



The DMAFB Youth Sports Program would like to send you newsletters and other general information regarding your children(s) participation in our sports program. In order to accomplish this, we are asking you to provide us with either your work &/or home e-mail address of either/both parent(s).

\_\_\_\_\_ I give the DMAFB Youth Sports Program permission to send sports related information to my work or home e-mail address.

My e-mail address is as follows: \_\_\_\_\_

\_\_\_\_\_ I give the DMAFB Youth Sports Program permission to release my family's name and phone number to other parents in the form of a team roster.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's Name and Age Group

\_\_\_\_\_  
Sport

FOR OFFICE USE ONLY –

Youth Sports Director Initials \_\_\_\_\_/Date \_\_\_\_\_

Youth Programs Desk Clerk Initials \_\_\_\_\_/Date \_\_\_\_\_