

# 2022 Youth Outdoor Soccer Parents Information Letter

## Important Dates

**Registration:** 24 Jan – 25 Feb 22  
**Coach's Training:** 28 Feb 22 @ 1800 (SAC) computer Rm.  
**Skills Assessments:** 1 Mar 22 @ (times below)  
**Parent Meeting:** 4 Mar 22 @ RAFM YC GYM @6PM  
**Season:** 7 Mar 22 - 21 May 22  
**Cost:** \$45.00 for all Participants



**REGISTRATION:** 24 Jan - 25 Feb 22. NO LATE REGISTRATIONS WILL BE TAKEN! LATE REGISTRATION DUE TO EMERGENCY LEAVE OR PCS'ING WILL BE HANDLED ON A CASE-BY-CASE BASIS AS APPROVED BY THE SPORTS DIRECTOR.

**AGES:** All youth ages 5 – 18 still in school and hold a valid ID card are eligible to register. The age cut off date will be 7 Mar 22 to determine eligibility. Children will be placed on age appropriate teams.

**SKILLS ASSESSMENT:** To make the teams fair, we will be holding a skills assessment for all youths aged 9 and up, at the following times at (site to be determined) email will be sent to all participants.

- 5-6 & 7-8 yrs. olds no assessment required
- 9-11 / 12&Up Tue 1 Mar 22 1730 / 1830

Any youths who are not present will have their names placed into a hat and drawn at random when rostering the teams.

**SEASON:** Practices are held the weeks of 7-18 Mar 22 and games will begin in the week of 21 Mar 22 and end on or about 21 May 22. Additional practices can be scheduled during the regular season. All games/ practices will take place at a venue yet to be determined. There will be no games scheduled for the week of 28 March-1 April 2022 which is Spring Break.

**\*\*\*\*\*Mandatory Parents Meeting:** In order for your child to play in youth sports all parents are required to attend a parents meeting at least one time per year. The Parents meeting for Soccer will be 4 Mar @ 6:00PM at Mildenhall YC Gym. \*\*\*\*\*

**Sports Physicals / Immunization records:** IAW AFI 34-144. Prior to participation in youth sports all athletes are required to have a current physical & immunization record which is good until the end of the season. All youths that need a physical can obtain one by scheduling through the Lakenheath Family Practice (226-8010). After the physical is completed, please bring/send a copy to the RAFM Youth Center. It will remain on file for one year.

**UNIFORMS:** The coaches will issue the uniforms before the first game and will collect them at the last game of the season. DO NOT TURN YOUR UNIFORM INTO THE YOUTH CENTER. If you will PCS before the end of the season, please return your uniform to your COACH.

**EQUIPMENT:** All Equipment can be provided by the Youth Center with the exception of SHIN GUARDS, MOUTHPIECE AND ATHLETIC CUP (for males).

**REFUNDS:** will only be given for the following reasons after the registration date has passed: Emergency PCS, Emergency Leave, or Illness with a medical certificate.

**QUESTIONS:** Contact: Mildenhall Youth Center DSN: 238-5437 or the Youth Sport Director DSN: 238-0098/ James or Dave @ 7974 or front desk @ 01638-545437.

# Mildenhall Youth Outdoor Soccer 22 Registration

## FOR OFFICIAL USE ONLY

Amount Paid \$ \_\_\_\_\_ Receipt # \_\_\_\_\_

Required Forms Completed:

\_\_\_\_ Sports Physical \_\_\_\_\_ COVID-19 Operating Procedures

\_\_\_\_ Immunization Records \_\_\_\_\_ AF Form 88

\_\_\_\_ Parent's Code of Ethics \_\_\_\_\_ Automatic Payment Sheet

STAFF INITIALS: \_\_\_\_\_ DATE: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ D.O.B. \_\_\_\_\_ AGE \_\_\_\_\_  
Print (First -- Last) (Day, Month, Year)

SEX: M or F YEARS OF EXPERIENCE IN THIS SPORT \_\_\_\_\_

Date of Last Sports Physical: \_\_\_\_\_ Date of Last Flu Shot: \_\_\_\_\_

SAME TEAM as (sibling's only) \_\_\_\_\_ (no guarantee's)

SPONSOR'S NAME: \_\_\_\_\_ DUTY PHONE: \_\_\_\_\_ Squadron: \_\_\_\_\_  
(First Last)

PSC \_\_\_\_\_ BOX: \_\_\_\_\_ APO, AE ZIP: \_\_\_\_\_ DEROS \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ CONTACT EMAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

SERIOUS MEDICAL CONDITIONS: \_\_\_\_\_

AUTHORIZATION FOR MEDICAL CARE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Parent's Signature**

PARENTS INFORMATION LETTER RECEIVED YES \_\_\_\_\_ NO \_\_\_\_\_

**PRIVACY ACT STATEMENT:** AUTHORITY: 10 U.S.C. 8013. PURPOSE: To obtain personal information concerning participants in RAF Mildenhall Youth programs. ROUTINE USES: For internal use only except as permitted by federal law. DISCLOSURE: Disclosure of the requested information is voluntary. Nondisclosure may prevent you child from participating in RAF Mildenhall Youth programs.

