

WRIGHT-PATTERSON  
AIR FORCE BASE  
YOUTH SPORTS REGISTRATION  
PACKET

Thank you for your interest in WPAFB Youth Sports Programs! Please take the time to fill out the following information accurately. When complete, return it to the appropriate person(s) according to the following directions:

**Return to Youth Center:** Participant/Volunteer Registration Form, Proof of Age (i.e. copy of Birth Certificate or Military I.D.)

**Give to Coach:** Youth Sports Medical Information and Release form.

**Read and Keep:** Parents Code of Ethics

**NOTES:**

**\*An annual physical is required and a copy must be provided to the Youth Center to be kept on file.**

**\*Youth must be eligible to participate in WPAFB Youth Activities (i.e. legal dependent(s) of DoD employees). Supporting documentation may be required.**

The WPAFB Youth Sports Program is always looking for volunteers willing to help coach and participate in our Sports Advisory Board. ANY assistance you are willing to provide towards enhancing the experiences of our youth will be greatly appreciated!

Thank You!  
WPAFB Youth Sports Staff

## YOUTH SPORTS OFFICE

255-5053 EXT.308

youthsports@wpafb.af.mil

### **Baseball (ages 5-18)**

- Registration starts end of January. Runs through the second week of March.
- Practice starts beginning of April. Regular season starts beginning of May.
- A copy of annual Physical given within 12 months of end of season is required.
- Runs through end of June. All-Star tournament ends mid-July.
- Current cost is \$55.00, \$65.00 after registration closes unless you have PCS orders.
- 1-2 games per week.
- Participate in Little League Baseball.

### **Soccer (ages 4-13)**

- Registration starts end of April. Runs through the end of June.
- Practice starts beginning of August. Age cutoff is July 31 (age as of that date).
- A copy of annual Physical given within 12 months of end of season is required.
- Regular season starts beginning of September. Runs through end of October.
- Current cost is \$55.00, \$65.00 after registration closes unless you have PCS orders.
- 1-2 games per week. One during the week and one on Saturday.
- Participate in Soccer Association for Youth (SAY).

### **Basketball (ages 5-18)**

- Registration starts second week of September. Runs through end of October.
- Practice starts first week of December.
- A copy of annual Physical given within 12 months of end of season is required.
- Regular season starts beginning of January. Runs through second week of March.
- Current cost is \$55.00, \$65.00 after registration closes unless you have PCS orders.
- 1-2 games per week. Mostly Saturday games.
- Compete against other peers registered in the program.

### **Flag Football (ages 5-12)**

- Registration starts third week in July. Runs to the end of August.
- Practices start end of August.
- A copy of annual Physical given within 12 months of end of season is required.
- Regular season starts middle of September. Runs to the end of October.
- Current cost is \$55.00, \$65.00 after registration closes unless you have PCS orders.
- 2 games per week. Tuesdays and Thursday.

**COACHES AND VOLUNTEERS ARE ALWAYS NEEDED!!!**

# 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:

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 my 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 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 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 read the National Standards For Youth Sports and do what I can to help all youth sports organizations implement and enforce them.

# YOUTH ACTIVITIES REGISTRATION FORM

"THE UNDERSIGNED IN CONSIDERATION OF PERMISSION FOR MY CHILD TO PARTICIPATE IN THE WRIGHT PATTERSON YOUTH SPORTS PROGRAM, AGREE TO SAVE, HOLD HARMLESS, INDEMNIFY, AND DEFEND THE UNITED STATES AND ITS AGENTS FROM ANY AND ALL LIABILITY AND CLAIMS OF WHATEVER KIND, INCLUDING BUT NOT LIMITED TO PERSONAL INJURY AND PROPERTY DAMAGE, OCCURRING IN THE CONNECTION WITH OR RISING OUT OF THE ACTIVITIES OR CONDUCT WITH THE PROGRAM. I ALSO AGREE TO ASSUME RESPONSIBILITY FOR AND INDEMNIFY THE UNITED STATES AND ITS AGENTS FOR ANY AND ALL LOSS AND DAMAGE OF WHATEVER KIND CAUSED TO THE PROPERTY OF THE UNITED STATES IF SUCH LOSS OR DAMAGE IS THE RESULT OF THE NEGLIGENCE OR MISCONDUCT OF MY CHILD AT ANY LOCATION CONNECTED WITH THE PROGRAM."

REGISTRATION FOR (SPORT/ACTIVITY): \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

SEX: \_\_\_\_\_ HEIGHT (INCHES): \_\_\_\_\_ WEIGHT (POUNDS): \_\_\_\_\_

DATE OF BIRTH: (YYYY/MM/DD) \_\_\_\_\_ YEARS OF EXPERIENCE: \_\_\_\_\_

MY CHILD HAS THE FOLLOWING HEALTH CONDITIONS: \_\_\_\_\_

MY CHILD TAKES THE FOLLOWING MEDICATIONS: \_\_\_\_\_

SPONSOR'S NAME/RANK: \_\_\_\_\_ E-MAIL(S) \_\_\_\_\_

SQUADRON/OFFICE SYMBOL: \_\_\_\_\_ SPOUSE'S NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ DUTY PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**\*\*EMERGENCY CONTACT (IN CASE WE CANNOT NOTIFY THE SPONSOR OR SPOUSE) \*\***

