JOINT BASE PEARL HARBOR-HICKAM
CHILD AND YOUTH PROGRAMS
REGISTRATION FORM

REQUIRING DIRECTIVE OPNAVINST 1700.9

NAME OF CHILD (LAST, FIRST, MIDDLE)	SEX	BIRTHDATE (DD/MM/YY)	AGE

SPONSORS NAME (LAST, FIRST, MIDDLE)	SOCIAL SECURITY NUMBER	RANK/RATE	BRANCH	STATUS: ACT RET RES CIV CTR COMCIV

HOME ADDRESS (Include City and Zip Code)	HOME PHONE
E-MAIL ADDRESS	CELL PHONE

DUTY STATION	DUTY PHONE	DATE OF ROTATION

(CIRCLE ONE) SINGLE PARENT DUAL MILITARY FULL-TIME WORKING SPOUSE STUDENT SPOUSE PART-TIME WORKING SPOUSE UNEMPLOYED SPOUSE	IF SPOUSE IS MILITARY (PLEASE CIRCLE) STATUS: ACT RET ENL OFF	BRANCH	RANK/RATE

SPOUSE'S NAME (LAST, FIRST)	PLACE OF EMPLOYMENT	PHONE NUMBER	CELL PHONE

EMERGENCY NOTIFICATION/RELEASE DESIGNEE (other than parents) (minimum of TWO (2) LOCAL REQUIRED)

NAME	PHONE NUMBER	RELATIONSHIP

PROGRAM ENROLLED: ☐ CDC ☐ CDH ☐ BEFORE SCHOOL ☐ AFTER SCHOOL ☐ VACATION CAMP ☐ TEENS
☐ YOUTH SPORTS ☐ OPEN REC ☐ KINDERGARTEN CARE ☐ INSTRUCTIONAL CLASSES

SCHOOL NAME: GRADE:

DATE OF LAST MEDICAL EXAM: _____ STATUS ☐ GOOD HEALTH ☐ IF NOT, PLEASE SPECIFY:

ALLERGIES: ☐ YES ☐ NO

IF YES, WHAT?

SPECIAL NEEDS: ☐ YES ☐ NO

IF YES, EXPLAIN:

HAS YOUR CHILD'S CASE BEEN REVIEWED BY THE SPECIAL NEEDS REVIEW BOARD: ☐ YES ☐ NO

DOES YOUR CHILD HAVE AN EXCEPTIONAL FAMILY MEMBER CLASSIFICATION: ☐ YES ☐ NO
IF YES, WHAT IS THE CLASSIFICATION:

SPONSOR AGREEMENT:

I HEREBY GIVE MY CONSENT FOR AN AUTHORIZED CHILD AND YOUTH PROGRAM (CYP) REPRESENTATIVE TO CALL AN AMBULANCE FOR MY CHILD, _____, ONLY FOR CARE (MEDICAL OR DENTAL) IN AN EMERGENCY SITUATION. I UNDERSTAND THAT A CONSCIENTIOUS EFFORT WILL BE MADE TO NOTIFY ME OR MY EMERGENCY DESIGNEES PRIOR TO SUCH ACTION. ANY EXPENSE INCURRED WILL BE BORNE BY ME AND TREATMENT MAY TAKE PLACE AT ANY MEDICAL FACILITY.

NAME OF CHILD'S MEDICAL INSURANCE COMPANY: _____

POLICY NUMBER: _____ NAME OF INSURED: _____

_____	_____	_____	_____
SPONSOR SIGNATURE	DATE	CYP REPRESENTATIVE SIGNATURE	DATE

PRIVACY ACT STATEMENT:

