



# JBER Youth Volleyball Registration - 2019 (Please Sign Back)

Volleyball <input type="checkbox"/>		Age Group: <input type="checkbox"/> 9-11 Minors <input type="checkbox"/> 12-14 Majors	
<b>Player Information</b>			
First Name:	Last Name:	Middle Initial:	DOB: Day    Month    Year
Address:		City:	Age of Athlete on 1 Dec 2018: State - Zip:
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Years of Playing Experience: <input type="checkbox"/> 1-Beginner <input type="checkbox"/> 2-Some Exp. <input type="checkbox"/> 3-Average <input type="checkbox"/> 4-Above Ave. <input type="checkbox"/> 5-Very Skilled	Jersey Size (circle one): Youth: YS YM YL Adult: AS AM AL AXL A2XL	Short Size (circle one): Youth: YXS YS YM YL Adult: AS AM AL AXL A2XL
<b>Parent/Guardian Information</b>			
Primary Contact for Communication Purposes:	Primary Phone:#	Alternate Phone:	Email Address:
Secondary Contact for Communication:	Primary Phone:#	Alternate Phone:	Email Address:
<b>Status of Primary Sponsor (Please check one)</b>			
<input type="checkbox"/> USAF <input type="checkbox"/> USA <input type="checkbox"/> DoD Civilian <input type="checkbox"/> Retired <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves <input type="checkbox"/> Contractor <input type="checkbox"/> USN <input type="checkbox"/> USMC <input type="checkbox"/> USCG <input type="checkbox"/> Children of Wounded Warriors/Survivors (Please Check, if Yes)			
<b>Signature and Fee Information</b>			
<b>WAIVER RELEASE AND ASSUMPTION OF RISK</b> FOR IN CONSIDERATION OF THE PRIVILEGE OF PARTICIPATION IN JBER YOUTH SPORTS, I HEREBY RELEASE AND ABSOLVE THE UNITED STATES AIR FORCE, ITS INSTRUMENTALITIES, ALL AGENTS AND REPRESENTATIVES THEREOF, INCLUDING BUT NOT LIMITED TO, THE JBER YOUTH ACTIVITIES, OF ANY KIND OF LIABILITY FOR ANY LOSS, DAMAGE OR INJURY MY CHILD MAY SUFFER AS A DIRECT OR INDIRECT RESULT OF HIS OR HER PARTICIPATION IN AN ACTIVITY SPONSORED BY THE JBER YOUTH PROGRAM. I ATTEST AND VERIFY THAT TO THE BEST OF MY KNOWLEDGE MY CHILD'S PHYSICAL CONDITION AND FITNESS ARE ADEQUATE FOR SAFE PARTICIPATION IN YOUTH SPORTS. IF MY CHILD FEELS ILL, EXPERIENCES UNUSUAL REACTIONS, OR INCURS ANY INJURY WHATSOEVER, I WILL IMMEDIATELY CONTACT THE COACH OR THE AGENT OF THE JBER YOUTH PROGRAMS.			
I agree to abide by the Parent's Code of Ethics. I realize that violation of any ethic could be cause for restriction from a sporting event.			
I approve/disapprove that my child may have photos taken of them during the season for JBER Marketing purposes and internal reports.			
Does your child have a medical condition: <u>Yes/No</u> . If yes, please explain: _____			
Printed Name of Parent/Guardian:	Signature:	Date:	
Sports Fee: <input type="checkbox"/> 9-14: \$95.00 <input type="checkbox"/> Late Registration Fee: \$10.00 <input type="checkbox"/> Youth Membership Fee: \$ _____			
Kodiak CDC (Central Reg.) <input type="checkbox"/>	Payment Type: Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit <input type="checkbox"/> Free Reg. <input type="checkbox"/> Credit <input type="checkbox"/> Other <input type="checkbox"/>	Date:	Staff Initials:
Physical is: Attached <input type="checkbox"/> On File <input type="checkbox"/> Date: _____ / Shot Record is: Attached <input type="checkbox"/> On File <input type="checkbox"/> / Flu Shot: _____		AF 88 is: Attached <input type="checkbox"/> On File <input type="checkbox"/>	

## ***PARENTS' CODE OF ETHICS***

***I hereby pledge to provide positive support, care, and encouragement for my child participating in the Elmendorf Youth Sports program by following this Code of Ethics:***

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice, or other youth sports event.
- I will place the emotional and physical well-being of my child ahead of any personal desire to win.
- I will insist that my child play in a safe and healthy environment.
- I will provide support for coaches and officials working with my child to provide a positive, enjoyable experience for all.
- I will demand a drug, tobacco, and alcohol-free sports environment for my child and agree to assist by refraining from their use at all youth sports events.
- I will remember the game is for the children and not for the 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 sports experience within my personal constraints by assisting with coaching, being a respectful fan, providing transportation, or whatever I am capable of doing.
- I will require that my child's coach be trained in the responsibilities of being a youth sports coach and that the coach agrees with the Youth Sports Coaches' Code of Ethics.

---

PARENT SIGNATURE

PARENT SIGNATURE

DATE