

## AIR FORCE YOUTH PROGRAMS REGISTRATION

### PRIVACY ACT STATEMENT

**AUTHORITY:** Title 10 U.S.C. 8012 and 44 U.S.C. 3101.

**PRINCIPLE PURPOSES:** To register dependent youth of military, retired and DoD personnel in the Air Force Youth Programs. Providing Youth Programs the authorization for medical treatment in emergency situations; authorization for transportation; record youth/family information; photo use authorization; and releasing of liability.

**ROUTINE USES:** This form may be disclosed to any DoD component or part thereof, and upon request to other Federal, State and local government agencies in the pursuit of their official duties; disclosed to news media; used for other lawful purposes including law enforcement and litigation.

**DISCLOSURE IS VOLUNTARY:** Failure to provide the information may preclude the individual from participation in Air Force sponsored youth programs.

<b>YOUTH NAME</b> LAST, FIRST, MI	<b>SPONSOR NAME / RANK</b> LAST, FIRST	<b>SPOUSE NAME / RANK</b> LAST, FIRST	<b>EMERGENCY CONTACT</b> OTHER THAN PARENT
<b>BIRTHDATE / AGE</b>	<b>ORGANIZATION</b>	HOME ADDRESS	<b>EMERGENCY PHONE</b> SAME AS CONTACT
<b>MALE / FEMALE</b>	<b>WORK PHONE</b>	WORK PHONE	<b>PHOTO PERMISSION</b> YES / NO
<b>HOME EMAIL</b>	<b>CELL PHONE</b>	<b>CELL PHONE</b>	<b>SPONSOR WORK EMAIL</b>
<b>HOBBIES &amp; INTERESTS</b>	<b>SPONSOR SS # &amp; DEROS</b> (LAST 4)	HOME PHONE	<b>PARENT VOLUNTEER</b> YES / NO

### SPECIAL NEEDS CARE / ILLNESS / ALLERGIES / INJURIES

### RELEASE OF LIABILITY AND AGREEMENTS

**MEDICAL CARE AUTHORIZATION:** I hereby authorize my child to receive emergency medical treatment whenever it is deemed necessary at any U.S. Military Facility or any other medical facility when a U.S. Military Medical Facility is not available.

**HOLD AND SAVE HARMLESS AGREEMENT:** Now therefore, in consideration of mutual covenants and agreements between the parties here to it is agreed as follows: We the parents of the above named youth agree to save and hold harmless as well as defend the Base Youth Programs, Services Division's Central Base Fund, Department of the Air Force and the contractor from and against any and all claims, demands, actions, debts, liabilities and attorney's fees. Parent further agrees to save and hold harmless the contractor and all other parties involved from and on account of damages of any kind which the youth may suffer as a result of the acts of participating in the program.

**TRANSPORTATION/FIELD TRIP:** I give Youth Programs permission to transport the aboved named youth to and from any events that I am notified of in advance.

**SIGNATURE OF PARENT/LEGAL GUARDIAN**

**DATE**

### FOR USE BY YOUTH PROGRAM STAFF (COMPLETE & INITIAL)

PROGRAM ORIENTATION DATE	MEMBERSHIP CARD ISSUE DATE	MEMBERSHIP CARD NUMBER
EXPIRATION DATE  <b>31 July 2022</b>	MEMBERSHIP FEE PAID	STAFF INITIAL / DATE



Youth's Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

### Liability Waiver/Release:

(Please read carefully and initial each line)

\_\_\_\_\_ I give my permission and approval for the above named child to participate in the program. I assume all risks and hazards incidental to such participation including transportation to and from scheduled activities. I hereby waive and release the USAF organizer supervisors and persons transporting the child to and from activities for any claim out of any injury to my child.

\_\_\_\_\_ I further understand that any adverse behavior on the part of our child or ourselves will result in the suspension of our privileges from this program.

\_\_\_\_\_ As a parent, I assume all responsibility for equipment used by my child.

