



Randolph Youth Sports Registration



Mission Statement: The Randolph Youth Sports Program is committed to providing quality, safe and fun filled recreational sports that enhance the quality of life for the military child in the Randolph Community.

SPORT: _____

CHILD'S FIRST, MIDDLE AND LAST NAME: _____

DOB: ____/____/____ AGE: ____ SEX (circle): M F SIBLING ENROLLED?(IF YES) LIST _____

HOME ADDRESS: _____ CITY _____ ZIP CODE _____

HOME PHONE: _____ HOME EMAIL: _____

MILITARY/DOD SPONSOR: _____ RANK: _____

EMAIL: _____ CELL PHONE: _____ DUTY PHONE: _____

ORGANIZATION: _____ ORGANIZATION ADDRESS: _____

SPOUSE: _____ SPOUSE EMAIL: _____

CELL PHONE: _____ DUTY PHONE: _____

PLEASE LIST ALL ALLERGIES, SPECIAL NEEDS, OR MEDICAL CONDITIONS THAT WILL ASSIST US IN PROVIDING PROPER CARE FOR YOUR CHILD (i.e. ADD, ADHD, ASTHMA, ETC): _____

I _____ WILL VOLUNTEER TO HEADCOACH ___ ASST. COACH ___ TEAM PARENT ___.

PLEASE READ AND INITIAL THE FOLLOWING INFORMATION

____ IAW AFMAN 34-804, 7.1 Youth are not permitted to participate in the sports programs (practice or play) unless they have had a physical exam within the previous 12 months and it remains current throughout the season; the results are kept on file. Uniform will not be issued without a current physical on file.

____ IAW AFI 34-249, A3.6.1 Parents are REQUIRED to attend a league orientation meeting. One-on-one may be utilized to insure each youth has the opportunity to play. I understand that my child will not receive his/her uniform nor n=be allowed to play unless I attend the orientation or make arrangements to receive one-on-one training.

____ Due to the high numbers of children who register for youth sports, requests for a specific coach or team will not be granted. Your child will be placed on the team that he/she will play on for the entire season. Exceptions to this are made on a case by case basis.

____ Game schedules are determined by the San Antonio Military Youth League and cannot be adjusted due to family responsibilities.

SIGNATURE: _____ DATE: _____

-----**STAFF ONLY**-----

PAID \$ _____ CHECK/CASH/CHARGE (circle) DATE PAID _____ STAFF INITIALS _____

AF FORM 88/AF FORM 1181 _____ CODE OF ETHICS: _____ DATE OF LAST PHYSICAL ON FILE _____