

**** NO REQUESTS FOR A SPECIFIC TEAM OR COACH ****



OSAN AIR BASE YOUTH SPORTS REGISTRATION FORM

SPORT		ARE SPORTS PHYSICAL & SHOT RECORDS CURRENT?		YES	NO
SMART START SESSION	WED 5:00 pm	YEARS OF EXPERIENCE		LAST SEASON PLAYED	
YOUTH'S NAME			Birthdate	AGE ON APRIL 1, 2019	
GENDER			MALE	FEMALE	SHIRT SIZE
SPECIAL NEEDS AND/OR ANY MEDICAL CONDITION			DEROS		
SPONSOR'S NAME & RANK			SPOUSE'S NAME & RANK		
SPONSOR'S DUTY PHONE			SPOUSE'S DUTY PHONE		
SPONSOR'S ORGANIZATION			SPOUSE'S ORGANIZATION		
SPONSOR'S CELLPHONE			SPOUSE'S CELLPHONE		
SPONSOR'S EMAIL (One checked often)					
SPOUSE'S EMAIL (One checked often)					
APO MAIL ADDRESS					
EMERGENCY CONTACT NAME AND PHONE (Someone other than the parent)					
I WILL VOLUNTEER AS	Head Coach Assistant Coach Referee Other _____				
LIABILITY WAIVER/MEDICAL RELEASE ** Please read the following information carefully ** I give my permission and approval for the above named child to participate in the program. I assume all risks and hazards incidental to such participation, including transportation to and from Youth Programs activities. I hereby waive and release the USAF organizers, supervisors, and persons transporting my child to and from activities for any claim out of any injury to my child. I hereby authorize any military or civilian health care facility to render emergency care to my minor child in the event of injury relating to participating in Osan AB Youth Programs sponsored activities. I understand that Osan Youth Programs, staff, volunteers, instructors, and coaches will not be held liable for any injury or accident to the above named child while participating in Osan Youth Programs. I hereby consent to photographs and video taping of the named child to be taken for classroom use, staff training, parental programming, and publications of the 51 st Force Support Squadron or the Osan Youth Programs.					
SIGNATURE			DATE		