

## 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 \_\_\_\_\_ Rank \_\_\_\_\_

Status: \_\_\_\_\_ Other \_\_\_\_\_ Branch: \_\_\_\_\_

Unit/Employer \_\_\_\_\_ Unit/Employer Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Installation \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Mailing Address \_\_\_\_\_ Zip Code \_\_\_\_\_

On Post?  Yes  No Sponsor Primary Email Address \_\_\_\_\_ Alternate \_\_\_\_\_

**SPOUSE:** Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Rank \_\_\_\_\_

Status: \_\_\_\_\_ 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 # \_\_\_\_\_

Cell # \_\_\_\_\_ Home Phone \_\_\_\_\_ Is this person authorized to pick-up youth  Yes  No

2. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Work # \_\_\_\_\_

Cell # \_\_\_\_\_ Home Phone \_\_\_\_\_ Is this person authorized to pick-up youth  Yes  No

Please continue on back side

**SPONSOR CONSENT:** I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, give consent for an authorized CYC 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 (asthma, allergies, ADHD, physical disabilities, dietary restrictions, rescue medications, etc) \_\_\_ Yes \_\_\_ No (If yes, CYC will send you a Health Screening Tool to be completed and return within 5 days.)**

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 Child & Youth Service marketing materials? \_\_\_ Yes \_\_\_ No

Can your youth be transported in a government or commercial vehicle? \_\_\_ Yes \_\_\_ No

Does your Youth have permission to access CYC network, the internet or social networking sites? \_\_\_ Yes \_\_\_ No

I have received a copy of and signed the CYC Acceptable Use Policy and Parental Acknowledgement? \_\_\_ Yes \_\_\_ No

Date the CYC 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.

Date \_\_\_\_\_ **Parent/Guardian SIGNATURE:** \_\_\_\_\_

---

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

Name of verifying parent: \_\_\_\_\_ Time \_\_\_\_\_ Special needs? \_\_\_\_\_

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

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

Staff initial and name verification: Year 2 \_\_\_\_\_ Year 3 \_\_\_\_\_ Year 4 \_\_\_\_\_

---

Year 2 date: \_\_\_\_\_ Health Changes \_\_\_ Yes \_\_\_ No \_\_\_\_\_ Parent Initials \_\_\_\_\_ Staff Initials \_\_\_\_\_

Year 3 date: \_\_\_\_\_ Health Changes \_\_\_ Yes \_\_\_ No \_\_\_\_\_ Parent Initials \_\_\_\_\_ Staff Initials \_\_\_\_\_

Year 4 date: \_\_\_\_\_ Health Changes \_\_\_ Yes \_\_\_ No \_\_\_\_\_ Parent 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:**

**Hainerberg Youth Center: Hainerberg Building #7884, DSN: 548-9341 CIV: 0611-143-548-9341**

**Clay Kaserne Youth Center: Clay Kaserne Building #1215, DSN: 548-9325 CIV: 0611-143-548-9325**

**Parent Central Services Information:**

**Parent Central Services (PCS): Clay Kaserne Building 1213, DSN: 548-9350 CIV: 0611-143-548-9350**

**Hours of Operation: Monday, Tuesday, Wednesday and Friday 0800-1600; Thursday 1300-1800**

**PCS Email: *usarmy.wiesbaden.imcom-europe.list.mwr-central-registraion@mail.mil***

Notes or Comments: \_\_\_\_\_

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. CYC 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 reason validation is due to parent 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 sports program, a sports physical is required in addition to this registration. Sports fees may also apply.