

**U.S. ARMY GARRISON VICENZA
CYS SPORTS AND FITNESS PROGRAM ENROLLMENT FORM
PROGRAM/SPORT (CIRCLE ONE BELOW)**

**BASEBALL SOFTBALL BASKETBALL SOCCER CHEERLEADING FLAG FOOTBALL ROCK CLIMBING MOUNTAIN BIKING
TRACK & FIELD TENNIS SWIM TEAM CROSS COUNTRY ARCHERY SKATEBOARDING SNOW SKIING RACKETBALL**

CHILD 1 _____ SEX: M / F DOB: ____/____/____
(LAST) (FIRST) (DAY) (MONTH) (YEAR)

CHILD 2 _____ SEX: M / F DOB: ____/____/____
(LAST) (FIRST) (DAY) (MONTH) (YEAR)

CHILD 3 _____ SEX: M / F DOB: ____/____/____
(LAST) (FIRST) (DAY) (MONTH) (YEAR)

AS OF THIS DATE: _____, YOUR CHILD (REN) WILL BE HOW OLD?

CHILD 1 _____ CHILD 2 _____ CHILD 3 _____

Health assessment expires on: child 1 _____ child 2 _____ child 3 _____

ADDRESS CMR _____ BOX _____ HOME PHONE _____ CELL PHONE _____

SPONSOR NAME _____ RANK _____ DSN _____ DUTY ADDRESS _____

SPOUSE NAME _____ RANK _____ DSN _____ DUTY ADDRESS _____

EMAIL ADDRESS _____ WORK EMAIL ADDRESS _____

EMERGENCY CONTACT (OTHER THAN PARENT/GAURDIAN)

NAME _____ RELATIONSHIP _____ PHONE _____

LIST ALL ALLERGIES, SPECIAL NEEDS OR MEDICAL CONDITIONS THAT WILL ASSIST IN PROVIDING PROPER CARE FOR YOUR CHILD

VOLUNTEER TO (CHECK ALL THAT APPLY)

_____ HEAD COACH _____ ASSISTANT COACH _____ TEAM PARENT _____ TIMER _____ SCORE KEEPER _____ OTHER

**LIABILITY WAIVER/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 incident to such participation including transportation to and from scheduled events. I herby waive and release the U.S. Army Garrison Vicenza organizations, supervisors and persons transporting my child to and from activities for any claim out of an injury to my child. I herby authorize any military or civilian health care facility to render emergency care to my minor child in the event of injury relating to participation in U.S. Army Garrison Vicenza Youth Programs. The board of trustees, offices, staff and coaches will not be held liable for any injury or accident to the above named child while participating in U.S. Army Garrison Vicenza Youth Programs. _____ (Initials)

UNIFORM SIZE: (PLEASE CIRCLE) TOP – ADULT/CHILD SM M LG XL BOTTOM - ADULT/CHILD SM M LG XL

EQUIPMENT RETURN: I agree to return the uniform and equipment issued to my child in as good a condition as when received, except for normal wear and tear. Otherwise I will pay CYS reasonable replacement costs. Awards may be withheld until uniform/equipment is received by CYS. _____ (Initials)

Permission to use game/team photos in official publications. _____ YES _____ NO

*******REQUEST FOR CERTAIN TEAMS AND/OR COACHES WILL NOT BE HONORED*******

Please provide in the space below any special circumstances you would like us to consider. There is no guarantee that we can meet your request, but if it is possible and fair, we will do our best.

(SIGNATURE)

(DATE)