

CYS Youth Center Registration & Sponsor Consent

Middle and High School Teens: It's so easy to enjoy CYS activities now! Just follow these 3 easy steps:

1. Fill out both sides of this form
2. Have your parent or legal guardian sign form
3. Return completed form (scan, fax, email or deliver) to your local Youth Center (YC) or Parent Central Services along with a copy of your Military Dependent I.D. or your birth certificate.

Here's a look at some exciting 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:** 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.

YOUTH: Last Name _____ First Name _____ Nickname _____

Gender: (circle one) M / F Grade _____ School _____ DOB _____ Age _____

E-mail Address: _____

I authorize YC to email me information and announcements about programs and events: Yes _____ No _____

SPONSOR: Last Name _____ First Name _____

Status: Act Duty / Guard / Reserve / DOD Civ / Retired/ Other _____ (If Mil: Rank _____ Branch: AR / AF / NA / MA / CG)

Unit/Employer _____ Unit/Emp Address _____

Post _____ Work Phone _____ Cell Phone _____

Mailing Address _____

Home Phone _____ On-Post? Y or N Sponsor Email Address _____

SPOUSE: Last Name _____ First Name _____

Status: Act Duty / Guard / Reserve / DOD Civ / Other Employed Civ / Student / Retired / Unemployed / Other _____

(If Mil: Rank _____ Branch: AR / AF / NA / MA / CG) Spouse Email Address _____

Unit/Employer _____ Unit/Employer Address _____ City _____

Zip _____ Bldg # _____ Work Phone _____ Cell Phone _____

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

1. Last Name _____ First Name _____ Work Ph _____ Cell _____

Home Phone _____ Is this person authorized to pick-up youth? Yes _____ No _____

2. Last Name _____ First Name _____ Work Ph _____ Cell _____

Home Phone _____ Is this person authorized to pick-up youth? Yes _____ No _____

3. Last Name _____ First Name _____ Work Ph _____ Cell _____

Home Phone _____ Is this person authorized to pick-up youth? Yes _____ No _____

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 well being. 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, etc.)
Yes ___ No ___ (If yes, DA form 7625-1 will be sent to you for completion and must be returned within 5 days. Once the Special Needs Accommodation Process is completed, then your youth will be notified when they may attend.)

*Additional medical forms may be required. These Medical Action Plans can be located at <http://www.belvoirmwr.com/Facilities/CYS/#docs>

Can your Youth be photographed while participating in a CYS program for release to the media? Yes ___ No ___

Does your Youth have permission to access social networking sites? Yes ___ No ___

If yes, does your Youth have permission to access the internet? Yes ___ No ___

CYS staff will validate registration form. If registration cannot be validated within 5 working days from receipt, youth's guest membership will be cancelled. (initials) _____

Once registration is validated (and, if required, DA form 7625-1 and medical forms are submitted/Special Needs Accommodation Process is completed), then the youth will be issued an annual pass. (initials) _____

Some special events/field trips may cost a nominal fee, but participation in these events is voluntary. In case of these events, written parental permission must be granted before the youth will be allowed to participate. (initials) _____

Household income must be provided and validated prior to YC camp enrollment. Highest fess category will be assigned to all households without pay verification for all individuals listed and contributing to the household. (initials) _____

Teens are responsible for signing themselves in and out of the Youth Center. Parents are responsible for managing that decision and the accountability of their teen. (initials) _____

Contact Parent Central Services for additional requirements for SKIES and Sports. (initials) _____

Upon verification you will be emailed that your child's pass has been issued. This email will also contain an invitation to orientation along with detailed information regarding our internet and zero tolerance policies, 4-H and Military & Family Life Consultant Programs. Please contact the YC or PCS if you do not receive this email.

I have reviewed the information on this form and to the best of my knowledge, the information is accurate.

DATE: _____ Parent/Guardian SIGNATURE: _____

CYS STAFF TELEPHONIC VERIFICATION: Name of verifying parent: _____

Staff Name _____ Verification Date _____ Time _____

Special needs? Y or N If yes, date DA 7625-1 sent to parent: _____ Date returned: _____

Medical Action Plans sent: _____ Date returned: _____ SNAP completed: _____

Date CYS pass issued: _____ Staff 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 Center. Please call one of the numbers listed below for additional information:

Youth Center:

5850 Langfitt Loop, Bldg 1003
Fort Belvoir, VA 22060
Phone: 703-805-4515
FAX: 703-805-5373

Parent Central Services:

9800 Belvoir Road, Bldg 200
Fort Belvoir, VA 22060
Phone: 703-805-5555
FAX: 703-805-3148