



# Child and Youth Services Youth Program Registration & Sponsor Consent

Middle and High School Teens: It's so easy to enjoy CYS activities now! 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, DoDI 6060.02, DoDI 6060.4, AR 608-10, and AR 215-1.

**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 \_\_\_\_\_ Rank \_\_\_\_\_  
Status \_\_\_\_\_ Specify if Other \_\_\_\_\_ Branch \_\_\_\_\_  
Unit/Employer \_\_\_\_\_ Unit/Employer Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
Installation \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Home Phone \_\_\_\_\_ Mailing Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
On Post? \_\_\_\_\_ Sponsor Primary Email Address \_\_\_\_\_ Alternate \_\_\_\_\_

**SPOUSE:** Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Rank \_\_\_\_\_  
Status \_\_\_\_\_ Specify if Other \_\_\_\_\_ Branch \_\_\_\_\_  
Unit/Employer \_\_\_\_\_ Unit/Employer Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Spouse Primary Email Address \_\_\_\_\_ Alternate \_\_\_\_\_

### EMERGENCY/RELEASE CONTACTS (Local adults, not parents, authorized to respond in an emergency or locate parent):

1. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Is this person authorized to pick-up youth? \_\_\_\_\_  
2. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Is this person authorized to pick-up youth? \_\_\_\_\_

**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.

1. Does your youth have any special needs (asthma, allergies, ADHD, physical disabilities, dietary restrictions, rescue medications, etc.)? **YES NO** (If yes, CYS will send you a Health Screening Tool to be completed and returned within 5 days.)
2. Can the use of photographs and/or video of your youth to include text, analog and digital media and artwork created by your youth be released to Media and/or used in CYS marketing materials? **YES NO**
3. Can your youth be transported in a government or commercial vehicle? **YES NO**
4. Does your youth have permission to access CYS network, the internet or social networking sites? **YES NO**
5. Have you received a copy of and signed the CYS Acceptable Use Policy and Parental Acknowledgement? **YES NO**  
Date signed CYS Acceptable Use Policy 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.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**STAFF TELEPHONIC VERIFICATION** Name of verifying staff \_\_\_\_\_ Date \_\_\_\_\_

Name of verifying parent \_\_\_\_\_ Time \_\_\_\_\_ Special needs? **YES NO**

If yes to Special Needs, date Health Screening sent to parent \_\_\_\_\_ Date returned \_\_\_\_\_ Remarks \_\_\_\_\_

Date pass issued in CYMS \_\_\_\_\_ Staff Signature \_\_\_\_\_

Name and initials of verifying staff Year 2 \_\_\_\_\_ Year 3 \_\_\_\_\_ Year 4 \_\_\_\_\_

**ANNUAL RE-REGISTRATION**

*If yes, explain:*

Year 2 Date \_\_\_\_\_ Health Changes **YES NO** \_\_\_\_\_ Parent Signature \_\_\_\_\_

Year 3 Date \_\_\_\_\_ Health Changes **YES NO** \_\_\_\_\_ Parent Signature \_\_\_\_\_

Year 4 Date \_\_\_\_\_ Health Changes **YES NO** \_\_\_\_\_ Parent Signature \_\_\_\_\_

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:**

**Fort Stewart YC Bldg. 7338** **Hunter Army Airfield SAC/YC Bldg 6054**  
946 Austin Rd. 304 N. Perimeter Rd.  
CIV: 912-767-5079/0315 CIV: 912-315-1011

**Parent Central Services Information:**

**Fort Stewart Bldg. 438** **Hunter Army Airfield Bldg. 1286**  
500 Lindquist Rd. 171 Haley Ave.  
CIV: 912-767-2312 CIV: 912-315-5425

**Additional Information:**

1. Youth may attend the regular Youth Programs (no field trips or special events until registration is finalized) as a guest member immediately upon receipt of complete form.
2. CYS staff will validate registration form. If validation is not completed within 5 working days, immediately contact the Program Manager or Outreach Services Director. Youth guest membership will be cancelled if the parent is not available to verify information.
3. Once registration is validated (and, if required, Health Screening Tool is completed and returned), annual pass will be issued to youth.
4. Some special events and field trips may cost a nominal fee, but participation in these events is 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 or individual sports program, a sports physical is required in addition to this registration. Sports fees may also apply.