

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 |
|---|-------------|

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 |

RAFL Youth Sports League Registration

Child's Name _____

Date of Birth _____ **Age** _____

Shirt Size _____

Allergies? _____

Parent 1 Name _____

Parent 1 Phone _____

Parent 1 Email _____

Parent 2 Name _____

Parent 2 Phone _____

Parent 2 Email _____

Emergency Contact _____

Sport _____

Years of Experience _____

Practice Day Preference Mon/Wed Tues/Thurs Any

Interested in Coaching? Yes No

Head coach _____ **Asst. coach** _____

Team Parent? Yes No

FOR OFFICIAL USE ONLY

Required Forms Completed:

___ AF IT 88

___ Sports Physical

___ Immunization Records

___ Parent's Code of Ethics/CDC Concussion

___ Automatic Payment Sheet

Amount Paid \$ _____ Receipt # _____

Staff Initials: _____ Date: _____

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.

Player Signature

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.

Parent Signature

Date

A FACT SHEET FOR Athletes



CDC HEADS UP
SAFE BRAIN. STRONGER FUTURE.

This sheet has information to help you protect yourself from concussion or other serious brain injury and know what to do if a concussion occurs.

WHAT IS A CONCUSSION?

A concussion is a brain injury that affects how your brain works. It can happen when your brain gets bounced around in your skull after a fall or hit to the head.

What Should I Do If I Think I Have a Concussion?

Report It.

Tell your coach and parent if you think you or one of your teammates may have a concussion. You won't play your best if you are not feeling well, and playing with a concussion is dangerous. Encourage your teammates to also report their symptoms.



Get Checked Out by a Doctor.

If you think you have a concussion, do not return to play on the day of the injury. Only a doctor or other healthcare provider can tell whether you have a concussion and when it's OK to return to school and play.



Give Your Brain Time to Heal.

Most athletes with a concussion get better within a couple of weeks. For some, a concussion can make everyday activities, such as going to school, harder. You may need extra help getting back to your normal activities. Be sure to update your parents and doctor about how you are feeling.



**GOOD TEAMMATES KNOW:
IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.**



cdc.gov/HEADSUP

How Can I Tell If I Have a Concussion?

You may have a concussion if you have any of these symptoms after a bump, blow, or jolt to the head or body:

-  Get a headache
-  Feel dizzy, sluggish, or foggy
-  Are bothered by light or noise
-  Have double or blurry vision
-  Vomit or feel sick to your stomach
-  Have trouble focusing or problems remembering
-  Feel more emotional or “down”
-  Feel confused
-  Have problems with sleep

A concussion feels different to each person, so it's important to tell your parents and doctor how you feel. You might notice concussion symptoms right away, but sometimes it takes hours or days until you notice that something isn't right.

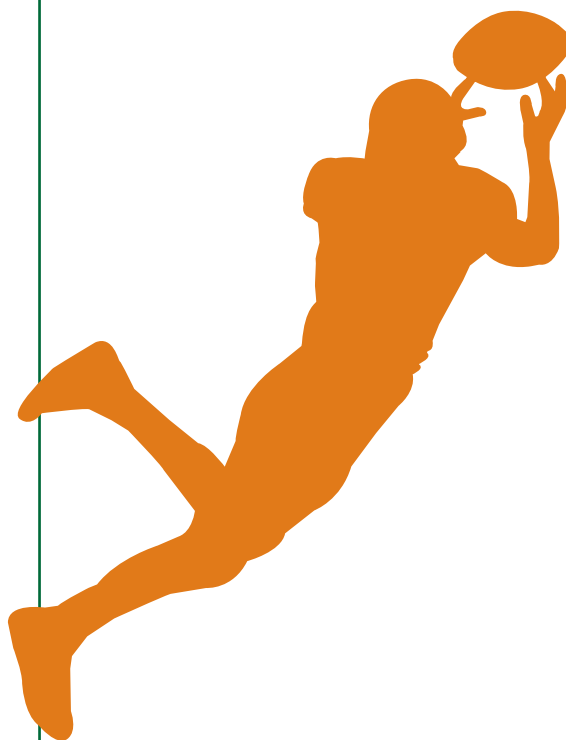
How Can I Help My Team?

Protect Your Brain.

All your teammates should avoid hits to the head and follow the rules for safe play to lower chances of getting a concussion.

Be a Team Player.

If one of your teammates has a concussion, tell them that they're an important part of the team and they should take the time they need to get better.



The information provided in this document or through linkages to other sites is not a substitute for medical or professional care. Questions about diagnosis and treatment for concussion should be directed to a physician or other healthcare provider.

Revised January 2019

To learn more,
go to cdc.gov/HEADSUP



CONCUSSION IN YOUTH SPORTS

Information for Parents



CDC HEADS UP
SAFE BRAIN. STRONGER FUTURE.

SIGNS & SYMPTOMS

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:

SIGNS OBSERVED BY PARENTS OR GUARDIANS

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets sports plays
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

SYMPTOMS REPORTED BY THE ATHLETE

- Headache or "pressure" in the head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not "feel right"

**IT'S BETTER TO MISS ONE GAME
THAN THE WHOLE SEASON.**



January 2021

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAD A CONCUSSION?

1. Seek medical attention right away.

A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.

2. Keep your child out of play.

Concussions take time to heal. Don't let your child return to play until a health care professional says it's OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

3. Tell your child's coach about any recent concussion.

Coaches should know if your child had a recent concussion. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

IMPORTANT PHONE NUMBERS

FILL IN THE NAME AND NUMBER OF YOUR
LOCAL HOSPITAL(S) BELOW:

Hospital Name: _____

Hospital Phone: _____

Hospital Name: _____

Hospital Phone: _____

For immediate attention, CALL 911

For more information, visit www.cdc.gov/HEADSUP

AUTOMATIC PAYMENT AUTHORIZATION FORM

By signing below, I authorize RAFL Youth Programs to charge my account for any balance due for services. Sports fees will be charged as and when registration packets have been submitted.

PERSONAL INFORMATION OF CARDHOLDER:

Please **print** the following information. Thank you.

NAME OF CHILD(REN): _____

NAME OF CARD HOLDER: _____

TYPE OF CARD:

- ☐ VISA
- ☐ MASTERCARD
- ☐ AMERICAN EXPRESS

Please print the following information clearly:

Charge Card Number:

Expiration date: (MM/YY)

PCS or Stateside address associated with the above card: _____

Email address: _____

Cardholder's Signature

Date

I understand and agree that by signing this completed form, I give permission for RAF Lakenheath Youth Programs to charge the credit card indicated in this authorization form according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that these payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.