

# Dawg Pound Dunk Contest

21 October 2022

5:30PM-8:00PM

RAFM YP GYM

Price: \$10

**FOR OFFICIAL USE**

Amount Paid \$ \_\_\_\_\_

Receipt # \_\_\_\_\_

Staff Initials \_\_\_\_\_

My Son/Daughter \_\_\_\_\_ age \_\_\_\_\_, (date of birth \_\_\_\_\_), has my permission to participate in the **Manchester Football Experience**, sponsored by RAF Mildenhall Youth Programs.

\* I understand that this event will be chaperoned by Youth Center staff and/or approved adult volunteers. I am aware that the chaperones are completely responsible for my dependent while they are participating in this program, and advised my son/daughter to abide by the chaperones supervision and decisions. **I will not hold the chaperones or the USAF responsible for any accident or injury that may occur to my dependent while involved in this program.**

\* **I understand and acknowledge** that the activities my child or ward will voluntarily engage in as a participant of this event bears certain known risks and unanticipated risks which could result in injury, illness, disease, or death to he or she. **I understand and acknowledge those risks.**

\* **I expressly agree to accept and assume all responsibility and risks** for such injury, illness, disease, or death to my child or ward arising from their participation in this activity. Their participation in these activities is purely voluntary; no one is forcing them to participate.

\*I understand and acknowledge that photographs may be taken of participants in this event and that those photographs may be used in future publicity, presentations and advertising.

**MEDICAL RELEASE:** (check box)

Is your child currently taking any medication or has any medical condition Staff may need to be aware of?

[ ] YES

[ ] NO

**\*IF YES, PLEASE SEE PROGRAM STAFF**

\_\_\_\_\_  
(Parent/Guardian's signature)

\_\_\_\_\_  
(Parent/Guardian's printed name)

\_\_\_\_\_  
(Physical Home address)

PSC \_\_\_\_\_ BOX \_\_\_\_\_ APO AE \_\_\_\_\_  
(APO address) (zip)

\_\_\_\_\_  
(Home phone)

\_\_\_\_\_  
(Sponsor's duty phone)

\_\_\_\_\_  
(Emergency contact **other than parent**)

\_\_\_\_\_  
(Emergency's home phone number)

\_\_\_\_\_  
(Date)

If you have any questions regarding this program or any other Youth Program, please contact RAF Mildenhall Youth Programs at 01638 545437.

# Dawg Pound Dunk Competition

Hoops will be lowered for each age group to reach\*

5-8 years Free (open dunk time), 9+years \$10, adults/parents free

**5:30PM-6:00PM**

- 1) Check in, warm up for older groups
- 2) Free open dunk for 5-8 year olds

**6:00-8:00PM**

**DUNK CONTEST**

**ROUND 1 CLASSIC DUNK Ages 9+ and adults**

Best one hand or two hand dunk

2 Minutes provided, no attempt limit

2 Dunks completed are scored

**ONLY Completed dunks are judged (basketball must go in hoop)**

**ROUND 2 SKILL DUNK Ages 9+ and Adults**

This round is scored on agility, ball skill work, handles. Behind the back and other variations

2 Minutes provided

2 Dunks completed are scored

**ONLY Completed dunks are judged (basketball must go in hoop)**

**Round 3 CRAZY/PROP DUNK Ages 9+ and Adults**

ALL Dunk Styles allowed

Props may be used (all furniture or potentially dangerous props need to be cleared before the event)

Teams, collaborations, audience members, costumes, etc may be used.

3 Minute Provided

2 Dunks of choice judged

**ONLY Completed dunks are judged (basketball must go in hoop)**

**TROPHIES FOR WINNERS FOR EACH AGE GROUP**

**PARTICIPANT NICKNAME (FOR ANNOUCING):**

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**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.

**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 One:*

Monthly (2nd) \_\_\_\_\_

Weekly (Monday) \_\_\_\_\_

Instructional Classes (3<sup>rd</sup>) \_\_\_\_\_

### **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.