CYS Youth Program Registration & Sponsor Consent

Middle and High School Teens: It's so easy to enjoy CYS activities! Just fill out this form (don't forget the back side), get your parent to sign it and then return it (scan, fax, email or deliver) to your local Youth Program (YP) or Parent Central Services. CYS staff will verify your registration telephonically with your parent or guardian within 5 working days of receipt of form. Here's a look at some opportunities CYS offers: dances, trips, classes, volunteer opportunities; homework assistance; up-to-date technology and internet access; place to meet friends; summer camps and more!

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, United States Code, Section 3012, **PRINCIPAL PURPOSE(S)**: To provide child and family program eligibility, background information and sponsor consent for access to emergency medical care. **ROUTINE USES**: Information is furnished to the attending physician when it is necessary for an individual to be taken to a medical facility by someone other than the parent. **DISCLOSURE** of requested information is voluntary, however, if information is not provided, individual(s) may not be allowed to participate in the CYS Program.

DECLARATION OF NONDISCRIMINATION

Services will be made available to all youth in attendance, without regard to race, religion, national origin, ancestry, or sex, within the limits of AR 608-10.

Please complete the below information. Parent will be contacted within five (5) days by a CYS staff member to verify information.

YOUTH: Last Name	First Name		Gender:
Grade School	DOB	Age	
SPONSOR: Last Name	First Name	F	Rank
Status:	Other	Branch:	
Unit/Employer	Unit/Employer Address		Zip Code
nstallation	Work Phone	Cell Phone	
Home Phone	Mailing Address		Zip Code
n Post? Sponsor Primary Email Address		Alternate	
SPOUSE: Last Name	First Name	Ra	nk
Status:	Other	Branch:	
Jnit/Employer	Unit/Employer Address		Zip Code
Work Phone	Cell Phone	Home Phone	
Spouse Primary Email Address	s Alt	ernate	
EMERGENCY/RELEASE CONTA	CTS (Local adults, not parents, authoriz	ed to respond in an emerger	ncy or locate parent):
1. Last Name	First Name	Work #	
Cell #	Home Phone	Is this person authorize	ed to pick-up youth?
2. Last Name	First Name	Work #	
Cell #		Is this person authorize	

SPONSOR CONSENT : I,, parent/guardian of, give consent for an authorized CYS representative to obtain medical/dental care for my youth in an emergency situation where his/her condition represents a serious or imminent threat to his/her life, health, or wellbeing. I understand that a conscientious effort will be made to notify me prior to such action and the expense, if any, will be paid by me. Treatment at an Army medical facility may be provided without additional consent under the provision of AR 40-3.						
Does your youth have any special needs (as medications, etc.) (If yes, CYS will see		-				
Can the use of photographs and/or video of youth be released to Media and/or used in (
Can your youth be transported in a government or commercial vehicle?						
Does your Youth have permission to access CYS network, the internet or social networking sites?						
I have received a copy of and signed the CYS Acceptable Use Policy and Parental Acknowledgement?						
Date the CYS Acceptable Use Policy document was returned to Youth Services or Parent Central Services						
I have reviewed the information on this form and to the best of my knowledge, the information is accurate.						
DateParent/	Guardian SIGNATURE:					
STAFF TELEPHONIC VERIFICATION: Name	of verifying staff:		Date			
Name of verifying parent:	Time	Special	needs?			
If yes to Special Needs, date Health Screenir	g sent to parent Date r	eturned	Remarks			
Date pass issued in CYMS	Staff Signature					
Staff initial and name verification: Year 2	Year 3	Үеа	ar 4			
Year 2 date: Health Cha	nges Pare	nt Initials	Staff Initials			
Year 3 date: Health Cha	nges Pare	nt Initials	Staff Initials			
Year 4 date: Health Cha	nges Pare	nt Initials	Staff Initials			
We look forward to seeing you in our programs and encourage parents to drop by anytime to see the great things happening in our Youth Programs. If you would like more information please call one of the numbers listed below:						
Youth Program Information: Parent Central Serv		Central Services Info	rmation:			
Notes or Comments:						
 Youth may attend the regular Youth Programember immediately upon receipt of complexity of the staff will validate registration form. In Program Manager or Outreach Services Direct parent not available to verify information. 	blete form. validation is not completed with	in 5 working days, im	nmediately contact the			
 Once registration is validated (and, if required to youth. Some special events and field trips may contract of the special events and field trips may contract of the special events and field trips may contract of the special events and field trips may contract of the special events and field trips may contract of the special events and field trips may contract of the special events and field trips may contract of the special events and field trips may contract of the special events and field trips may contract of the special events and field trips may contract of the special events and field trips may contract of the special events and field trips may contract of the special events and field trips may contract of the special events and field trips may contract of the special events and field trips may contract of the special events and field trips may contract of the special events and field trips may contract of the special events and the special events and the special events and trips may contract of the special events and the special e	ost a nominal fee, but participatio	n in these events is r	not mandatory. In the case			
of field trips, written parental permission must be granted before a youth is allowed to participate. 5. To enroll in a team sports program, a sports physical is required in addition to this registration. Sports fees may also apply.						