AUTHORITY: P.L. 101-89, Sec, 1507, "Military Child Care Act of 1989"; Title 5 U.S.C. 301 Department Regulations; E.O. 9397; and OPNAVINST 1700.9 "Child and Youth Programs."
PURPOSE: To provide Child and Youth Programs (CYP) with authorization for medical treatment in emergency situations. Identify children and sponsors; record required immunizations; and record known allergies and special instructions.
ROUTINE USES: Information may be furnished to military or civilian doctors or hospitals in the course of obtaining medical attention for children. The SSN is necessary so that the Child and Youth Programs can identify the individual and his/her records. Information furnished may be disclosed to any DoD component, and upon request, to other federal, state and local governmental agencies in the pursuit of their official duties relating to proper child care. Finally, the information may be disclosed to law enforcement activities for the purpose of litigation.
VOLUNTARY DISCLOSURE: Furnishing the information is voluntary; however, failure to provide the requested information could result in denial of a child's admission to the CYP.

YOUTH SPORTS

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 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, alcohol and tobacco-free environment for my child and agree to assist by refraining from their use at all Youth Sports events.**
- **I will remember that the game is for children and 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 will promise to help my child enjoy the Youth Sports experience within my personal constraint 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 to the Youth Sports Coaches' Code of Ethics.**

_____ _____

(Parent/Legal Guardian Signature) **(Date)**

YOUTH SPORTS

United States Navy Region Hawaii

As the Parent/Legal Guardian of: _____,
(Minor)

I hereby give consent for the above named minor child's participation in Morale, Welfare and Recreation (MWR) Youth Sports programs, to be held with Joint Base Pearl Harbor-Hickam, on or about: _____. In consideration of
(Registration Date)

my minor child's participation in the above named event, I the undersigned, intending to be legally bound, do hereby for myself, minor child, my heirs, my executors and administrators; forever waive, release and give up any and all claims, demands, liability damages, costs and expenses of any kind whatsoever (including personal injuries and wrongful death) against the U.S. Government, Department of Defense, Joint Base Pearl Harbor-Hickam MWR, Navy Region Hawaii, Navy Region Hawaii Departments and Tenant Commands, their members, officers, employees, volunteers, representatives and agents from any and all rights, claims, or liability for any and all personal injury or illness, wrongful death, property loss, incurred or caused by me or my minor child or to me, my minor child or anyone else out of or in connection with my child's participation in this event/outing.

I attest and verify that I have full knowledge of the risks and danger involved in my child attending this event/outing, and agree that I will defend, indemnify and hold harmless the U.S. Government, U.S. Navy, U.S. Air Force, Joint Base Pearl Harbor-Hickam Morale Welfare and Recreation Commands, their members, officers, employees, volunteers, representatives, and agents from all claims, demands or causes of action including court cost and attorneys fees directly or indirectly arising from my minor child's participation in the above mentioned event and/or any other proceedings brought by or prosecuted for my or my minor child's benefit contrary to this agreement.

This release extends to all claims of any kind and nature whatsoever known or unknown and I and my child expressly waive any benefits I and my minor child might otherwise have under the Civil Code of the State of Hawaii relating to the above.

I certify that my minor child is in good health and able to participate in this event/outing. In the event my minor child is injured or becomes ill while participating in the event/outing and I cannot be contacted at or through the telephone number that I have provided, I hereby authorize whatever medical care and services necessary under the circumstances to treat the injury or illness of my minor child, and agree to be liable for the cost thereof.

Signature _____

Address _____

City _____ State _____ Zip Code _____

Name _____ Phone _____
(Print/Type)

Name of Minor _____ Age _____ Date _____
(Print/Type)

YOUTH SPORTS

Consent to Publication of Photograph

I, _____, hereby give Joint Base
(Print/Type Name of Minor)
Pearl Harbor-Hickam Quality of Life (QOL), their agents, employees, and assigns of this event, if any, the right and permission to use, reuse, and/or publish photographic, audio, and video graphic materials of me while participating in an activity of Joint Base Pearl Harbor-Hickam QOL and MWR. I do hereby waive the right to inspect and/or approve the photograph, audiotape, and/or videotape for any Navy or Air Force publication or website. I further agree that those who act on behalf of Navy or Air Force QOL may transfer, use or cause to be used these photographs, audiotapes, and/or videotapes for promotional, recruiting, or educational purposes, and may share these photographs audiotapes, and/or videotapes with third parties, including commercial sponsors, without any limitation, reservation, or compensation. This consent applies to past, present, and future photographs, audiotapes, and/or videotapes and is given freely.

