

COMPLETED BY YS STAFF
 RECEIPT # _____
 SPORTS FEE _____
 REGISTRATION FEE _____

YOUTH SERVICES SPORTS REGISTRATION FORM

(APPLIES TO SPONSOR AUTHORIZED PRIVILIGES AT FORT MEADE MWR ACTIVITIES)
 ACTIVE DUTY MEMBER, RETIRED MEMBER, DOD CIVILIAN WORKING AT FORT MEADE AND
 CIVILIANS WORKING AT NSA

SPONSORS
 NAME _____ GRADE/RANK _____

HOME PHONE _____ DUTY PHONE _____ EMAIL _____

NAME OF PLAYER	AGE	DOB	SEX	PHYSICAL DATE	SPORT	SPORTS AND MEMBERSHIP FEES
1						
2						
3						
4						
					TOTAL	

BIRTH CERTIFICATE, DEPENDENT I.D. CARD OR PASSPORT (A COPY WILL BE
 MADE AND MAINTAINED BY Y.S.)

IN THE EVENT OF COUNTY SPORTS, A SIGNED CONTRACT

XX
 X

GENERAL INFORMATION;

REFUND POLICY: a pro-rated refund will be given under the following circumstances - permanent change of station -injury or illness which would prevent further participation.

All requests for refunds must be done in writing accompanied by supporting documentation. Please submit a copy of the PCS orders or doctors note in order to initiate the refund process. The refund will be credited to the family's household. Once the season (games) begin no refunds will be given.

WAIVER: I (parent/guardian) understand that in taking part in the program/activity, there is a risk of injury, that participant/my child is assuming the risk of such injury by participating, and my child will not be covered by any program insurance and agree to hold harmless the team, program, coach, instructor, CYS, or Department of Army for injuries received while participating in the above-noted program

PARENT/PARTICIPANT ACKNOWLEDGES AND AGREES TO THE FOLLOWING: PURSUE VICTORY WITH HONOR

1. To respect the team's coach and abide by his/her decisions for the team. To not coach the game from the sidelines nor subvert his/her authority in any way, and direct all issues or complaints to the Youth Services Sports Manager.
2. To strictly adhere to the NYSCA Code of Conduct and all rules governing use of government facilities. Refrain from offensive comments to players, coaches, other parents, or officials. **Spectators exhibiting disruptive behavior, or violating the Code of Conduct or rules will be required to leave the grounds immediately.**
3. To permit the use of participant's likeness (e.g. photos) and/or name in advertisements, press release and literature and/or posted on the website for the above program.
4. To return all rented or borrowed equipment or uniforms when notified to do so, the failure of which will result in forfeiture of participation in future CYS programs.
5. Give consent for an authorized CYS representative to take my child/children for care, medical or dental, in an emergency situation where the child's condition represents a serious or imminent to his/her life, health or well-being. I understand that conscious effort will be made to notify me prior to such action and the expense, if any, will be borne to me. Treatment at an Army medical facility may be provided without additional consent under provision of AR 40-3, paragraph 2-24b.

SIGNATURE _____
 PARENT/GUARDIAN

DATE _____