\_\_\_\_\_ Any child participating in a program or class offered by the Youth Center will be charged an administrative fee according to the following:

- 0-8 years old: \$12/year
- 9 years and older non-members: \$12/year
- 9 years and older membership fee: \$120/year

### Parent's Code of Ethics

(Please read carefully and initial each line)

\_\_\_\_\_ I hereby pledge to provide positive support, care, and encouragement for my child participating in Youth Programs by following this Parent's Code of Ethics Pledge.

\_\_\_\_\_ I will encourage honesty and fairness by demonstrating positive support for all children, coaches, volunteers, and staff at every youth program facility and event.

\_\_\_\_\_ I will place the emotional and physical well-being of my child ahead of any personal desires.

\_\_\_\_\_ I will insist that my child interact with others in a safe and healthy environment.

\_\_\_\_\_ I will support staff and volunteers working with my child, in order to encourage a positive and enjoyable experience for all.

\_\_\_\_\_ I will demand an environment for my child that is free of drugs, tobacco, and alcohol, and I will refrain from their use at all youth sports events.

\_\_\_\_\_ I will remember that the programs are for the youth- not the adults.

\_\_\_\_\_ I will do my very best to make youth programs fun for my child.

\_\_\_\_\_ I will ask my child to treat other children, coaches, parents, volunteers, and staff with respect regardless of race, sex, creed, or ability.

\_\_\_\_\_ I promise to help my child enjoy the youth programs experience by doing whatever I can, such as being a respectful fan, assisting within programs when I can, or providing support for my child when necessary.

Parent/Guardians Name (please print): \_\_\_\_\_

Parent/Guardians Signature: \_\_\_\_\_

# Parent Consent Letter

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From: Tsubasa Youth Center and Yokota Teen Center

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Subject: Child and Youth Behavioral Military and Family Life Counselor

1. This letter is to inform you about Military and Family Life Counseling Program services. Due to the unique challenges faced by military families, the Department of Defense is offering this private and confidential non-medical counseling service to military service members and their families, including children, through child and youth programs, Department of Defense Education Activity schools, local education agencies, DoDEA and CYP summer programs, National Military Family Association Operation Purple Camps, Guard and reserve camps, and Operation Military Kids camps.
2. Child and youth behavioral military and family life counselors, or CYB-MFLCs, may provide support in Military and Family Support Centers, schools, summer programs and camps. They work with military children and their families in the following ways:
  - Observe, participate and engage in activities
  - Interact directly with military children
  - Model behavioral techniques and provide feedback
  - Suggest courses of age-appropriate behavioral interventions to enhance coping and behavioral skills
  - Reach out to military parents when convenient, such as when they drop off or pick up their children or at family events
  - Be available for military parents to contact for guidance and support
  - Facilitate psychoeducational groups
  - Conduct training for staff and parents
  - Recommend referrals to military family programs and other resources as needed
3. Counselors may assist military parents and children with the following types of issues:
  - Communication
  - Self-esteem and self-confidence
  - Conflict resolution
  - Behavioral management techniques
  - Bullying
  - Anger management
  - Sibling and parental relationships
  - Deployment and reintegration issues

4. Counselors may also work with military children on field trips and during camp or school-sponsored activities.
5. Counselors are available to accommodate appointments, meetings and activities after hours and on weekends with advance notice.
6. At no time will a counselor meet individually with a child without being in line of sight of a program employee or a parent or guardian.
7. Counselors may use only OSD-approved materials for trainings, groups and other activities.
8. **With the exception of mandatory state, federal and military reporting requirements (for example, domestic violence, child abuse and duty-to-warn situations), as well as oversight review by the Department of Defense of the service you received should an adverse or harmful event occur, MFLC Program support is private and confidential to encourage the greatest level of participation.**

Print name of child: \_\_\_\_\_

Check only one box below:

