youth programs Air Force Services	* NO	REQ	UESTS FC		ECIFIC TE		OR CO	OACH **	
SPORT/S REQUESTED					IS SPORTS PHYSICAL & CURRENT SHOT RECORD, and ON FILE AT THE YOUTH PROGRAMS?			YES NO NO	
YEARS OF EXPERIENCE FOR DOING THE SPORTS				RTS	LAST SEASON PLAYED				
YOUTH'S NAME					YOUTH'S DOB d/m/yr YOUTH'		S AGE BY SEASON START		
GENDER		MALE	FEMA	LE	SHIRT SIZE			DEROS d/m/yr	
SPECIAL NEED	-								
SPONSOR'S NAME & RANK					SPOUSE'S NAME & RANK				
SPONSOR'S D	DUTY				SPOUSE'S DUTY PHONE				
SPONSOR'S					SPOUSE'S				
ORGANIZATION					ORGANIZATION				
SPONSOR'S					SPOUSE'S				
CELLPHONE SPONSOR'S EMAIL					CELLPHONI	<u> </u>			
(One checked									
SPOUSE'S EN									
(One checked	d often)								
APO MAIL ADDRESS									
EMERGENCY CONTACT NAME AND PHONE (Someone other than the parent)									
I WOULD LIKE TO VOLUNTEER AS Head Coach Assistant Coach Referee Other									
					MEDICAL RELEASE				
** Please read the following information carefully ** I give my permission and approval for the above named child to participate in the program. I assume all risks and hazards incidental to such									
participation, including transportation to and from Youth Programs activities. I hereby waive and release the USAF organizers, supervisors, and persons transporting my child to and from activities for any claim out of any injury to my child.									
						inor child i	a tha ayant	of injury relating to	
participating in Os	san AB Youtl	n Program:		es. I understand	that Osan Youth Pr	ograms, sta	aff, volunte	ers, instructors, and	
			deo taping of the na quadron or the Osai			n use, staff t	training, pa	rental programmin	g, and
SIGNATURE					DATE d	/m/yr			