Sigonella Youth Sports
Parent Letter



Dear Youth Soccer Parents,

Thank you for registering your child for the **2022 Youth Sports Spring Soccer Season**. We strive to provide your child with a fun and exciting season. In an effort to improve our communication with you, our offices will be contacting you directly over email with some specific information regarding the season. Below is some important information for you before our season kicks off!

1) **Ages:** Youth Soccer will serve children 5 -14 years of age. (5 Year olds have the option to participate in Start Smart OR the traditional league).
2) **Refund Policy:** After the second week of the season**,** no refunds will be given**.** Unfortunately, program costs are fixed costs; therefore, the Youth Sports Program incurs costs whether a youth finishes a complete season or not. If your son/daughter decides this sport is not in his/her best interest before the first game, we will gladly refund your registration fee**.**
3) **Requests:** We will attempt to honor special requests that are made in writing. However, due to the number of requests, we cannot guarantee your request will be honored.
4) **Uniforms:** Each participant will be issued a jersey and socks that is theirs to keep at the end of the season. Parents must provide shorts or pants with NO pockets.
5) **Season Dates**: The soccer season will run from the week of 18 April 2022 – 11 June 2022.
6) **Practice Information**: Practice time and location will be determined after registration has ended.
7) **Assessments**: Depending on the size of the program, assessments may be required for the older age groups. A date and time will be determined if needed after registration is complete.
8) **Information Email**: All team/season information will be emailed out no later than 06 April 2022.

Thank you again for registering for the Youth Sports Soccer program. We look forward to a successful season. For additional information or questions, please call the youth sports director at 624-3712 or email at CYP_Sigonella@eu.navy.mil

Very Respectfully,

CYP Management Team

Sigonella Youth Sports Information Form

Child Information

Name: _____ Gender: _____ Sport: SOCCER

Date of Birth: _____ Age (As of 30 April 2022): _____

Parent Contact Information

(Must provide at least 1 parent name and a minimum 2 phone numbers)

Parent(s) Name(s): _____

Parent(s) Cell: _____ & _____

Home Phone: _____ Work Phone: _____

Email Addresses:

1.) _____

2.) _____

Emergency Contact Information

(MUST PROVIDE 2 CONTACTS NON-RELATED TO THE CHILD)

Contact #1

Name: _____ Relationship: _____

Contact Number: _____

Contact #2

Name: _____ Relationship: _____

Contact Number: _____

Special Request (Please note that these requests are not a guarantee)

_____

_____

NAVY CYP
Child and Youth Programs

Navy Child and Youth Programs Registration Form

Start Date (MM/DD/YYYY): Requiring Directive OPNAVINST 1700.9

Child's Name (Last, First, Middle):	Sex:	Birthdate (MM/DD/YYYY):	Age:
Name of Child's School (if applicable):		Child's School Grade Level (if applicable):	

Registering for: ☐ CDC ☐ SAC ☐ CDH ☐ YP ☐ 24/7 Center ☐ YSF

Type of Care: ☐ Full-Time ☐ Part-Time ☐ Part-Day Enrichment ☐ Before School ☐ After School ☐ Before & After Hourly Care ☐ Hourly Care ☐ School Camp

Sponsor's Name (Last, First, Middle):	Rank/Rate:	Branch:	Status: ☐ ACT ☐ CIV ☐ RET ☐ CYP ☐ CRT ☐ RES ☐ COM CIV

Home Address (include City and Zip Code): ☐ Lives on base ☐ Lives off base

Home Phone (include area code):	Cell Phone (include area code):	Email Address:
Duty Station/Place of Employment (include address, city, and zip code):	Work Phone:	PCS Date (if known) (MM/DD/YYYY):

Family Type: ☐ Single Parent ☐ Dual Military ☐ FT Working Spouse/Partner ☐ PT Working Spouse/Partner ☐ Student Spouse/Partner ☐ Unemployed Spouse/Partner

If Spouse/Partner is Military: Branch: Rank/Rate:

