

Vandenberg AFB Youth Sports Registration

Circle Selection-----Soccer Basketball Softball Baseball T-Ball Cap League

Shirt Size YS YM YL S M L XL **Pant Size** YS YM YL S M L XL **Sock Size** Jr/Youth/Adult

CHILD'S NAME _____

DOB _____ AGE _____ GRADE _____ MALE _____ FEMALE _____ Member Yes _____ No _____

SPONSOR'S NAME _____ AD _____ RET _____ CIV _____ RANK _____

Home Address _____

HOME PHONE _____ **Cell** _____ **DUTY PHONE** _____

E-MAIL ADDRESS _____

Emergency Contact Name other than parent _____ **Home #** _____ **Cell** _____

Medical Conditions/Special Needs _____

Parental Consent to Emergency Medical Treatment:

I _____ as parent/guardian of _____ a minor, do hereby appoint and authorize the above mentioned sports representative to act as agent to obtain and consent to any and all emergency medical attention and hospital care and treatment, including major surgery deemed necessary by, and is to be rendered under the general care of special supervision of, any physician and surgeon licensed under the provisions of the Medical Practice Act on the Medical Staff of any California Hospital. An emergency is defined as any situation where parents, the emergency contact, or family physician cannot be contacted or the nature of the medical emergency precludes notification of either parent, the emergency contact, or family physician.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority to the power on the part of the aforesaid agents to give specific consent for any and all emergency diagnosis, treatment, or hospital care which a physician meeting the requirements of this authorization, may, in the exercise of his/her best judgement, deem advisable. The authorization is given pursuant to the provisions of section 6910 of the Family Code of California and will cease at the conclusion of the sports season.

Privacy Act Statement: Authority 10 USV 8012 EO 9397 **Principle Use:** To initiate emergency medical treatment. **Routine Use:** Personal and medical information is used to facilitate medical treatment. **Disclosure:** Is voluntary; however failure to provide certain information may delay or prevent dependent's emergency medical treatment.

I hereby acknowledge that I have read and fully understand the foregoing release and that I do voluntarily sign it.

Print name of parent/guardian: _____ Signature of parent/guardian _____

Permission to Photograph/Video Tape

I, hereby give permission to photograph or video tape _____ during Sports Events which my minor child is registered and participating in. These materials will only be used in support of advertising or marketing for the Youth Sports Program.

Print and sign name of Parent/Guardian _____, _____ Date _____

CHECK INFORMATION: The following is required on the face of the check: sponsor's name, duty and home phone numbers, branch of service, rank/grade, squadron/organization/federal agency, home address, participant's name, type of activity and month. 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. RETURNED*

CHECK CHARGE: \$25.00 charge for any returned check. *Player is ineligible to participate in any Youth Center program until restitution has been made.*

SCHOLARSHIPS: Spouses Club scholarship applications will be available on request when available.

HEALTH AND SAFETY: A sport physical **must** be provided at time of registration. Physical has to be done within the last 12 months and **not expire during the season.** The league must be informed of any medical condition which require special treatment or attention.

EQUIPMENT: Fees paid cover- Uniform appropriate for age group, pictures and participation medal.

POLICIES/PROCEDURES: Vandenberg Sports Program Handbook, AFMAN 34-804, Youth Sports, AFI 34-249 and the National Standards for Youth Sports will be utilized for all youth sports programs.

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

Print name of Parent/Guardian _____ Signature of Parent /Guardian _____