PRO

2024 BLITZ

PRESENTED BY ARMED FORCES ENTERTAINMENT & MWR

YOUTH FOOTBALL & CHEERLEADING CLINICS

FRIDAY FEBRUARY 09 4-6 P.M.

STONEMAN FIELD, SCHOFIELD BARRACKS

SCHEDULE OF EVENTS:

4-5 p.m.: Check-In
5-6 p.m.: Football & Cheerleading Clinic
6-7 p.m.: Autograph Signing

To Register:

1. Complete the CYS Youth Sports & Fitness registration form (One per child).
2. Please ensure that the form is completed in its entirety and in a legible manner.
3. Please drop off form at 2251 McMahon Road Bldg. 9090 or email to brendyn.c.agbayani.naf@army.mil

For assistance in completing registration for this event, please contact CYS Youth Sports & Fitness at (808) 787-4110 or Parent Central Services (808) 787-7464

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 (2019-2017) (Child must be 5 years old by 2/09/24 to participate)

☐ 8-12 years old (2016-2010)

☐ 13-18 years old (2009-2006)

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 Print/Signature Date