Spouse's/Partner's Name (Last, First, Middle):	Spouse's/Partner's Place of Employment or School:
Spouse's/Partner's Work Phone:	Spouse's/Partner's Cell Phone:	Spouse's/Partner's Email Address:

Child has sibling(s) enrolled in another Child and Youth Program: ☐ Yes ☐ No (If yes, list child(ren)'s name and program)

Emergency Notification Contacts (may also pick up the child in non-emergency situations)

(At least 2 local emergency contacts other than the child's parent(s) or legal guardians required; provide as many phone numbers as possible)

Name	Relationship to Child	Home Phone	Work Phone	Cell Phone

Non-Emergency Authorized Release/Pick-Up Contacts (will not be contacted for emergencies)

(Authorized to pick up the child in non-emergency situations; provide as many phone numbers as possible)

Name	Relationship to Child	Home Phone	Work Phone	Cell Phone

Consent for Ambulance for Emergency Care

I hereby give my consent for an authorized Navy CYP Professional to call an ambulance for my child, _____, in the case of a medical or dental emergency. I understand that every effort will be made to contact me or my emergency contacts in the event of an emergency prior to such action. Treatment may take place at any medical facility. Any expense incurred will be borne by me.

Name of Child's Medical Insurance Company	Policy/Group Number (not needed for Active Duty)
Name of Policy Holder	Name of Child's Physician

Sponsor's Consent for Ambulance for Emergency Care SIGN HERE	Date
Sponsor's Signature and Date *(Signature indicates the sponsor has provided true and accurate information to the best of his/her knowledge)* SIGN HERE	Date
CYP Representative's Signature and Date *(Signature indicates the CYP Representative has reviewed the registration form and verified the family's eligibility and priority type)* SIGN HERE	Date

AUTHORITY: P.L. 101-89, Sec, 1507, "Military Child Care Act of 1989;" Title 5 U.S.C. 301 Department Regulations; E.O. 9397; and OPNAVINST 1700.9 "Child and Youth Programs."
PURPOSE: To provide Child and Youth Programs (CYP) with authorization for medical treatment in emergency situations; identify children and sponsors; record required immunizations, and record known allergies and special instructions.
ROUTINE USES: Information may be furnished to military or civilian doctors or hospitals in the course of obtaining medical attention for children. The SSN is necessary so that the Child and Youth Programs can identify the individual and his/her records. Information furnished may be disclosed to any DoD component, and upon request, to other federal, state and local governmental agencies in the pursuit of their official duties relating to proper child care. Finally, the information may be disclosed to law enforcement activities for the purpose of litigation.
VOLUNTARY DISCLOSURE: Furnishing the information is voluntary; however, failure to provide the requested information could result in denial of a child's admission to the CYP.

NAVY CYP
Child and Youth Programs

Navy Child and Youth Programs Registration Form

Instructions for Completing the Navy Child and Youth Programs Registration Form

1. A separate Registration Form shall be completed for each child being registered.
2. The parent shall complete all the information about the family and/or child.
3. For the "Registering for" block, check the program(s) for which you are registering (CDC – Child Development Center, SAC – School Age Care, CDH – Child Development Home, YP – Youth Programs, YSF – Youth Sports and Fitness, 24/7 Center)
4. For the "Status" block, check any category that applies to the status of sponsoring parent and/or military spouse, if applicable (Key: ACT – Active Duty, RET - Retired, RES - Reservist, CIV - DoD Civilian, CTR - DoD Contractor, COM CIV - Community Civilian, CYP – CYP Employee).
5. Medical insurance policy numbers are not required for parents who are active duty.
6. After completing the form, sign and date all required signature blocks. This is verifies that all information is correct and validates the agreement to allow transport for medical or other emergencies.
7. If information becomes outdated during the year (before the next year's annual registration), the parent may cross out the incorrect or outdated information and write in ink the new updated information. Initial and date any updated information on the form.
8. Annually, a new form shall be completed, signed, and dated.
9. A CYP Professional (e.g., Operations Clerk, Director, CDH Provider, etc.) shall sign and date in the CYP Professional signature boxes as witness to the parent's signature and date.