## Interested in Coaching?



**\*\*\*Volunteer Coaches are always Needed** HEAD COACH \_\_\_\_\_ ASST. COACH \_\_\_\_\_

\*\* NAME: \_\_\_\_\_ DUTY PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

E:MAIL: \_\_\_\_\_ HAVE YOU DONE ANY NYSJA TRAINING? \_\_\_\_\_ Y / N

There will be a NAYS Coach's Certification Clinic for all Soccer Coaches on 28 Feb 22 @ 1800hrs at the Mildenhall Youth Center. THERE WILL BE NO MAKE UP SESSION.

## Image Release Authorization



In consideration of participation in the RAF Mildenhall Youth Sports Program, the undersigned agrees that the likeness of their child may be photographed or videotaped and that such an image may be published to promote the RAF Mildenhall Youth Sports Program.

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Date**

# PARENT'S CODE OF ETHICS

I hereby pledge to provide positive support, care and encouragement for my child participating in youth sports by following this **PARENT'S CODE OF ETHICS PLEDGES:**

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice, or other youth sports events.
- I will place the emotional and physical well-being of my child ahead of a personal desire to win.
- I will insist that my child play in a safe and healthy environment.
- I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience.
- I will demand a sports environment for my child that is free of drugs, tobacco, and alcohol, and will refrain from their use at all youth sports events.
- I will remember that the game is for youth - not for adults.
- I will do my very best to make youth sports fun for my child.
- I will ask my child to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed or ability.
- I promise to help my child enjoy the youth sport experience by doing whatever I can, such as being a respectful fan, assisting with coaching, or providing transportation.
- I will require that my child's coach be trained in the responsibilities of being a youth sports coach and that the coach upholds the **Coach's Code of Ethics**.
- I will read the NYSCA National Standards for Youth Sports and do what I can to help all youth sports organizations implement and enforce them.

x: \_\_\_\_\_

Parent's Signature

\_\_\_\_\_

Date

# COVID-19 Youth Sports Opening Procedures

## Sport: Soccer

Registration: 24 Jan - 25 Feb 22

Skills Assessments: 1 Mar 22

Season: 7 Mar - 21 May 22

**Sports Physical:** Must be good for entire season.

(extension of sports physicals to two years has not been granted, so the annual sports physical requirement is still in effect)

Season will be composed of 2 weeks skills / 8 weeks of games.

**Age groups:** 5-6yrs, 7-8yrs, 9-10yrs, 11-13yrs (age groups may change due to registration numbers)

**Time of games:** TDB

### COVID-19 Youth Sports Operation Changes

Number of fields: 3

Maximum number of teams on Heritage Park at one time is: 6

Maximum number of players per team:  
10 (reduced from 15)

Maximum number of players and coaches on Heritage Park at one time is: 70  
(reduced from 120)

Pre-game procedures:  
Coaches will be required to have a hand sanitizing/cleaning agent (provided by YS) for cleaning equipment

Post game procedures:  
Coaches will sanitize all sports equipment prior to the next practice/game.

Spectator numbers at games will be limited to meet social-distancing guidelines

### COVID-19 Youth Sports Child Screening

#### Exposure Questions

- Has the child been instructed by the Medical Group to quarantine or isolate?
- Has the child been exposed to anyone with COVID-19 in the last 14 days?
- Does the child live with anyone exposed to COVID-19 in the last 14 days?

**If any exposure question above is answered yes, do not enter Youth Sports.**

#### Symptom Questions:

In the last 24 hours, has the child experienced any of the following symptoms?

- Fever (if yes, was a temperature taken that was above 100.3 F)
- Chills
- Cough
- Shortness of breath
- Headache
- Sore throat
- Loss of the sense of smell or taste
- Body aches
- Vomiting
- Diarrhea

**If any symptom question above is answered yes, do not enter Youth Sports. Return home or to your car and call the COVID Hotline at 226-8556.**

**If the COVID Hotline advises that you do not meet criteria for testing and your child feels unwell, contact your medical provider.**

## Please review and acknowledge the following Youth Sports COVID-19 Operating Procedures:

- Parents must adhere to COVID19 guidelines from HPCON Levels on social distancing and wearing of protective face coverings.
- A pre practice/game screening will be conducted as per attachment, if any infractions are noted, then that youth will be unable to participate and will not be allowed back until a 14 day period is observed.
- All players will be required to sanitize hands Pre/During/Post games.
- All players will be required to bring their own water bottle.
- All players/spectators will be required to abide by the 6ft social distancing rule of the field during practice/games until further notice.
- All players/spectators are to refrain from spitting, chewing gum, and consuming sun flower seeds at youth sports games.
- Hand-shaking and High-Fives will NOT BE PERMITTED

\_\_\_\_\_

Date

Parent Signature

## AIR FORCE YOUTH PROGRAMS REGISTRATION

### PRIVACY ACT STATEMENT

**AUTHORITY:** Title 10 U.S.C. 8012 and 44 U.S.C. 3101.

**PRINCIPLE PURPOSES:** To register dependent youth of military, retired and DoD personnel in the Air Force Youth Programs. Providing Youth Programs the authorization for medical treatment in emergency situations; authorization for transportation; record youth/family information; photo use authorization; and releasing of liability.

