



PRESENTED BY ARMED FORCES ENTERTAINMENT & MWR

**YOUTH  
FOOTBALL & CHEERLEADING  
CLINICS**

**SATURDAY,  
FEBRUARY 11  
3:30-5 P.M.**

**STONEMAN FIELD, SCHOFIELD BARRACKS**

**SCHEDULE OF EVENTS:**

3-4 p.m.: Check-In

4-5 p.m.: Football & Cheerleading Clinic

5-6 p.m.: Autograph Signing

**To Register:**

1. Complete CYS Youth Sports & Fitness registration form (One per child)
2. **In-Person registration ONLY.** All forms must be submitted to Schofield Barracks Outdoor Recreation Center 435 Ulrich Way, Bldg 2110, Schofield Barracks, HI 96857; Hours of operation: Tuesday - Saturday • 1-4 p.m.
3. Please ensure the form is filled out completely and legibly
4. **Deadline to register will be Saturday, February 4, 2023**

**For assistance in completing registration for this event, please contact CYS Youth Sports & Fitness at (808) 655-6465 or Schofield Barracks Outdoor Recreation at (808) 655-0143**

**Parent Information:**

Sponsor's Name: First \_\_\_\_\_ Last Name \_\_\_\_\_

Sponsor's Phone Number: \_\_\_\_\_

Sponsor's Email Address: \_\_\_\_\_

**Media Release**

I grant permission for my child to be photographed while participating in a CYS program for media release.

Yes  No

**Child's Information:**

Football  Cheerleading

Child's Name: First \_\_\_\_\_ Last Name \_\_\_\_\_

Male  Female

Child's Birthdate: \_\_\_\_\_

Football clinic will be divided by age groups. Please indicate your child's birth year range:

- 5-7 years old (2018-2016) (Child must be 5 years old by 2/11/23 to participate)
- 8-12 years old (2015-2011)
- 13-18 years old (2010-2005)

**PARENT'S MEDICAL CONSENT**  
(CYSS YOUTH SPORTS & FITNESS)



We the undersigned, in consideration of our child's participation in the \_\_\_\_\_ program. Such participation being part of CYSS Youth Sports & Fitness Program(s), we agree to the following:

If our child is injured when engaging in any Youth Sports activities and we cannot be contacted, we consent to the following:

- a) That our child may be taken to a medical facility for emergency medical treatment.
- b) That medical personnel may perform emergency medical treatment as appears medically necessary to include surgery.

We further agree that we will not present a claim and/or a suit against the United States, its instrumentalities and/or its agents, personnel representing the CYSS Youth Sports & Fitness or medical personnel treating our child based on failure to obtain our consent to any emergency medical treatment performed and that we, the parents, will assume responsibility for any and all medical costs incurred during such treatment.

**PLEASE PROVIDE THREE EMERGENCY CONTACTS:**

Name of Child	Name of Contact Person	Emergency Phone Number

**ADDITIONAL MEDICAL INFORMATION**

Please list any medical, physical, or emotional condition(s) or restriction(s) affecting participation in our activities, such as asthma, diabetes, seizures, etc.


List additional comments of information that require special consideration.


\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date