NAVY CHILD AND YOUTH PROGRAM
HEALTH INFORMATION FORM 1700/52

Child's Name (Last, First, Middle):
Sponsor's Name (Last, First, Middle):

PART A: IDENTIFICATION OF CHILD/YOUTH MEDICAL AND/OR DIETARY NEEDS

(Some of these questions may require additional documentation. Please refer to the instructions on Page 2.)

1. Is there any information we need to know to support your child's medical needs? ☐ Yes ☐ No
If "Yes," please briefly describe.

2. Does your child have any allergies or allergic reactions? ☐ Yes ☐ No
If "Yes," please list the allergen(s) and corresponding reactions.

3. Does your child have any food intolerances that require food substitutions (e.g., lactose intolerant)? ☐ Yes ☐ No
If "Yes," please describe:

PART B: IDENTIFICATION OF MEDICATION NEEDS

4. Does your child require emergency response medication? ☐ Yes ☐ No
If "Yes," please describe your child's emergency response medication needs.

5. Will your child need to take medication for any ongoing medical conditions (non-emergency) while in care at the CYP? (does not include medication for temporary needs, such as antibiotics) ☐ Yes ☐ No

PART C: OTHER NEEDS REQUIRING ASSISTANCE WHILE IN CARE

6. Does your child require any accommodations to participate in CYP (e.g., alternative communication, physical, sensory, or material adaptations)? ☐ Yes ☐ No
If yes, please describe.

NAVY CHILD AND YOUTH PROGRAM
HEALTH INFORMATION FORM 1700/52 (PILOT)

PART D: EARLY INTERVENTION AND SPECIAL EDUCATION

7. Is your child receiving services through an Individualized Family Service Program (IFSP) or Individualized Education Program (IEP)?

☐ Yes ☐ No

PART E: EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP) ENROLLMENT

8. Is your child enrolled in the EFMP? ☐ Yes ☐ No

I acknowledge that all the above information is true and accurate. I understand that if there are changes in my child's health or developmental needs that will require additional assistance in the CYP, I must notify the CYP. Changes to my child's health information may require additional medical documentation and meeting with the Navy CYP Inclusion Action Team (IAT).

Sponsor's Signature and Date (Signature indicates the sponsor has provided true and accurate information to the best of his/her knowledge.)

CYP Professional's Signature and Date (Signature indicates the CYP Professional has reviewed the information provided on this form and will alert the CYP Director immediately to ensure any necessary accommodations are made for the child.)

This form must be reviewed by the parent(s) each year during the annual registration process. If there are no changes to be made, the parent(s) may simply initial and date the form. If there are changes to be made, a new form must be completed.

Sponsor's Initials and Date:	*Sponsor's Initials and Date:*	*Sponsor's Initials and Date:*	*Sponsor's Initials and Date:*
_____	_____	_____	_____

AUTHORITY: P.L. 101-89, Sec, 1507, "Military Child Care Act of 1989;"; Title 5 U.S.C. 301 Department Regulations; E.O. 9397; and OPNAVINST 1700.9 "Child and Youth Programs."

PURPOSE: To provide Child and Youth Programs (CYP) with information about your child's overall health and needs that may affect his/her care at the CYP.

ROUTINE USES: Information may be furnished to military or civilian doctors or hospitals in the course of obtaining medical attention for children. The information may also be shared with members of the command Inclusion Action Team (IAT) for the purpose of identifying any accommodations your child may need.

VOLUNTARY DISCLOSURE: Furnishing the information is voluntary; however, failure to provide the requested information could result in denial of a child's admission to the CYP.

