

**HURLBURT YOUTH CENTER
SPORTS PROGRAM REGISTRATION**

AUTHORITY: 10 U.S.C. 8013, *Secretary of the Air Force*, implemented by Air Force Instruction 34-801, Youth Programs.

PRINCIPAL PURPOSE: The information is used by youth program personnel to enroll dependents of military, retired and DoD personnel in the youth sports programs and locate parents/guardians in case of emergency.

ROUTINE USES: As indicated in system notice F034 AF SVA C

DISCLOSURE VOLUNTARY: Failure to provide requested information may preclude the individual from participation in Air Force Sponsored youth activities programs.

NAME OF CHILD (Last, First, Middle Initial)	Circle Male / Female	NAME OF SPORT
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ADDRESS (Street, City, Zip)	HOME PHONE
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TODAY'S DATE	BIRTH DATE OF CHILD	Age	YEARS EXPERIENCE THIS SPORT
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PARENTS: Please be sure about the size of clothing you order. Unless the uniform company sends the wrong size, the parents are responsible for purchasing replacement uniforms.

Circle SHIRT SIZE: Youth: S M L Adult: S M L XL

AGREEMENT

I promise on my word of honor to apply my best efforts to participate in this activity and agree to abide by the rules and regulations approved therefore to practice good sportsmanship at all times, to respect my coaches, teammates and opponents and take good care of all equipment in a clean condition at the end of the season or upon termination of my participation.

CHILDS NAME AS IT WILL APPEAR ON PARTICIPATION MOMENTO OR CERTIFICATE

I hereby give my consent for the above-named person to participate in the aforementioned activity sponsored by Youth Activities. I further agree to cooperate by providing proper care and cleaning of uniforms and equipment and will assume full responsibility for the expedient return of and pecuniary liability for all lost, stolen, damaged through neglect or carelessness.

Publicity and Photo Release

I do/do not give permission for my child to be videotaped and/or photographed. These photos/videotapes will be kept on file to support the publicizing of the mission here at Hurlburt Field, AFB. I relinquish all rights, title and interest in the finished photographs, tape and negatives.

Special Needs or Health Concerns

PARENTS NAME

GRADE/RANK	SSN	ORGANIZATION	DUTY PHONE
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MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

PARENT OR GUARDIAN SIGNATURE

SUCCESS OF THIS PROGRAM REQUIRES PARENTAL INVOLVEMENT AND SUPPORT. IF YOU CAN HELP BY COACHING, OR BEING A TEAM HELPER, PLEASE INFORM THE SPORT DEPARTMENT.

REFUNDS: Given for any reason before skill draft; for medical reason only until start of season. No refunds will be made once play begins. Note: There will be a \$5.00 administrative charge to all refunds.

ALL UNIFORMS AND EQUIPMENT SIGNED FOR ON A HAND RECEIPT WILL BE RETURNED TO THE COACH OR YOUTH CENTER IMMEDIATELY AFTER COMPLETION OF MY CHILD'S PARTICIPATION.

EMAIL ADDRESS:	EMAIL ADDRESS:
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Other Sports that you would like the Youth Center to contact you for:
 Soccer Football Baseball Basketball Tennis Roller Hockey Others

Please contact me for any other age appropriate programs
 Yes No