

YOUTH SPORTS OFFICE
255-5053 ext.308 youthsports@wpafb.af.mil

Flag Football (ages 9-18)

- Registration starts in May and runs until June.
- Practices start in June.
- A copy of annual Physical given within 12 months of end of season is required.
- Regular season starts in July and runs until August.
- Current cost is \$55.00, \$65.00 after registration closes unless you have PCS orders.
- Games held on Sunday evenings. Practice twice a week in evenings. Coaches will determine what days practices are held during the week.

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.

COACHES AND VOLUNTEERS
ARE ALWAYS NEEDED!!!

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 ARISING 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 (CIRCLE ONE): YXS YS YM YL AS AM AL AXL AXXL

PANTS SIZE (CIRCLE ONE): YXS YS YM YL AS AM AL AXL AXXL

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 #: _____ RECEIPT #: _____

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