2023 Youth Basketball Parents Information Letter

Important Dates

Registration:	**17 Oct – 10 Nov 22**
Coach's Training:	**15 Nov 22**
Skills Assessments:	**16 & 17 Nov 22 @ RAFM YC Gym**
Parent Meeting:	**2 Dec 22 @RAFM YC GYM@6PM**
Season:	**5 Dec 22 - 24 Feb 23**
Cost:	**$50.00 for Early Registration**



Be advised early registration will run from 17 October until 4 November and the cost will be $50.00 Regular registration will run from 7 November to 10 November, and the cost is $60.00

AGES: All youth ages 5 - 18 are eligible to register. Your child must be 5 years old by 5 December 22 to be eligible. SKILLS ASSESSMENT: In order to create competitive teams, 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 — 16 Nov @ 6PM**
- **11-13 years old — 17 Nov @ 6PM**

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 5 Dec 22. Regular season will begin the week of 3 Jan 23, lasting 8 weeks until the week of 24 Feb 23. Practices will take place at RAFM Youth Center Gym or a location to be named later. All games 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 2 Dec 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 James Ussery/David Wilcox/Chad Barkalow at the Mildenhall Youth Center DSN:238-0098/7974 or email: 100fss.fsyy.youthsports@us.af.mil

Mildenhall Youth Basketball 2023 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 INITALS:_____ 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 (siblings only) _____ **(no guarantees)**

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:** _____
Parents 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 Coachs Certification Clinic for all Flag Football Coaches on **15 Nov 22 @ 1800hrs at the Mildenhall Youth Center**.

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.

_____ _____
Parents Signature **Date**

Players Code of Ethics

Pledge

I hereby pledge to be positive about my youth sports experience and accept responsibility for my participation by following this Players Code of Ethics Pledge:

- I will encourage good sportsmanship from fellow players, coaches, officials, and parents at every game and practice by demonstrating good sportsmanship.
- I will attend every practice and game that I can and will notify my coach if I cannot.
- I will expect to receive a fair and equal amount of playing time.
- I will do my very best to listen and learn from my coaches.
- I will treat my coaches, other players, officials, and fans with respect and I will expect to be treated accordingly.
- I deserve to have fun during my sports experience and will alert parents or coaches if it stops being fun.
- I deserve to play in an environment that is free of drugs, tobacco, and alcohol, and expect adults to refrain from the use at all youth sports events.
- I will encourage my parents to be involved with my team in some capacity because it is important to me.
- I will remember that sports are an opportunity to learn and have fun not to win at all cost.

Player or Player's Printed Name _____

Player or Player'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 informaiton; 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 purpses 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 LIABILIITY 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 avaliable.

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.

SIGNATURE OF PARENT/LEGAL GUARDIAN	DATE

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

Current July 2022

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:

Expiration date: (MM/YY)

		/		

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.