

Ramstein & Vogelweh Youth Sports

Registration Packet

DEPARTMENT OF THE AIR FORCE



YOUTH PROGRAMS

1. **Registration Checklist:** Enter your child's last name, first name, DOB, and age. Select Vogelweh or Ramstein. Select the appropriate age group. Select the sport.
2. **AF Form 88:** Fill in each box. If it does not apply to you put N/A. Youth home email is the email you would like us to contact you at not your child's email. Add special needs, allergies, or asthma; if none put N/A. Sign and date the bottom.
3. **Parent Code of Ethics:** Please read, sign, and date the bottom.
4. **OPS Information:** Select the box that represents the sponsor's category and your child's age.
5. **Physical Expiration MFR:** If your child's physical expires prior to the end of season you will need to complete this page. Enter Sponsor's name and Rank. Enter your child's name and age. Enter the date of your child's next physical. Sign and Date.
6. **Concussion Fact Sheet:** This is information for you as a parent to help recognize concussions in your child and what to do if you suspect your child has a concussion.
7. **Please also attach:** A current physical, your child's immunization records showing the most recent flu shot, and Allergy action plan or asthma action plan if applicable.
8. **Additional Information:** If your child is identified as special needs an additional packet is required prior to registering your child. If your child does not receive the Flu vaccine or any other required vaccination an approved immunization waiver packet is required prior to registering your child. Please contact the Ramstein Youth Center for this paperwork.

Point of Contact Information

Ramstein Youth Sports, Bldg. 428

DSN: 480-5660 CIV: 06371-47-5660

86fss.ryp@us.af.mil

**86TH FORCE SUPPORT SQUADRON
CHILD AND YOUTH SERVICES
YOUTH SPORTS REGISTRATION CHECKLIST
SPRING SPORTS**

**The registration checklist must be completed for each child playing a sport. Confirmation of team placement occurs only after completion of all documentation requirements and payment.
Participants must be 5 years old or older before or on 21 March 2022.**

CHILD'S LAST NAME _____ CHILD'S FIRST NAME _____ CHILD'S DOB _____ CHILD'S AGE _____
DD-MMM-YEAR ON 21 MAR 22

SELECT ONE LOCATION: **VOGELWEH** **RAMSTEIN**

SELECT AGE GROUP: **5-6** **7-8** **9-10** **11-12** **13-15**

Practice Preference: M/W T/TH 1715 1815 1915 No Preference

SELECT SPORT: **BASEBALL** **SOFTBALL**

-----*PLEASE DO NOT WRITE BELOW THIS LINE*-----

The following documents are required for payment and confirmation of team placement.

_____ AF Form 88, Air Force Youth Programs Registration Form

_____ Vaccine Administration Record (or equivalent) – All vaccines recommended by the Center for Disease Control Birth-18 years old Immunization Schedule are required (https://www.aap.org/en-us/Documents/immunization_schedule2019.pdf).

_____ 2021-2022 Influenza Vaccine - If unavailable, the participant must receive the vaccine within 30 days of availability or forfeit their team placement.

_____ Current Sports Physical – Valid during 21 March through 04 June 2022. *Signed MFR if physical expires prior to 04 June 2022.

_____ Signed Parent Code of Ethics – Available through attendance at Parents Meeting.

_____ Special Needs Packet, Allergy Action Plan, Asthma Action Plan (If needed).

TEAM PLACEMENT: _____ YS STAFF: _____

-----*FRONT DESK STAFF ONLY BELOW THIS LINE*-----

PAYMENT TYPE: **CREDIT CARD** **CASH** **CHECK:** _____
CHECK #

PAYMENT DATE & TIME: _____ FD STAFF: _____
DD-MMM-YEAR/TIME (1300)

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 information; 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 purposes 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 <small>LAST, FIRST, MI</small>	SPONSOR NAME / RANK <small>LAST, FIRST</small>	SPOUSE NAME / RANK <small>LAST, FIRST</small>	EMERGENCY CONTACT <small>OTHER THAN PARENT</small>
BIRTHDATE / AGE	ORGANIZATION	HOME ADDRESS	EMERGENCY PHONE <small>SAME AS CONTACT</small>
MALE / FEMALE	WORK PHONE	WORK PHONE	PHOTO PERMISSION <small>YES / NO</small>
YOUTH HOME EMAIL	CELL PHONE	CELL PHONE	SPONSOR WORK EMAIL
HOBBIES & INTERESTS	SPONSOR SS # <small>(LAST 4)</small>	HOME PHONE	PARENT VOLUNTEER <small>YES / NO</small>

SPECIAL NEEDS CARE / ILLNESS / ALLERGIES / INJURIES

RELEASE OF LIABILITY 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 available.

