

CYS SPORTS REGISTRATION FORM

Sponsor Name: _____ Rank: _____ MIL CIV CONT

E-mail: _____ Work Phone: _____

Cell Phone: _____

Spouse Name: _____ Work Phone: _____

MIL CIV CONT

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: _____ Age Group: _____

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.

Signature: _____

Parent/guardian

Date: _____