



Start Smart Baseball 2022

Parents Information Letter

Important Dates

Registration:	11 Apr <input type="checkbox"/> 6 May 2022
Parents Meeting:	6 May 2022 @ 1655hrs in YC
Season:	6 May <input type="checkbox"/> 10 Jun 2022
	Fridays 5-5:45pm
Cost:	\$30.00

REGISTRATION: LATE REGISTRATION WILL BE HANDLED ON A CASE-BY-CASE BASIS AS APPROVED BY THE SPORTS DIRECTOR.

*******Mandatory Parents Attendance Required:** *The Start Smart Sport Development Program is a unique program. The program series is a proven motor skill development program that prepares children 3-5 year olds for organized sports without the threat of competition or the fear of getting hurt. The program also teaches parents how actively participate in the teaching of basic sport skills. It is a 6 week course that cost \$30. The class will meet once a week on Fridays from 1700-1745 @ the Youth Center/Heritage Park. Parents need to attend as they are the ones doing the skills with the children.*

AGES: All youths ages 3-5 are eligible to register. Your child must be 3 years old by 6 May 2022 to be eligible.

SEASON: This is a six week course starting on 6 May 2022 and runs every Friday from 5-5:45pm until 10 Jun 2022

SHOT RECORDS: IAW AFI 34-144. All participants are required to have a shot record.

UNIFORMS: Participates will receive a start smart jersey on their first class day.

EQUIPMENT: All Equipment will be provided by the Youth Center.

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: Sports Assistant Coordinator David Wilcox at the Mildenhall Youth Center DSN: 238-5437 or 01638-547974. Or email: david.wilcox.19@us.af.mil.

Start Smart ☐ Baseball ☐ Registration 11 Apr ☐ 6 May 2022

Class Time signing up for Friday's 5-5:45PM

CHILD'S NAME: _____ D.O.B. _____ AGE _____ SEX M ___ F ___
(First Last) (Day, Month, Year)

SPONSOR'S NAME: _____ DUTY PHONE: _____
(First Last)

PSC _____ BOX: _____ APO, AE ZIP: _____

SQUADRON / OFFICE SYMBOL: _____

SPOUSE'S NAME: _____ HOME PHONE: _____

CELL PHONE NUMBER: _____ Home or Work EMAIL: _____

EMERGENCY CONTACT: _____ PHONE NUMBER: _____

ALLERGIES: _____

SERIOUS MEDICAL CONDITIONS: _____

AUTHORIZATION FOR MEDICAL CARE: _____ DATE: _____

Parent's Signature

PARENT'S 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.**

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/Guardian Signature)

(Print Name)

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.

Parent's Signature

Date

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

PRIVACY ACT STATEMENT: AUTHORITY: 10 U.S.C. 8013 PURPOSE: To obtain information for payment of fees for charging credit card fees owed the RAF Mildenhall Child Development Center. Routine USES: For internal use only except as permitted by federal law. DISCLOSURE: Disclosure of the requested information is voluntary.