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 result 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
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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



CODE OF ETHICS

I hereby pledge to provide positive support, care, and encouragement for my child participating in youth sports by following this NAYS Parents' 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 a personal desire to win.
- I will insist that my child play in a safe and healthy environment.
- 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 Coaches' Code of Ethics.
- I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
- I will demand a sports environment for my child that is free from 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 help my child enjoy the youth sports experience by doing whatever I can, such as being a respectful fan, assisting with coaching, or providing transportation.
- I will ask my child to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed, or ability.

Parent Signature

Date

OPS Information

MARK THE APPROPRIATE BOX FOR YOUR STATUS AND
YOUR CHILD'S AGE

	5 & UNDER	AGE 6-9	AGE 10-12	AGE 13-18
Active Duty Air Force:				
Active Duty Other:				
DOD Civilians:				
Reserve:				
National Guard:				
Coast Guard:				
Retirees:				
Contractors:				
Other:				

MEMORANDUM FOR RECORD

FROM: _____
(Parent Last Name, Parent First Name)

GRADE/RANK: _____
(Sponsor)

SUBJECT: Requirement for Youth Sports Physical

1. I understand that in accordance with AFI 34-144, July 2019, paragraph 12.29.7., my child(ren) are not permitted to participate in league sports unless they have had a sports physical within the previous 12 months and the physical must remain current throughout the season.
2. I understand the 2022 Spring Season (baseball/softball) begins 21 March 2022 and ends 4 June 2022.
3. My child(ren) listed below has(have) a current physical dated within the previous 12 months; however, the physical will expire before 4 June 2022.

Child's Name	Child's Age Group
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

4. I understand that if I do not turn in an updated physical current through 4 June 2022 by _____, my child may not participate in the season until this requirement has been met.

(Parent Signature)

(Date)

(Staff Signature)

A FACT SHEET FOR Youth Sports Parents



This sheet has information to help protect your children or teens from concussion, or other serious brain injury.

What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
 - Work with their coach to teach ways to lower the chances of getting a concussion.
 - Emphasize the importance of reporting concussions and taking time to recover from one.
 - Ensure that they follow their coach's rules for safety and the rules of the sport.
 - Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. There is no "concussion-proof" helmet. Even with a helmet, it is important for children and teens to avoid hits to the head.

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious, or worry that if they report a concussion they will lose their position on the team or look weak. Remind them that *it's better to miss one game than the whole season.*

How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents

- Appears dazed or stunned
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events *prior to* or *after* a hit or fall

Symptoms Reported by Children and Teens

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness, or double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Confusion, or concentration or memory problems
- Just not "feeling right," or "feeling down"

**GOOD TEAMMATES KNOW:
IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.**



cdc.gov/HEADSUP

CONCUSSIONS AFFECT EACH CHILD AND TEEN DIFFERENTLY.

While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' healthcare provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.



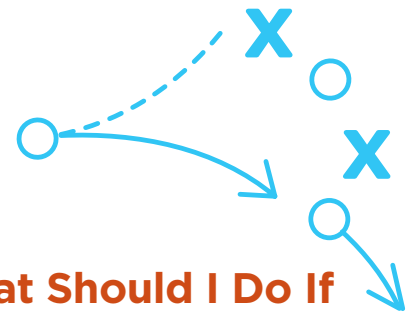
Plan ahead. What do you want your child or teen to know about concussion?

What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1, or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other
- Drowsiness or inability to wake up
- A headache that gets worse and does not go away
- Slurred speech, weakness, numbness, or decreased coordination
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching)
- Unusual behavior, increased confusion, restlessness, or agitation
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously

Children and teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a child or teen for a lifetime. It can even be fatal.



What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a healthcare provider and only return to play with permission from a healthcare provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's healthcare provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess a child or teen for a possible concussion. You may not know how serious the concussion is at first, and some symptoms may not show up for hours or days. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

Revised January 2019

To learn more,
go to [cdc.gov/HEADSUP](https://www.cdc.gov/HEADSUP)

