**  
**PRIVACY ACT STATEMENT**

AUTHORITY: Title 10 U.S.C. 8012 and 44 U.S.C. 3101.  
 PRINCIPLE PURPOSES: To register dependent youth of military, retired and DoD personnel in the Air Force Youth Programs. Providing Youth Programs the authorization for medical treatment in emergency situations; authorization for transportation; record youth/family information; photo use authorization; and releasing of liability.  
 ROUTINE USES: This form may be disclosed to any DoD component or part thereof, and upon request to other Federal, State and local government agencies in the pursuit of their official duties; disclosed to news media; used for other lawful purposes including law enforcement and litigation.  
 DISCLOSURE IS VOLUNTARY: Failure to provide the information may preclude the individual from participation in Air Force sponsored youth programs.

YOUTH NAME LAST, FIRST, MI	SPONSOR NAME / RANK LAST, FIRST	SPOUSE NAME / RANK LAST, FIRST	EMERGENCY CONTACT OTHER THAN PARENT
BIRTHDATE / AGE	ORGANIZATION	HOME ADDRESS	EMERGENCY PHONE SAME AS CONTACT
MALE / FEMALE	WORK PHONE	WORK PHONE	PHOTO PERMISSION YES / NO
YOUTH HOME EMAIL	CELL PHONE	CELL PHONE	SPONSOR WORK EMAIL
HOBBIES & INTERESTS	SPONSOR SS # (LAST 4)	HOME PHONE	PARENT VOLUNTEER YES / NO

SPECIAL NEEDS CARE / ILLNESS / ALLERGIES / INJURIES

**RELEASE OF LIABILITY AND AGREEMENTS**

**MEDICAL CARE AUTHORIZATION:** I hereby authorize my child to receive emergency medical treatment whenever it is deemed necessary at any U.S. Military Facility or any other medical facility when a U.S. Military Medical Facility is not available.  
**HOLD AND SAVE HARMLESS AGREEMENT:** Now therefore, in consideration of mutual covenants and agreements between the parties here to it is agreed as follows: We the parents of the above named youth agree to save and hold harmless as well as defend the Base Youth Programs, Services Division's Central Base Fund, Department of the Air Force and the contractor from and against any and all claims, demands, actions, debts, liabilities and attorney's fees. Parent further agrees to save and hold harmless the contractor and all other parties involved from and on account of damages of any kind which the youth may suffer as a result of the acts of participating in the program.  
**TRANSPORTATION/FIELD TRIP:** I give Youth Programs permission to transport the above named youth to and from any events that I am notified of in advance.

SIGNATURE OF PARENT/LEGAL GUARDIAN	DATE
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**FOR USE BY YOUTH PROGRAM STAFF (COMPLETE & INITIAL)**

PROGRAM ORIENTATION DATE	MEMBERSHIP CARD ISSUE DATE	MEMBERSHIP CARD NUMBER
EXPIRATION DATE	MEMBERSHIP FEE PAID	STAFF INITIAL / DATE

## Application to participate in JB Charleston Youth Sports

Student's Name (Last, First, MI)		M/F	Age
Date of Birth	Cell Phone		Sponsor's Duty Phone
Child's Application			<b>KEEP IN FILE</b>
This application to participate in athletics at the above youth center is voluntary on my part and is made with the understanding that I have never received any money for participation in athletic events and that I have never competed under an assumed name.			
Date:	Signature of Child (or Parent/Guardian):		
Parent or Guardian Permission			
I hereby give my consent for the above child to have a medical examination (sports physical) performed by local U.S. military hospital/clinic personnel, to engage in the approved sport(s) checked below.			
Date:	Printed Name of Parent or Guardian:	Signature of Parent or Guardian:	

### Medical Certificate to be completed by Examining Physician

		Yes	No
General health is satisfactory?			
Is visual correction required for competition?	Glasses / Contacts		
Is there a bridge or false teeth?			
Are there health problems that should be evaluated or treated before participating in competitive sports? If yes, when will evaluation/treatment be complete?			
Are there medical conditions that may affect participation? (asthma, diabetes) If so please indicate required actions:			
Are there medications that may be required for participation? If yes, please indicate required medications and dosage:			
<input type="checkbox"/>	Basketball	<input type="checkbox"/>	Flag Football
<input type="checkbox"/>	Baseball	<input type="checkbox"/>	Golf
<input type="checkbox"/>	Cross Country	<input type="checkbox"/>	Gymnastics
<input type="checkbox"/>	Cheerleading	<input type="checkbox"/>	Soccer
<input type="checkbox"/>	Field Hockey	<input type="checkbox"/>	Swimming
<input type="checkbox"/>		<input type="checkbox"/>	Tennis
<input type="checkbox"/>		<input type="checkbox"/>	Track and Field
<input type="checkbox"/>		<input type="checkbox"/>	Volleyball
<input type="checkbox"/>		<input type="checkbox"/>	Other:
I have examined _____ and find him/her to be physically able to compete in ALL of the supervised athletic activities listed above except where noted. This certificate is valid until _____			
Date:	Printed Name of Examining Physician:	Signature & Stamp of Examining Physician:	

**\* PLEASE ATTACH IMMUNIZATION RECORDS\***  
(If haven't already turned one in)

## PLAYERS' CODE OF ETHICS

I hereby pledge to be positive about my youth sports experiences and accept responsibility for my participation by following this Players' Code of Ethics pledge:

- I will encourage good sportsmanship from fellow players, coaches, officials and parents at every game and practice by demonstrating good sportsmanship.
- I will attend every practice and game that I can, and will notify my coach if I cannot.
- I will expect to receive a fair and equal amount of playing time.
- I will do my very best to listen and learn from my coaches.
- I will treat my coaches, other players, officials and fans with respect regardless of race, sex, creed, or abilities and I will expect to be treated accordingly.
- I deserve to have fun during my sports experience and will alert parents or coaches if it stops being fun.
- I deserve to play in an environment that is free from drugs, tobacco and alcohol and expect adults to refrain from their use at all youth sports events.
- I will encourage my parents to be involved with my team in some capacity because it is important to me.
- I will do my very best in school.
- I will remember that sports participation is an opportunity to learn and have fun.

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**Player Signature**

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**Date**



## CODE OF ETHICS

**I hereby pledge to provide positive support, care, and encouragement for my child participating in youth sports by following this NAYS 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 a 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 for adults.
- I will do my very best to make youth sports fun for my child.
- 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 ask my child to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed, or ability.

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Parent Signature

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Date