**I understand the above CYB-MFLC Program description and authorize my child to participate in CYB-MFLC services. This authorization is valid for the duration of my child's enrollment. I understand I can revoke this authorization at any time in writing.**

**I do not authorize my child to participate in CYB-MFLC services.**

\_\_\_\_\_  
Parent or guardian signature

\_\_\_\_\_  
Date



## Additional Information Form

Childs Name		
Sponsor	Name:	Cell Phone Number:
Spouse	Name:	Cell Phone Number:
Sponsors First Sargent	Name:	Phone Number:
Childs School		
Childs Grade		
Sponsors Email		
Spouses Email		

Additional Notes (i.e. which parent to contact first, etc.)

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**Yokota Youth Programs  
Prescreening Protocol and Acknowledgment for  
Participation**

The Yokota Youth Programs and parent community must work together to prevent the introduction and spread of COVID-19. To aid in prevention, we require parents to perform a short check within two hours of arrival to participate in instructional classes, camps, special events and any other activities. Participants without a copy of this signed form on file, will be prohibited from attending any activities being held by the Youth Programs.

**SECTION 1: Symptoms**

Please check for any of the following symptoms that indicate a possible illness that could be spread to others:

- a. Temperature 100 F/37.8 C degrees or greater
- b. Sore throat
- c. New uncontrolled cough that causes difficulty breathing (for participants with chronic allergic/asthmatic cough, a change in their cough from baseline); or a new cough within the last 14 days.
- d. Diarrhea, chills or uncontrollable shaking, loss sense of smell/taste, fatigue, muscle aches, vomiting, nausea or abdominal pain.
- e. New onset of severe headache, especially with a fever.

**SECTION 2: Close Contact/Potential Exposure**

Please check if you have:

- a. Had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19; OR
- b. Traveled or arrived from an area where the local, territorial, or state health department is reporting large numbers of COVID-19 cases as described in the Community Mitigation Framework or in HPCON C or D.

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*If you answered "YES" to Questions 1a-1e and or 2a & 2 b, please contact DSN 225-8864 Opt 7 ONLY if you suspect COVID-19, otherwise contact your PCM. The participant will need to stay home unless cleared by their PCM.*

*\*\*\*Please be advised that temperature checks will be conducted for everyone entering the Youth and Teen Center. If their temperature is 100 F/37.8 C degrees or above, entrance to the facility will not be allowed. If the participant arrived alone, a parent/guardian will be contacted to pick the participant up. Each person entering must also apply hand sanitizer or wash their hands.*

I \_\_\_\_\_ (parent/guardian name) have reviewed the Yokota Youth Programs Prescreening Protocol. I agree to prescreen my child, \_\_\_\_\_ (child's name) or myself prior to arriving to the Youth and or Teen Center. I also agree to take the necessary precautions listed above if I or my child is experiencing any symptoms.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

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# CHILD AND YOUTH PROGRAMS

## Youth Programs

### Payment Agreement and Credit Authorization

Name of Child(ren): \_\_\_\_\_

Name of Parent/Sponsor: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Duty Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Program:  Youth Center  Teen Center  Youth Sports  Instructional

Instructional Class:  Gymnastics  Piano

One-time Payment (Not applicable for Instructional Classes)

Keep my credit card on file for future Youth Programs activities.

By signing below, I authorize Youth and/or Teen Center to automatically charge my account for any balance due for services that have not been paid at the time of registration (one-time payment).

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*This document contains personal data subject to the Privacy Act of 1974, 10 USC 8012 & EO 9397. Requires safeguarding and disclosure only as authorization in AFI 33-332. CONFIDENTIALITY APPLIES.*

**Credit Card Number:**

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Type of card:  Visa  MasterCard  American Express

Cardholder Name (as it appears on the card): \_\_\_\_\_

3 Digit CVV Code: \_\_\_\_\_ Expiration Date (MM/YY): \_\_\_\_\_ Billing Address Zip Code: \_\_\_\_\_