

CYS SPORTS REGISTRATION FORM

Sponsor Name: _____ Rank: _____ __MIL __CIV __CONT
(Parent)
Employer/Unit: _____ Work Phone: _____
Email: _____ Cell Phone: _____
Spouse Name: _____ Rank: _____ __MIL __CIV __CONT
Employer/Unit: _____ Work Phone: _____
Email: _____ Cell Phone: _____
Emergency Contact/Release Designee _____ Phone: _____
Fee: \$ _____ Ck# _____ Cash CC Coaches Discount

Participant's Name _____ Program _____
Address: _____
street city state zip
Home Phone: _____ School Grade: _____ Last Sports Physical _____
Child's Age: _____ Date of Birth: _____ Ethnicity _____
Any physical conditions or allergies? _____

REFUND POLICY: No refunds unless program is canceled, participant moves out of state, or serious injury prevents participation, prior to start-up date.

WAIVER: I (parent/guardian) understand that in taking part in this program/activity, there is a risk of injury, that participant/my child is assuming the risk of such injury by participating; and my child will not be covered by any program insurance and agree to hold harmless the team, program, coach, instructor, CYS, or Department of Army for injuries received while participating in the above-noted program.

PARENT/PARTICIPANT ACKNOWLEDGES AND AGREES TO THE FOLLOWING:

1. To respect the team's coach and abide by his/her decisions for the team. To not coach the game from the sidelines nor subvert his/her authority in any way, and direct all issues or complaints to the age group commissioner or program chairman.
2. To strictly adhere to the NYSCA Code of Conduct and all rules governing use of government facilities. Refrain from offensive comments to players, coaches, or officials. Spectators exhibiting disruptive behavior, or violating the Code of Conduct or rules will be required to leave the grounds immediately!
3. To permit the use of participant's likeness (e.g. photos) and/or name in advertisements, press release and literature and/ or posted on the website for the above program.
4. To return all rented or borrowed equipment when notified to do so, the failure of which will result in forfeiture of participation in future CYS programs.
5. Give consent for an authorized CYS representative to take my child/children for care, medical or dental, in an emergency situation where the child's condition represents a serious or imminent to his/her life, health or well-being. I understand that conscious effort will be made to notify me prior to such action and the expense, if any, will be borne by me. Treatment at an Army medical facility may be provided without additional consent under provision of AR-40-3, paragraph 2-24b.
6. A current medical statement will be provided prior to the first practice or the child/youth will not participate in practice or games until it is provided. They are still on the team, can attend meetings, receive uniforms and observe the practice/games. If you have a sports physical on file it must be renewed by the time of expiration.

Signature: _____

Parent/guardian

Date: _____