_____ _____
(Signature of Photo Subject or Minor's Parent/Legal Guardian) (Date)

_____
(Print/Type Photo Subject's Name or Minor's Parent/Legal Guardian Name)

DISCLAIMER

The United States Government and Navy or Air Force QOL Activities are not liable for any damages or injuries resulting from publication of the above-identified information, except as provided in the Federal Tort Claims Act (28 U.S.C. §§2671-2680).

I hereby acknowledge that I have read the above disclaimer and understand it.

_____ _____
(Parent/Legal Guardian Signature) (Date)

YOUTH SPORTS

Memorandum of Understanding for the Player

1. Each player must provide proof of birth date at the time of registration. A photocopy of a birth certificate or identification card, and a copy of a physical examination or school health record are needed at the time of registration. All players, ages 5 and older, must be enrolled in school. Players may not participate in an MWR Youth Sports and high school sports league during the sport season.

2. Players may not register nor be reinstated after the mid-season point. Only the Youth Sports office may reinstate players or register new players.

3. Once assigned to a team, a player will not be permitted to change to another MWR Youth Sports team. In exceptional circumstances, however, the Youth Sports Office may approve a player to be reassigned. The player being reassigned must meet all pertinent league requirements.

4. Players have a responsibility to their coaches and to their fellow team members. Therefore, the following may be the basis for suspension or other disciplinary action.
    a. Being tardy for practice or missing practice consistently.
    b. Inattention to coaches and their instructions.
    c. Demonstrating a poor attitude towards coaches and fellow teammates.
    d. Unsportsmanlike conduct and the use of derogatory or profane language.
    e. Misuse of equipment.

5. Misconduct by players will be cause for suspension from playing at the discretion of the MWR Youth Sports office or head coach of the team for which he/she plays. Premeditated fights or actions by players detrimental to the league will be cause for dismissal from playing in the league.

6. Players must furnish their own personal equipment such as shoes and socks, athletic supporter and cups.

Any violation of the above, by a player, will be afforded the chance to play their fair share of each game.

_____ _____

(Parent/Legal Guardian Signature) (Date)

YOUTH SPORTS

Memorandum of Understanding for the Parent

1. The parent/legal guardian is responsible for providing a role model for youth that exemplifies good sportsmanship, positive reinforcement and encouragement for their son/daughter and all MWR youth.

2. The parent/legal guardian of each player will sign a medical release form, authorizing emergency medical treatment for that player.

3. Parents/legal guardians will report to the Sports Director in writing, any activities they consider detrimental to the welfare of the player. For example, abuse, manhandling, or use of profanity or lack of adequate playing time would be reported to the Sports Director in writing following each game/practice in which it occurs.

4. Parents/legal guardians should support their team by volunteering for various activities that are established by the coaches. Parents/legal guardians are responsible for attending all parent meetings to support active involvement in team management decisions.

5. Parents/legal guardians are responsible for transportation of their child to and from all practices and games.

6. Parents/legal guardians must furnish their child's own personal equipment such as shoes and socks, athletic supporters and cups. MWR Youth Sports will furnish team equipment.

7. Sons/daughters of Coaches – The head coach is the only member of a team's staff who has the option of selecting his/her son or daughter on his/her team.

8. Parents/legal guardians are prohibited from selecting their child's coach or team. Coaches are prohibited from selecting their players.

9. Youth Sports are for the child/player and should be FUN.

_____ _____

(Parent/Legal Guardian Signature) (Date)

YOUTH SPORTS

Payment Form
(Please Print)

Athlete _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Birth Date _____

Parent's Name _____

E-Mail Address _____

CURRENT SPORTS	RECEIPT #	AMOUNT	DATE	INITIALS