NAVY CHILD AND YOUTH PROGRAM
HEALTH INFORMATION FORM 1700/52 (PILOT)

Additional Information

The Health Information Form – CNICCYP 1700/52 is used as a screening tool by the CYP to determine whether your child requires additional documentation and resources to support their participation in CYP. If you answer yes to any question(s) on this form, the CYP Director will contact you to obtain additional information to support your child. Depending on your child's needs, the CYP Director may also refer your child to the Inclusion Action Team (IAT). The Inclusion Action Team (IAT) is a team of professionals that collaborates to support the full inclusion of children with diagnosed or undiagnosed disabilities, differing abilities, or special needs. These experts in the fields of medicine, therapy, family services, special education, and general education help CYPs locate resources for families and identify reasonable accommodations that can be implemented to support a child's success in that CYP. If the CYP Director feels your child may benefit from a referral for IAT support, you are always consulted first and encouraged to participate in the discussion. You are the expert on your child, and as such, you are the most valuable member of the IAT.

Additional documentation required varies depending on each child's needs, but may include the following items:

Emergency Action Plan (EAP): The EAP tells CYP staff how to respond to your child or youth's needs in case of a medical emergency (e.g., a youth with a severe peanut allergy accidentally eats peanut butter). EAPs must be developed, completed and signed by their health care providers. EAPs may be provided by the child or youth's health care provider or the CYP can provide an EAP template for the health care provider to use.

Medication Administration Form: This form is required for all children who need administration of prescription medication at the CYP and must have the following signatures: (1) health care provider signature on written instructions, including the type of medication, dosage, frequency, and duration of the administration period (e.g., 3 weeks, 1 year, indefinite), and (2) parent signature, giving consent for authorized employees to administer medication while the child is at the CYP. If the form is for emergency response medication, an EAP is also required.

Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP): Children or youth who have received (or are receiving) early intervention or special education services from a school district will have an IEP and/or IFSP. Families are strongly encouraged, but not required, to provide a copy of the IEP or IFSP to the CYP, as this can help the program develop accommodations to meet the child or youth's needs.

Definitions:

Food Allergy: When a child has a food allergy, his/her body responds to food as if it were a threat. The body's immune system response can be mild or, in rare cases, associated with a severe and life-threatening reaction called anaphylaxis. Allergic reactions are highly unpredictable. The severity of one attack does not predict the severity of the next attack. The only way to prevent a life-threatening reaction is strict **avoidance** of the allergen.

Food Intolerance: When a child has a food intolerance, it is a reaction of the digestive system and is not dangerous. Although a child may experience gas, bloating, abdominal pain and/or diarrhea, the reactions will pass and the child is not in danger. Children with food intolerances likely do not have prescribed medications for their condition and do not need an EAP. Some common food intolerances are lactose and gluten.

NAVY CHILD AND YOUTH PROGRAM
PERMISSION STATEMENTS 1700/43

Requiring Directive OPNAVINST 1700.9E

Child's Name (Last, First, Middle):	Start Date (MM/DD/YYYY):
Sponsor's Name (Last, First, Middle):	

SPONSOR RELEASES, PERMISSIONS, AND ACKNOWLEDGEMENTS

Hold Harmless Release: I agree to release and hold harmless the United States, its officers, its agents, and its instrumentalities against any claims, demands, actions, debts, liabilities, judgments, costs, or attorney's fees arising out of, claimed on account of, or in any manner predicated upon his/her participation in any Navy MWR/CYP activity, use of facilities and/or equipment including any loss or damage to property, any injury or death of any person, in any manner caused or contributed to by the United States, its officers, its agents, or its instrumentalities except in cases of gross negligence. **In order to participate in Navy CYP, the sponsor is required to sign the Hold Harmless Release.**

SIGN HERE *Sponsor's Signature/Date:* _____

Media Release: I grant permission for my child to be included in the use of the following formats for the purpose of education and publicity of the CYP community without further permission from me—photographs, video, and audio recordings used in the CYP facility and media such as social media (e.g., Facebook, Twitter), military installation website, CNIC CYP website, Teaching Strategies Gold, etc. I have listed below any exceptions to this release (e.g., "Pictures of my child may be posted in the center, but may not be posted or published anywhere outside of the center." Or, "My child may have his/her picture taken, but I do not want him/her to be videotaped.").

