



Start Smart "Basketball" Program Parents Information Letter

Important Dates

Registration:

5-30 December 2022

Parents Meeting:

6 Jan 2023 @ 1645hrs in YC GYM

Season:

6 Jan–10 Feb 2023, Fridays 5-5:45

Cost:

\$30.00

REGISTRATION: 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.

PARENT ATTENDANCE: *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.*

Parent attendance and participation is MANDATORY. Parents will be modeling the skills with the children.

AGES: All youths ages 3-5 are eligible to register. Your child must be 3 years old by 6 Jan 2023 to be eligible.

SEASON: This is a six week course starting on 6 Jan and runs every Friday from 5-5:45pm until 10 Feb 2023.

UNIFORMS: Participants will receive a Start Smart T-shirt 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 Director David Wilcox at the Mildenhall Youth Center DSN: 238-7974. Or email: 100fss.fsyy.youthprograms@us.af.mil

START SMART

Start Smart "Basketball" Season 6 Jan - 10 Feb 23

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/CELL PHONE: _____

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 video taped 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 the following **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.

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

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

PROGRAM ORIENTATION DATE	MEMBERSHIP CARD ISSUE DATE	MEMBERSHIP CARD NUMBER
EXPIRATION DATE	MEMBERSHIP FEE PAID	STAFF INITIAL / 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.

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.