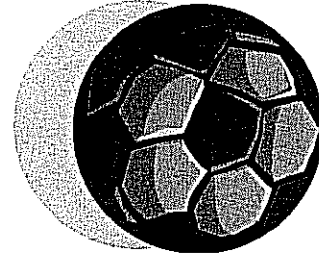




DEPARTMENT OF THE AIR FORCE
PACIFIC AIR FORCES



**LUNNEY YOUTH CENTER
YOUTH SPORTS**

Dear Parents,

I want to thank you for registering your child (ren) for the Youth Sports **Outdoor Soccer** program. We hope to provide you with a fun and exciting season. In order to do so there is a bit of information and dates that you need to know.

1. Practices will start the week of **5 – 9 April 2010**.
2. The first game of the season is scheduled for **17 April 2010**. The season will run for seven weeks, ending **29 May 2010**. All games will be played on **Saturday mornings**.
3. The Youth Sports program will provide each participant with a jersey which has to be returned at the end of the season.
4. The coach's clinic will be held on Wednesday, **31 March** in the Lunney Youth Center @ 1800. Coaches will receive rosters at that time and will contact all players by the end of that week.
5. All registrants age 11 and up are invited to participate in a Skills Assessments that will be held on **Thursday 1 April**. (11-12yr olds: 5pm / 13-18yr olds. 6pm)

Please keep in mind that the success of the program depends on **volunteer support**. We encourage parents to volunteer as coaches, assistant coaches or team parents. The Youth Sports staff will notify all participants of any change in dates or actions that might affect patrons for the season. If you have any questions please feel free to contact the Youth Sports office at 226-3882. Again, thank you for your interest in the Youth Sports program and we look forward to a successful season!

Best regards,
Youth Sports Staff



**LUNNEY YOUTH CENTER
YOUTH SPORTS REGISTRATION**

Cash Check Charge

Amount Paid _____

Receipt # _____

Physical _____

OUTDOOR SOCCER

Prior to participating in youth sports each child must have a physical examination.
No child can practice or play until we have a physical on file at the Youth Center.

Sponsor's Name & Rank/ Rate:		<u>T-SHIRT SIZE:</u>	
Box #:	Home Phone:	Duty Phone	
*E-mail Address: PLEASE PRINT			
Does your child have any medical condition? YES/NO If yes, please explain:			
Has your child been injured or ill in the past 6 months? YES/NO If yes, please explain:			
A. Child's Name	DOB(mm/dd/yy)	Age By 1st Practice	M/F
Date of Physical			
B. Child's Name	DOB(mm/dd/yy)	Age By 1st Practice	M/F
Date of Physical			
C. Child's Name	DOB(mm/dd/yy)	Age By 1st Practice	M/F
Date of Physical			

*****NO SPECIAL REQUESTS*****

Please indicate the child and what sport you are willing to coach or become Team Parent	
I will volunteer as a Coach	Team Parent
(Parent Name)	(Parent Name)

WAIVER RELEASE AND ASSUMPTION OF RISK

FOR IN CONSIDERATION OF THE PRIVILEGE OF PARTICIPATION IN MISAWA YOUTH SPORTS, I HEREBY RELEASE AND ABSOLVE THE UNITED STATES AIR FORCE, ITS INSTRUMENTS, ALL AGENTS AND REPRESENTATIVES THEREOF, INCLUDING BUT NOT LIMITED TO, THE MISAWA YOUTH ACTIVITIES, OF ANY KIND OF LIABILITY FOR ANY LOSS, DAMAGE OR INJURY MY CHILD MAY SUFFER AS A DIRECT OR INDIRECT RESULT OF HIS OR HER PARTICIPATION IN AN ACTIVITY SPONSORED BY THE MISAWA YOUTH PROGRAM. I ATTEST AND VERIFY THAT TO THE BEST OF MY KNOWLEDGE MY CHILD'S PHYSICAL CONDITION AND FITNESS ARE ADEQUATE FOR SAFE PARTICIPATION IN YOUTH SPORTS. IF MY CHILD FEELS ILL, EXPERIENCES UNUSUAL REACTIONS OR INCURS ANY INJURY WHATSOEVER I WILL IMMEDIATELY CONTACT THE COACH OR THE AGENT OF THE MISAWA YOUTH PROGRAMS

Privacy act authority: title 10, USC section 8013

Principle purpose: to provide background clearance information regarding prospective youth services providers and family members.

Routine uses: no information is disclosed outside Department of Defense (DoD)

Disclosure: disclosure of required information is voluntary. However, if the information is not provided, applicant may be denied to become a youth services volunteer.

If you fail to tell the truth or fail to list all relevant events of circumstances, this may be grounds for you not being able to provide service, or criminal prosecution.

Right to challenge: you have the right to challenge the accuracy of records under provisions of the DOD Directives 5400.11

*****Refund Policy: After the first game of the season, NO REFUNDS WILL BE ISSUED.**



CHECK IF YOU RECEIVED PARENT LETTER

Parent Signature

Date

PLAYERS CODE OF ETHICS PLEDGE

*****Parents: Please review with your child prior to the sports season and return signed form to the youth center. Registration is incomplete without this signed form.*****

I hereby pledge to provide a positive attitude and be responsible for my participation in Youth Sports by following this code of ethics.

I will encourage good sportsmanship from fellow players, coaches, officials, and parents at every game and practice.

I will attend every practice and game that is reasonably possible and 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 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 alcohol, tobacco and drug free environment and expect adults to respect that wish.

I will encourage my parents to be involved with my team in some capacity because it's important to me.

I will do my very best in school.

I will remember that sports are an opportunity to learn and have fun.

Child's Signature _____ Date _____

NOTICE

As a coach you sign the Coaches' Code of Ethics Pledge, but parents also should be held to a standard of behavior that provides a positive environment for their child's sport experience. You are encouraged to duplicate this Pledge and have the parents of your player read and sign the Parents' Code of Ethics Pledge.

Parents' Code of Ethics

I hereby pledge to provide positive support, care and encouragement for my child participating in Youth Sports by following this Parents Code of Ethics Pledge.

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 any personal desire to win.

I will insist that my child play in a safe and healthy environment.

I will provide support for the coaches and officials working with my child to provide a positive, enjoyable experience for all.

I will demand a drug, alcohol and tobacco free environment for my child and agree to assist by refraining from their use at all youth sports events.

I will remember that the game is for children and not the 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 will promise to help my child enjoy the youth sports experience within my personal constraints by assisting with coaching, being a respectful fan, providing transportation or whatever I am capable of doing.

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 NYSCA Coaches Code of Ethics.

I will read the NYSCA National Standards for Youth Sports and do everything in my power to assist all youth sports organizations to implement and enforce them.

Parent Signature _____ Date _____