

# Mildenhall Youth "Indoor Soccer 2018" Registration

## FOR OFFICIAL USE

Amount Paid \$ \_\_\_\_\_

Receipt # \_\_\_\_\_

Sports Phy: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ D.O.B. \_\_\_\_\_ AGE \_\_\_\_\_  
Print (First -- Last) (Day, Month, Year)

SEX: M or F YEARS OF EXPERIENCE IN THIS SPORT \_\_\_\_\_

SAME TEAM as (sibling's only) \_\_\_\_\_ (no guarantee's)

SPONSOR'S NAME: \_\_\_\_\_ DUTY PHONE: \_\_\_\_\_ Squadron: \_\_\_\_\_  
(First Last)

PSC \_\_\_\_\_ BOX: \_\_\_\_\_ APO, AE ZIP: \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ CONTACT EMAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

SERIOUS MEDICAL CONDITIONS: \_\_\_\_\_

AUTHORIZATION FOR MEDICAL CARE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Parent's Signature**

PARENT'S INFORMATION LETTER RECEIVED YES \_\_\_\_\_ NO \_\_\_\_\_

**PRIVACY ACT STATEMENT:** AUTHORITY: 10 U.S.C. 8013. PURPOSE: To obtain personal information concerning participants in RAF Mildenhall Youth programs. ROUTINE USES: For internal use only except as permitted by federal law. DISCLOSURE: Disclosure of the requested information is voluntary. **Nondisclosure may prevent you child from participating in RAF Mildenhall Youth programs.**

## Interested in Coaching?



**\*\*\*Volunteer Coaches are always Needed** HEAD COACH \_\_\_\_\_ ASST. COACH \_\_\_\_\_ \*\*\*\*\*

NAME: \_\_\_\_\_ DUTY PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

E: MAIL: \_\_\_\_\_ HAVE YOU DONE ANY NYS CA TRAINING? \_\_\_\_\_ Y / N

There will be a NAYS Coach's Certification Clinic for all Outdoor Soccer Coaches on **21 Aug 18 @ 1800hrs at the Mildenhall Youth Center.** THERE WILL BE NO MAKE UP SESSION.

## Image Release Authorization



In consideration of participation in the RAF Mildenhall Youth Sports Program, the undersigned agrees that the likeness of their child may be photographed or videotaped and that such an image may be published to promote the RAF Mildenhall Youth Sports Program.

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Date**

**PARENT'S CODE OF ETHICS**

I hereby pledge to provide positive support, care and encouragement for my child participating in youth sports by following this **PARENT'S CODE OF ETHICS PLEDGES:**

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice, or other youth sports events.
- 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 support coaches and officials working with my child, in order to encourage a positive and enjoyable experience.
- 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 sport experience by doing whatever I can, such as being a respectful 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 **Coach's 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.

X: \_\_\_\_\_

**Parent's Signature**

\_\_\_\_\_

**Date**

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