Exceptions (list any exceptions to the media release; if none, enter "None"): _____

SIGN HERE *Permission Signature/Date:* _____

Denied *Permission Signature/Date:* _____

Topical Non-Prescription Product Application Permission: I understand there might be occasions when my child may need a topical non-prescription product—for his/her own health, safety, and comfort—such as diaper cream, sunscreen, insect repellent, etc. I understand that I must provide these types of topical products and I grant permission for CYP Professionals to apply such products to my child when needed to prevent diaper rash, sunburn, bug bites, etc. If I choose topically applied products with which the CYP is not familiar, a Materials Safety Data Sheet will be required for each product.

SIGN HERE *Permission Signature/Date:* _____

Denied *Permission Signature/Date:* _____

Field Trip/Transportation Acknowledgement: I acknowledge that field trips are an important part of the CYP because they enhance my child's experience with the CYP. CDC and CDH field trips may include walking in the immediate CYP and CD home surroundings (infants may be transported in a buggy/stroller) or on the military installation. Some preschool trips may require bus or other vehicle transportation, either in a CYP vehicle or a chartered vehicle or bus. YP field trips may include transportation via a CYP-operated or chartered vehicle or bus to and from schools and field trip locations in the surrounding areas. The YP may also offer excursions within walking distance of the CYP facility and military installation.

INITIAL HERE *Initials/Date:* _____

Acknowledgement of Receipt of the Navy CYP Parent Handbook: I have received and understand the policies contained in the Navy CYP Parent Handbook.

INITIAL HERE *Initials/Date:* _____

Acknowledgement of Revocation or Invocation of Any of the Above Permissions or Releases: I understand that I may revoke or invoke any of the above permissions or releases in writing at any time. If I choose to revoke or invoke a permission or release, it is my responsibility to provide written notification to the CYP requesting the revocation or invocation. **If I choose to revoke the Hold Harmless Release, I understand my child will no longer be permitted to participate in Navy CYP.**

INITIAL HERE *Acknowledgement Signature/Date:* _____

AUTHORITY: P.L. 101-89, Sec, 1507, "Military Child Care Act of 1989"; Title 5 U.S.C. 301 Department Regulations; E.O. 9397; and OPNAVINST 1700.9 "Child and Youth Programs."
PURPOSE: To provide Child and Youth Programs (CYP) with authorization for medical treatment in emergency situations; identify children and sponsors; record required immunizations; and record known allergies and special instructions.
ROUTINE USES: Information may be furnished to military or civilian doctors or hospitals in the course of obtaining medical attention for children. The SSN is necessary so that the Child and Youth Programs can identify the individual and his/her records. Information furnished may be disclosed to any DoD component, and upon request, to other federal, state and local governmental agencies in the pursuit of their official duties relating to proper child care. Finally, the information may be disclosed to law enforcement activities for the purpose of litigation.
VOLUNTARY DISCLOSURE: Furnishing the information is voluntary; however, failure to provide the requested information could result in denial of a child's admission to the CYP.

TEXT MESSAGING CONSENT FORM—CNICCYP 1700/58

OPNAVINST 1700.9 (series)

In an effort to provide families with up-to-date information, the Navy Child Youth Program (CYP) requests parents to authorize programs to send text messages to parents/guardians and/or youth. All text messages will originate from official Navy email servers or Government-owned cellphones. However, for families with children or youth enrolled in youth sports or Child Development Homes, Youth Sports Coaches and Child Development Home Providers may also contact parents and youth via personal cellphones. Standard messaging and data rates may apply. Text messages may include, but are not limited to the following: special event information, inclement weather updates, sports practice and game status changes, and other relevant CYP information. To minimize intrusion, messages will be sent primarily during typical business hours.

Authorization for Text Messaging

I grant permission for the CYP to send me, the parent/guardian, text messages at any time. Yes ☐ No ☐

Name of Parent/Guardian: _____

Cellphone Number: _____

Cellphone Provider: _____

I grant permission for the CYP to send my youth text messages at any time. Yes ☐ No ☐

Name of Youth: _____

Cellphone Number: _____

Cellphone Provider: _____

_____ _____

Signature of Parent/Guardian **Date**