**ROUTINE USES:** This form may be disclosed to any DoD component or part thereof, and upon request to other Federal, State and local government agencies in the pursuit of their official duties; disclosed to news media; used for other lawful purposes including law enforcement and litigation.

**DISCLOSURE IS VOLUNTARY:** Failure to provide the information may preclude the individual from participation in Air Force sponsored youth programs.

<b>YOUTH NAME</b> <small>LAST, FIRST, MI</small>	<b>SPONSOR NAME / RANK</b> <small>LAST, FIRST</small>	<b>SPOUSE NAME / RANK</b> <small>LAST, FIRST</small>	<b>EMERGENCY CONTACT</b> <small>OTHER THAN PARENT</small>
<b>BIRTHDATE / AGE</b>	<b>ORGANIZATION</b>	<b>HOME ADDRESS</b>	<b>EMERGENCY PHONE</b> <small>SAME AS CONTACT</small>
<b>MALE / FEMALE</b>	<b>WORK PHONE</b>	<b>WORK PHONE</b>	<b>PHOTO PERMISSION</b> <small>YES / NO</small>
<b>YOUTH HOME EMAIL</b>	<b>CELL PHONE</b>	<b>CELL PHONE</b>	<b>SPONSOR WORK EMAIL</b>
<b>HOBBIES &amp; INTERESTS</b>	<b>SPONSOR SS #</b> <small>(LAST 4)</small>	<b>HOME PHONE</b>	<b>PARENT VOLUNTEER</b> <small>YES / NO</small>

**SPECIAL NEEDS CARE / ILLNESS / ALLERGIES / INJURIES**

### RELEASE OF LIABILITY AND AGREEMENTS

**MEDICAL CARE AUTHORIZATION:** I hereby authorize my child to receive emergency medical treatment whenever it is deemed necessary at any U.S. Military Facility or any other medical facility when a U.S. Military Medical Facility is not available.

**HOLD AND SAVE HARMLESS AGREEMENT:** Now therefore, in consideration of mutual covenants and agreements between the parties here to it is agreed as follows: We the parents of the above named youth agree to save and hold harmless as well as defend the Base Youth Programs, Services Division's Central Base Fund, Department of the Air Force and the contractor from and against any and all claims, demands, actions, debts, liabilities and attorney's fees. Parent further agrees to save and hold harmless the contractor and all other parties involved from and on account of damages of any kind which the youth may suffer as a results of the acts of participating in the program.

**TRANSPORTATION/FIELD TRIP:** I give Youth Programs permission to transport the aboved named youth to and from any events that I am notified of in advance.

<b>SIGNATURE OF PARENT/LEGAL GUARDIAN</b>	<b>DATE</b>
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### FOR USE BY YOUTH PROGRAM STAFF (COMPLETE & INITIAL)

<b>PROGRAM ORIENTATION DATE</b>	<b>MEMBERSHIP CARD ISSUE DATE</b>	<b>MEMBERSHIP CARD NUMBER</b>
<b>EXPIRATION DATE</b>	<b>MEMBERSHIP FEE PAID</b>	<b>STAFF INITIAL / DATE</b>

## **AUTHORIZATION FOR AUTOMATIC PAYMENT**

By signing below, I authorize RAFM Youth Programs to charge my account for any balance due for services. Effective 1 January, all SAC patrons must use the automated Chase/Orbital billing system. Fees are calculated using total family income by RAFM Youth Programs and may include additional costs, such as late fees or additional charges for extended program hours. Late payments must be reconciled within 24hour of the due date in order to avoid a late charge. Late payment fees are \$5.00/day per family.

**Effective January 1, 2019, we will no longer accept manual payments. All payments must be made using the automatic ORBITAL BILLING SYSTEM PAYMENT DUE**  
*Please Initial Payment Authorization:*  
  
Sports Payment: \_\_\_\_\_

**PERSONAL INFORMATION OF CARDHOLDER:**

Please **print** the following information. Thank you.

NAME OF CHILD(REN):  
\_\_\_\_\_

NAME OF CARD HOLDER:  
\_\_\_\_\_

(AS APPEARS ON CARD)

**TYPE OF CARD:**

VISA       MASTERCARD       AMERICAN EXPRESS

**Please print the following information clearly:**

Charge Card Number:

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Expiration date: (MM/YY)

	/			
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PSC or Stateside Address associated with the above card:  
  
\_\_\_\_\_

Email Address: \_\_\_\_\_

I understand and agree that by signing this completed form, I give permission for my credit card to be charged for fees set by the RAF Mildenhall Youth Programs. **I also understand that if my card is declined, all late fees will apply and I am responsible for bringing my account current. If my card is declined twice, this service will be discontinued.**

\_\_\_\_\_  
**Cardholder's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Verifier's Signature**

\_\_\_\_\_  
**Date**