



Sign Up Today!

Complete both sides of the form and send to the address below.

1. Member Name: _____
 Birthday: _____ New Member ___ Renewal ___
 Grade (K-8): _____ Referred by: _____
 Parent/Guardian: _____
 T-shirt size:
 Youth Size: ___ S (6-8) ___ M (10-12) ___ L (14-16)
 Adult Size: ___ S ___ M ___ L

2. Member Name: _____
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 Adult Size: ___ S ___ M ___ L

E-mail _____
 Address _____
 City/State _____
 Zip _____ Telephone _____

Membership fee is \$10.00 per school year. Make check payable to AFAAA and mail with the application to:
 KID FORCE c/o Air Force Academy Athletic Association
 2168 Field House Drive
 USAFA, CO 80840-9500
 (719) 333-2626



Important Information on Reverse



2168 Field House Drive
 USAF Academy, CO 80840-9500

AIR FORCE ACADEMY



Building
 Future
 Falcons

Fun, Entertainment, & Education



Kid Force is the most fun and affordable youth sports club in the nation. Our members are exposed to over 27 intercollegiate sports to facilitate the learning of new skills, goal setting, teamwork and sportsmanship.

Membership Benefits

Free Admission to Baseball, Boxing, Cross Country*, Fencing*, Golf, Gymnastics*, Lacrosse, Rifle, Soccer*, Swimming and Diving*, Tennis*, Track and Field*, Water Polo and Wrestling

Free Admission to select games for Basketball*, Football, Hockey and Volleyball

A Kid Force T-Shirt

A Birthday Card from "The Bird"

Invitations to Special Events and Clinics

"Bird Talk" Newsletters

Kid Force Giveaways

A Kid Force Membership Card

Annual Picnic

* indicates men and women's sports



Join now!

Only \$10 Per School Year



Due to NCAA regulations, you must be **8th grade or under** to participate in Kid Force. Some restrictions apply, including post-season tournaments. Members must have an adult supervisor at all times. The U.S. Air Force Academy is not liable for any injuries which may occur during Kid Force events.

Check out our web site at:
www.AirForceSports.com

Please Complete the Following Important Information

Is member a military dependent? Yes No
 If yes, name of parent _____
 SSN of parent _____
 Member's SSN _____
 Health insurance company _____
 Agent _____
 Policy number _____

Non-Military Members
 Health insurance company _____
 Agent _____
 Policy Number _____

Non-Parent Emergency Notification Number
 1. Name/Relationship _____
 Telephone _____
 2. Name/Relationship _____
 Telephone _____

Allergies to Medication _____
 Required Medications (must be self-administered) _____
 Additional Medical Problems/Information (asthma, heart murmur, rheumatic fever, etc.) _____

Privacy Act Notice

Authority: 10 U.S.C. 8012; EO 9397. Purpose: to initiate necessary medical treatment. Routine uses: social security number is personal identifier on medical records. Disclosure is voluntary; however, failure to provide social security number may delay or prevent your dependent's medical treatment.

Medical Treatment Authorization

I, _____, do hereby appoint and authorize the USAFA Kid Force Program and its designated representatives as my Attorney-in-Fact to obtain and consent to any and all medical/dental attention and hospital care and treatment, including major surgery, deemed necessary by an appropriate medical/dental provider selected by my Attorney-in-Fact for the health and well-being of my son/daughter, _____, who is attending the United States Air Force Academy Kid Force Program. This power shall terminate on _____ (through the end of the school year, May 31 _____).

BY ITS NATURE, PARTICIPATION IN ATHLETICS INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR, TO LONG-TERM CATASTROPHIC, TO EVEN DEATH. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate the risk. Participants can, and have the responsibility to, help reduce the chance of injury. PLAYERS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, AND INSPECT THEIR OWN EQUIPMENT DAILY.

The Kid Force Program does not screen applicants for illness, injury, allergies or other medical conditions which would prevent or limit the participation by the applicant in athletics or outdoor programs. It is the responsibility of the parents or guardian of each applicant to determine his or her fitness to participate in athletics or outdoor programs. By signing this Permission Form, I acknowledge that I have read and understand the above warning. I acknowledge that I do not know of any medical conditions, which would prevent or limit the participation of this applicant in athletics or outdoor programs. I, on my own behalf and on the behalf of this applicant, hereby release the United States Government and the Kid Force Program, its employees, agent and representatives, from any financial responsibility or liability arising from injury to this applicant in connection with his or her participation in sessions, including injury resulting from negligence (other than gross negligence) of employees, agent's or other representatives of the Kid Force Program.

Signature _____ Date _____
 Parent or Legal Guardian _____
 Address _____
 City/State/Zip _____