CONTACT NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**I HAVE READ AND UNDERSTAND THE PARENTS CODE OF ETHICS. MY CHILD HAS HAD A PHYSICAL IN THE LAST 12 MONTHS AND IS CLEARED TO PLAY SPORTS.**

**(ATTACH A COPY OF THE PHYSICAL)**

SIGNATURE (PARENT/GUARDIAN): \_\_\_\_\_

ANY SPECIAL REQUESTS: \_\_\_\_\_  
(SPECIAL REQUESTS ARE NOT GUARANTEED)

**IF YOU WISH TO BE A COACH, PLEASE FILL OUT A VOLUNTEER FORM**

## SHIRT SIZE

YOUTH SMALL \_\_\_\_\_  
YOUTH MEDIUM \_\_\_\_\_  
YOUTH LARGE \_\_\_\_\_  
ADULT SMALL \_\_\_\_\_  
ADULT MEDIUM \_\_\_\_\_  
ADULT LARGE \_\_\_\_\_  
ADULT X-LARGE \_\_\_\_\_

## PANTS SIZE

YOUTH SMALL \_\_\_\_\_  
YOUTH MEDIUM \_\_\_\_\_  
YOUTH LARGE \_\_\_\_\_  
ADULT SMALL \_\_\_\_\_  
ADULT MEDIUM \_\_\_\_\_  
ADULT LARGE \_\_\_\_\_  
ADULT X-LARGE \_\_\_\_\_

THIS FORM IS PROTECTED BY THE PRIVACY ACT OF 1974

**IMAGE RELEASE:** by initialing below, permission is granted for the image of the participant above to be used in local newspapers and other printed material to promote/publicize the youth sports program.

Initials of parent/guardian \_\_\_\_\_

THIS REGISTRATION FEE IS NON-REFUNDABLE EXCEPT FOR PCS OR DOCTORS STATEMENT.

FEE PAID: \_\_\_\_\_ CASHIER: \_\_\_\_\_ DATE: \_\_\_\_\_ CHECK #: \_\_\_\_\_ RECIEPT #: \_\_\_\_\_

## ATHLETIC PRE-PARTICIPATION SCREENING FORM

NOTE: A valid physical must be given within 12 months of the start of the Sports season

**Section 1- to be filled out by parent or guardian in regard to student-athlete**

Student Name \_\_\_\_\_ DOB/Age \_\_\_\_\_ / \_\_\_\_\_

Parent/Guardian Home Address \_\_\_\_\_

Parent/Guardian Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

**Circle sports in which athlete will participate:**    Baseball,    Basketball,    Football,    Soccer,    Softball,

**MEDICAL HISTORY OF STUDENT-ATHLETE**

Have you ever been hospitalized?	YES NO	Have you ever had high blood pressure?	YES NO
Have you ever had surgery?	YES NO	Have you been told that you have a heart murmur?	YES NO
Are you presently taking any medication or pills?	YES NO	Have you ever had a racing of your heart or skipped heartbeats?	YES NO
Do you have any allergies (medication, bee stings or other stinging insects, etc.)?	YES NO	Has anyone in your family died of heart problems or a sudden death before the age of 50?	YES NO
		Have you ever had chest pain during or after exercise?	YES NO
Have you ever fainted?	YES NO		
Have you ever passed out or been dizzy during or after exercise?	YES NO	Do you have any skin problems (itching, rashes, acne, etc.)?	YES NO
Have you ever had a concussion?	YES NO	Have you ever had a seizure?	YES NO
Have you ever had heat stroke or heat exhaustion?	YES NO	Do you have trouble breathing during activity?	YES NO
Do you get tired more quickly than your friends during exercise?	YES NO	Do you wheeze or cough during or after exercise?	YES NO
Have you ever had a head injury?	YES NO	Do you have a history of asthma?	YES NO
Have you ever been knocked out or unconscious?	YES NO		
		Have you ever had any problems with your eyes or vision?	YES NO
Have you ever had heat or muscle cramps?	YES NO	Do you wear glasses, contacts, or protective eyewear?	YES NO
Have you ever had a stinger, burner, or pinched nerve?	YES NO	Have you ever had any problems with your hearing?	YES NO
Have you ever had any abnormal bleeding or bruising?	YES NO	Any injuries since last exam?	YES NO
Have you ever sprained, strained, dislocated, fractured, broken, had swelling of, or any other injuries of any bones or joints?	YES NO	Have you had any other medical problems (infectious mononucleosis, diabetes, etc.)?	YES NO
		Do you have any other significant medical conditions or history?	YES NO

**If you answered "YES" to any of the above questions, please attach explanations to this sheet.**

**Section 2- to be filled out by the Medical Professional:**

Height \_\_\_\_\_ Weight \_\_\_\_\_ B.P. \_\_\_\_\_ / \_\_\_\_\_ Pulse \_\_\_\_\_ Eyes: R \_\_\_\_\_ L \_\_\_\_\_

Orthopedic Findings \_\_\_\_\_ Scoliosis \_\_\_\_\_ Heart \_\_\_\_\_ Lungs \_\_\_\_\_ Hernia \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE SIGNIFIES THAT ATHLETE IS CLEARED TO PARTICIPATE IN SPORTS**

Attending Physician (print): \_\_\_\_\_

Office Phone: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

DATE: \_\_\_\_\_

**THIS FORM IS TO BE FILLED OUT COMPLETELY, FILED IN THE THE WPAFB YOUTH SPORTS OFFICE**