

Vandenberg AFB Youth Sports Registration <i>Form must be filled out completely. Please print clearly!</i>					Official Use Section				
					Receipt #:				
					YC Member:				
Players Name:	Yrs. Exp.	Grade:	Age:	DOB: (MM-DD-YY)	Gender: Male or Female				
Sport:	Height:	Weight:	Shirt Size: YS YM YL AS AM AL AXL		Shorts Size: YS YM YL AS AM AL AXL				
Sport:	Date	Receipt #							
Sport:	Date	Receipt #							
Address:									
Mother' Name and Rank				Work Phone:	Cell Phone:				
Email:					Home Phone:				
Fathers Name and Rank				Work Phone:	Cell Phone:				
Email:					Home Phone:				
Would you like to coach a team? <i>(Request coach application.)</i>				YES	NO	Lived here for the last 2 years?		YES	NO
Previous address: <i>(if you answered no)</i>					City:	State:	Zip:		
Emergency Contact Name:			Emergency Contact Phone:		Physical on File at YC: YES NO				
					Physical Date:				
Name, Grade, Age of siblings playing (if any):									
Medical Condition / Special Needs:									
Parental Consent to Emergency Medical Treatment: I _____ as parent/guardian of _____ a minor, do hereby appoint and authorize the above mentioned sports representative to act as agent to obtain and consent to any and all emergency medical attention and hospital care and treatment, including major surgery deemed necessary by, and is to be rendered under the general care of special supervision of, any physician and surgeon licensed under the Medical staff of any California Hospital. An emergency is defined as any situation where parents, the emergency contact, or family physician cannot be contacted, or the nature of the medical emergency precludes notification of parents, the emergency contact, or family physician. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority to the power of the part of the aforesaid agents to give specific consent for any and all emergency diagnosis, treatment, or hospital care which as physician meeting the requirements of this authorization, may, in the exercise if his/her best judgment, deems advisable. The authorization is given pursuant to the provisions of section 6910 of the Family Code of California and will cease at the conclusion of the sports season. Privacy Act Statement: Authority: 10 USV 8012 EO 9397 Principal Use: To initiate emergency medical treatment. Routine Use: Personal and medical information is used to facilitate medical treatment. Disclosure: Is voluntary; however failure to provide certain information may delay or prevent dependent's emergency medical treatment.									
Permission to Photograph/Video Record: Photographs and Videos Recordings of Youth Sports Program events are captured only for the support of the advertising or marketing of the Youth Sports Program. Please indicate below whether you will allow photos or videos of events which your minor child is registered and participating in to be used. ___ I do grant permission for photos or videos of my child to be used. ___ I do not grant permission for photos or videos of my child to be used.									
I hereby acknowledge that I have read and fully understand the foregoing release and that I do voluntarily sign it. I hereby acknowledge that my child's coach will receive a copy of this registration form.									
Print:			Sign:			Date			