

**MARINE CORPS AIR GROUND COMBAT CENTER  
TWENTYNINE PALMS  
YOUTH SPORTS REGISTRATION PACKET**

DATE\_\_\_\_\_

ATHLETE'S NAME\_\_\_\_\_ DOB\_\_\_\_\_ SEX\_\_\_\_\_ GRADE\_\_\_\_\_

ETHNICITY\_\_\_\_\_ RELATIONSHIP TO SPONSOR\_\_\_\_\_

*(MANDATORY TO SHOW PROOF OF AGE BEFORE INITIAL REGISTERING IN PROGRAM)*

HOME ADDRESS\_\_\_\_\_

**SPONSOR'S NAME:**\_\_\_\_\_ Employer/ UNIT\_\_\_\_\_ RANK:\_\_\_\_\_

HOME PHONE\_\_\_\_\_ CELL PHONE\_\_\_\_\_ WORK PHONE\_\_\_\_\_

EMAIL ADDRESS\_\_\_\_\_

SPONSOR STATUS: ACTIVE DUTY, MILITARY RETIRED, RESERVIST, MCCS EMPLOYEE,  
CONTRACTOR (w/green stripe), DOD FEDERAL EMPLOYEE, NON DOD FEDERAL EMPLOYEE  
BRANCH: MARINE CORPS NAVY ARMY AIR FORCE COAST GUARD NATIONAL GUARD

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**SPOUSE'S NAME:**\_\_\_\_\_ Employer/ UNIT\_\_\_\_\_ RANK:\_\_\_\_\_

HOME PHONE\_\_\_\_\_ CELL PHONE\_\_\_\_\_ WORK PHONE\_\_\_\_\_

EMAIL ADDRESS\_\_\_\_\_

SPOUSE'S STATUS: ACTIVE DUTY, MILITARY RETIRED, RESERVIST, MCCS EMPLOYEE,  
CONTRACTOR (w/green stripe), DOD FEDERAL EMPLOYEE, NON DOD FEDERAL EMPLOYEE  
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**IMAGE RELEASE FORM**

In consideration of \_\_\_\_\_, my minor child/ward being allowed to participate in any way in the MCAGCC Youth Sports Program, related events and activities, the undersigned agrees that such participants likeness may be photographed, videotaped or presented on any electronic media and that such image may be published in an outlet used to promote or publicize the MCAGCC Youth Sports Program.

**Circle one:** ACCEPT or DECLINE:

\_\_\_\_\_  
Parent/Guardian Signature (Print Name) Date

**REFUNDS**(initial)

\_\_\_\_\_ I understand that **NO REFUNDS** will be issued once uniform/trophy have been ordered.

**MARINE CORPS AIR GROUND COMBAT CENTER  
YOUTH SPORTS  
EMERGENCY INFORMATION AND CONSENT FORM**

ATHLETE'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

Emergency Point of Contact (**OTHER THAN PARENTS**):

#1 NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alt Phone #: \_\_\_\_\_

#2 NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alt Phone #: \_\_\_\_\_

**Family Medical Insurance**

Carrier \_\_\_\_\_ Group \_\_\_\_\_

Policy # \_\_\_\_\_ Group# \_\_\_\_\_ I.D.# \_\_\_\_\_

Family Physician Name  
\_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Alt.# \_\_\_\_\_

Does your child have any Special Needs?  YES  NO List: \_\_\_\_\_

Is your child enrolled the *Exceptional Family Member Program*?  YES  NO

Allergies (list): \_\_\_\_\_

Reaction: \_\_\_\_\_ Treatment: \_\_\_\_\_

Serious Medical Conditions(list): \_\_\_\_\_ Medication: \_\_\_\_\_

*All Allergies and Serious Medical Conditions are subject to an assessment by our Special Needs Evaluation Review Team (SNERT). This is for the best care for your child and training for our staff and coaches. This is mandatory for all parents to attend before the sport begins. This SNERT is good for one full year.*

I/We hereby grant consent to any and all health care providers designed by MCAGCC Youth Sports Program to provide my child \_\_\_\_\_ any necessary medical care as a result of any injury/illness.

This consent includes First Aid and transportation to/from health care providers.

Date \_\_\_\_\_

Signature \_\_\_\_\_

PAID STAMP: (Office Use ONLY)  
Date/Initial/Payment Type / Receipt #

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YOUTH SPORTS REGISTRATION**

ATHLETE'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

SEX \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_ WEIGHT \_\_\_\_\_ HEIGHT \_\_\_\_\_

T-SHIRT SIZE \_\_\_\_\_ SHORT SIZE \_\_\_\_\_ LEFT or RIGHT HANDED \_\_\_\_\_

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BASKETBALL	TENNIS	FLAG FOOTBALL
STARTSMART BASKETBALL	START SMART TENNIS	START SMART FLAG FOOTBALL
CHEER/DANCE	TRACK & FIELD	CHEERLEADING
4 YEAR OLD T-BALL	JR GOLF LEAGUE	CHEER CAMP
5&6 YEAR OLD T-BALL	HOOK A KID ON GOLF	BOWLING LEAGUE
COACH PITCH	SOCCER	START SMART SPORTS DEVELOPMENT
START SMART BASEBALL	START SMART SOCCER	FOOTBALL CAMP
START SMART GOLF	BASKETBALL CAMP	SPRING CHEER CAMP
OTHER _____	OTHER _____	OTHER _____

SIBLING IN THE SAME DIVISION: YES NO SIBLING ON SAME TEAM: YES NO

SIBLING(S) NAME \_\_\_\_\_

WOULD PARENT LIKE TO COACH: YES NO ASSIST COACH: YES NO

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**Text Messages and/or Email Alerts**

We now have the ability to send alerts of changes and cancellations in Youth Sports via text message and email. This is not a requirement. This option is for your convenience only. The Youth Sports cell phone number is (760) 401-0402. Please add it to your contact list for future reference. If you would like to use this new process, please provide the telephone number and email where we could best reach you.

Cell Phone Number: \_\_\_\_\_

Alt. Cell Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Alt. Email: \_\_\_\_\_

