

# 2022 Youth Indoor Soccer Parents Information Letter

## Important Dates

Registration:	18 Jul – 12 Aug 22
Coach's Training:	16 Aug 22
Skills Assessments:	18 Aug 22 @ RAFM YC Gym
Parent Meeting:	25 Aug RAFM YC GYM@6PM
Season:	29 Aug - 4 Nov 22
Cost:	\$50.00 for all Participants



**REGISTRATION:** LATE REGISTRATIONS WILL BE HANDLED ON A CASE-BY-CASE BASIS AS APPROVED BY THE SPORTS DIRECTORS. Late registrations will be assessed a \$5 late fee and increase every week.

**AGES:** All youth ages 5 - 18 are eligible to register. Your child must be 5 years old by 29 Aug 22 to be eligible.

**SKILLS ASSESSMENT:** To make the teams competitive, we will be holding a skills assessment for all youths aged 9 and up, at the following times at the Youth Center's Gym.

- 5-6 years old No Assessment required
- 7-8 years old No Assessment required
- 9-10 years old 18 Aug @ 6PM
- 11-13 years old 18 Aug @ 7PM

Note additional games maybe played on different days.

Any youth who are **not present at assessments will have their names randomly drawn for team placement.**

**SEASON:** Practices will be held beginning 29 Aug 22. Regular season will begin the week of 12 Sep 22, lasting 8 weeks until the week of 4 Nov 22. All practices and practices will take place at RAFM Youth Center Gym.

**MANDATORY PARENT MEETING:** In order for your child to play in youth sports all parents are required to attend a parents meeting at least once a year. The next Parent meeting will be on 25 Aug 22 at 6:00pm at Youth Center Gym.

**SPORTS PHYSICALS/IMMUNIZATIONS:** Last year's physicals and immunization records have all been staged, there are no sports physicals or immunizations records for the Mildenhall Sports Program to reference or make copies. **All new and returning youth must re-accomplish a physical or provide a physical that is current and will remain current throughout the season in addition to a current immunization record.** IAW AFI 34-144: all participants are required to have an annual physical & immunization record, reflecting the most current flu shot. All youth needing a physical can obtain one by scheduling one with Lakenheath Family Practice (DSN: 226-8010). After the physical is completed, please return the physical form to the Youth Center.

**UNIFORMS:** A Jersey will be issued by the second practice week.

**EQUIPMENT:** All Equipment will be provided by the Youth Center with the exception of the athletic cup.

**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 Directors David Wilcox/Chad Barkalow at the Mildenhall Youth Center DSN: 238-0098/7974 or email: david.wilcox.19@us.af.mil/chad.barkalow.1@us.af.mil.

# Mildenhall Youth Indoor Soccer 2022 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**

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.

## Interested in Coaching?



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

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

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

There will be a NAYS Coach's Certification Clinic for all Flag Football Coaches on **16 August 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

**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> LAST, FIRST, MI	<b>SPONSOR NAME / RANK</b> LAST, FIRST	<b>SPOUSE NAME / RANK</b> LAST, FIRST	<b>EMERGENCY CONTACT</b> OTHER THAN PARENT
<b>BIRTHDATE / AGE</b>	<b>ORGANIZATION</b>	<b>HOME ADDRESS</b>	<b>EMERGENCY PHONE</b> SAME AS CONTACT
<b>MALE / FEMALE</b>	<b>WORK PHONE</b>	<b>WORK PHONE</b>	<b>PHOTO PERMISSION</b> YES / NO
<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> (LAST 4)	<b>HOME PHONE</b>	<b>PARENT VOLUNTEER</b> YES / NO

**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 result of the acts of participating in the program.

**TRANSPORTATION/FIELD TRIP:** I give Youth Programs permission to transport the above 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.

**All School Age Child Care Payments will be charged Monday morning each week.**

**Open Rec & Instructional Classes will be charged on a monthly basis. Open Rec on the 5th day of the month and Classes on the 3rd day of the month.**

**Sports Charges will be charged as and when registration packets have been submitted.**

**Automatic reoccurring payments will only cease when a withdrawal notice has been provided to front desk clerks.**

**PLEASE INITIAL ONE:**

School Age \_\_\_\_\_

Open Rec \_\_\_\_\_

Instructional Classes \_\_\_\_\_

Sports Program \_\_\_\_\_

**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.