



# LEJEUNE-NEW RIVER YOUTH SPORTS REGISTRATION FORM

Please print all information legibly

### PRIVACY ACT STATEMENT

AUTHORITY, the information contained on this form is maintained under the systems of records notice NM01700-1 General Morale, Welfare, and Recreation Records 10 U.S.C. 1071-1087 and E.O. 116016, published February 12, 2008, 73 FR 8036. The information contained within is FOR OFFICIAL USE ONLY and may not be disclosed without the consent of the records subject, except under routine use. PURPOSE of this information is to document the approval and conduct of sports activities and to enable fitness/sports facility personnel to determine the appropriate level of activity participation. In addition to those disclosures generally permitted under 5 U.S.C. 552a (b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD ROUTINE USE pursuant to 5 U.S.C. 552a (b). DISCLOSURE MANDATORY

CHILD'S FULL NAME \_\_\_\_\_ SEX M  F

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ For office use only  
AGE AS OF \_\_\_\_\_

ADDRESS \_\_\_\_\_ VERIFIED BY STAFF MEMBER \_\_\_\_\_

PHONE # (H) \_\_\_\_\_ (C) \_\_\_\_\_

EMAIL \_\_\_\_\_

SPONSOR'S FULL NAME & RANK \_\_\_\_\_

USMC  USN  USA  USAF  USCG  RET  CIV

UNIT \_\_\_\_\_ WORK PHONE \_\_\_\_\_

SPOUSE'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

EMERGENCY POINT OF CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

PERTINENT MEDICAL INFORMATION \_\_\_\_\_

SIBLING NAME (IF REGISTERING) \_\_\_\_\_ WOULD PARENTS LIKE TO COACH OR ASSIST? YES  NO

IF IN THE SAME DIVISION, DO YOU WANT THE SIBLING ON THE SAME TEAM? YES  NO

AGE DIVISION REGISTERING FOR \_\_\_\_\_

NUMBER OF SEASONS PLAYED \_\_\_\_\_ HEIGHT (Basketball Only) \_\_\_\_\_

There are no known medical problems for the youth(s) named above that would prevent safe participation. He/She is medically qualified to participate in the youth Sports Program. Your child's Information will be shared with the volunteer coaches and assistant coaches, in order to notify you of team assignment(s), pass youth sports/team related information and to inform you in the event of an emergency.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

### SPORT: (Check One)

- BASEBALL/TEEBALL
- FLAG FOOTBALL
- RUNNING
- BASKETBALL
- SOCCER
- CHEERLEADING

### SHIRT SIZE: (Check One)

- YOUTH EXTRA SMALL
- YOUTH LARGE
- ADULT SMALL
- YOUTH SMALL
- YOUTH EXTRA LARGE
- ADULT MEDIUM
- YOUTH MED
- ADULT LARGE

AGREEMENT & RELEASE OF LIABILITY FOR PATRON'S PARTICIPATION IN  
MARINE CORPS COMMUNITY SERVICES, LEJEUNE-NEW RIVER YOUTH SPORTS

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I, the parent/legal guardian of the child(ren) listed in this form, do hereby give my permission for his/her attendance and participation in the Marine Corps Community Services, Lejeune-New River Youth Sports Program.

I understand and agree that I may be held liable for any loss or damages to Marine Corps Community Services that are caused by myself or my minor child(ren)'s gross negligence or willful misconduct.

I authorize my child(ren)/myself to receive emergency medical treatment as deemed necessary by medical personnel. Treatment may be provided at a military or civilian facility.

Recognizing that MCCS, Lejeune-New River will do its best to ensure a safe experience, I understand that accidents may occur both from my child's participation in youth sports activities and from transportation to and from the program. I agree to assume all risks of personal injury as a result of all the inherent risks of participating in a youth sports program. I understand and expressly acknowledge that an inherent risk of exposure to COVID-19 exists in any place where people are present. By signing below, I hereby agree to release, indemnify, defend and hold harmless the United States Government including MCCS, and their officers, employees, agents, personnel, successors and assigns from any claims, damages, liabilities, losses, injuries, death and costs and expenses including attorney's fees and costs of suit arising from or claimed on account of my child's participation in the MCCS, Lejeune-New River Youth Sports Program.

I am aware that family member medical coverage does not include non-emergency dental care and/or the replacement/repair of eyeglasses.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

NOTE: Refunds will be issued if any division has less than FOUR full teams \_\_\_\_\_ (Please initial)  
FULL Refunds will not be issued if a uniform top has been worn or laundered \_\_\_\_\_ (Please initial)  
I have received a copy of the Fact Sheet and will abide by published rules and policies for each respective sport \_\_\_\_\_ (Please initial)  
I understand that parents are required to sign their children in and out every day during sports clinics \_\_\_\_\_ (Please initial)

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LEJEUNE-NEW RIVER YOUTH SPORTS PARENTS' CODE OF ETHICS

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I hereby pledge to provide support, care and encouragement for my child participating in youth sports by following this Parents' Code of Ethics Pledge.

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 support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.

I will respect the officials and their authority during games and will not question, discuss, or confront coaches at the game field and will take time to speak with coaches at an agreed upon time and place.

I will demand a sports environment for my child that is free of drugs, tobacco and alcohol, and will refrain from their use at all youth events.

I will remember that the game is for children to participate, learn, and have fun and the game is for youths, not adults

I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.

I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed, or ability.

I (and my guest) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing, taunting, refusing to shake hands or using profane language or gestures.

I promise to help my child enjoy the youth sports experience by doing whatever I can, such as being a respectable fan, assisting with coaching or providing transportation.

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 read the National Standards for Youth Sports and do what I can to help all youth sports organizations implement and enforce them.

\_\_\_\_\_  
PARENT/GUARDIAN NAME (please print)

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE