

Youth Center Registration Packet



U.S. Army Child, Youth
& School Services

REQUIREMENT FOR REGISTRATION:

- Liability Waiver (Page 1)
- CYSS Youth Program Registration (Page 2 & 3)
- Special Needs Questionnaire (Page 4)
- Technology Lab Permission Form (Page 5)
- 4-H Form (Page 6)

If you have any questions, please call the Youth Center at (907) 361-5437 or Parent Central Services at (907) 353-7713.

LIABILITY WAIVER

Fort Wainwright Child and Youth Services
Bldg. 4109 Neely Road
Ft. Wainwright AK 99703

Sponsor: _____
Address: _____

Email: _____

Hrs Pth: _____
Wk Pth: _____

Phone: (907)361-5437

Participant: _____

Guardian: _____

MEMORANDUM FOR RECORD

SUBJECT: Child and Youth Services (CYS) Statements of Understanding and Medical Consent Statement.

1. Data Required by the Privacy Act of 1974
2. Authority. Title 10, United States Code, section 3012.
3. Principal Purpose. Information is used by DA personnel to: (1) provide Child and Family program eligibility and background information, (2) develop programs meeting needs of Children and Families, (3) ensure appropriate placement of Child, (4) identify contingency plan for Child illness, (5) identify emergency designees, and (6) collect data required by USDA. Food program.
4. Routine Uses. Information on immunization and medical problems will be used as part of the program admission screening procedure. Family income data will be used to determine USDA food program qualification and rate structures. Medical consent information is furnished to the attending physician when it is necessary for a child to be taken to medical facility by someone other than the parent.
5. Disclosure. Disclosure of requested information is voluntary. However, if information is not provided, individuals may not be allowed to participate in Child and Youth Services (CYS) programs.
6. Statements of Understanding.
 - a. I have received the CYS Parent Handbook and will abide by all policies.
 - b. I acknowledge that CYS facilities are under video surveillance.
 - c. I have reviewed the Household and Family information file. To the best of my knowledge, the information provided to CYS is accurate and complete.
7. Medical Consent Statement.
 - a. I give consent by signing this agreement, for an authorized Child and Youth Services (CYS) representative to take my Child for care, medical or dental, in an emergency situation when the child's condition represents a serious or imminent threat to his/her life, health, or well-being.
 - b. I understand that a conscientious effort will be made to notify me before such action.
 - c. I will pay any expenses incurred.
 - d. Treatment at an Army medical facility may be provided without additional consent under provision of AR 40-3, paragraph 2-24b.

PARENT SIGNATURE

DATE

CYSS Youth Program Registration & Sponsor Consent

Middle and High School Teens: It's so easy to enjoy CYSS 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 (formerly known as CER). CYSS 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 CYSS 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 YP to email me information and announcements about programs and events: Yes _____ No _____

SPONSOR: Last Name _____ First Name _____

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

Unit/Employer _____ Unit/Emp Address _____ APO AE _____

Kaserna/Post _____ Work Phone _____ Cell Phone _____

Mailing Address _____ APO AE _____

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/Emp Address _____ City _____

Zip _____ Bldg #/Kaserna _____ 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 _____

Please continue on back side

SPONSOR CONSENT: I, _____, parent/guardian of _____, give consent for an authorized CYSS 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.)

Can your Youth be photographed while participating in a CYSS 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 ___

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 parent: _____

Staff Name _____ Verification Date _____ Time _____

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

Date CYSS 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 Programs. If you would like more information, please call one of the numbers listed below:

Youth Program Information:

Parent Central Services Information:

(CYS: Affiliator number, location, phone & fax numbers, program e-mail address and days/hours of operation)

Youth Center - Bldg. 4109
907.361.5437

Parent Central Services - Bldg. 1049
907.353.7713
907.353.7826

Notes:

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 completed form.
2. CYSS staff will validate form registration. If registration is not validated within 5 working days from receipt of form, youth's guest membership will be cancelled.
3. Once registration is validated (and, if required, DA 7625-1 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.

Does your Child have any Special Needs?

CYSS Special Needs Accommodations Process (SNAP) Medical Action Plan Requirements

- If your child has a prescription for an **Inhaler** or **nebulizer** of any type you need a:
 - Respiratory Medical Action Plan (pages 1 & 2) completed and signed by a physician, physician assistant, or nurse practitioner
 - If your child is prescribed an inhaler that is no longer needed, a signed statement from a physician, physician assistant, or nurse practitioner stating that your child does not need an inhaler or nebulizer is required

- If your child has any type of **allergy** that calls for the use of Benadryl, Epi-Pen or an inhaler you need:
 - Allergy Medical Action Plan (pages 1 & 2) completed and signed by a physician, physician assistant, or nurse practitioner

- If your child has **Food Allergies**
 - That call for the use of Benadryl, Epi-Pen or an inhaler you need:
 - SNAP Allergy Medical Action Plan (pages 1 & 2) completed and signed by a physician, physician assistant, or nurse Practitioner **AND**
 - A Special Diet Statement indicating what food they are allergic to, what the reaction is, what the appropriate food substitution is, and what medication is prescribed completed and signed by a physician, physician assistant, or nurse practitioner. (Suitable substitutions are listed on the back of the form.)

 - If the use of Benadryl, Epi-Pen or an inhaler is not required (Lactose Intolerance, citrus fruits) you need:
 - Special Diet Statement indicating what food needs to be omitted, what the reaction is, and what the appropriate food substitution is completed and signed by a physician, physician assistant, or nurse practitioner (Suitable substitutions are listed on the back of the form.)

 - For food substitutions based on **religious beliefs** you need a Special Diet statement with what food needs to be omitted, and what the appropriate food substitution is signed by a clergyman.

- If your child has **Seizures** you need:
 - A SNAP Seizure Medical Action Plan completed and signed by a physician, physician assistant, or nurse practitioner
 - **B.** Febrile Seizures requiring the use of Tylenol or Motrin **must** indicate on the prescription at what temperature the medication should be given (i.e. 99.0 degrees...)

- If your child has **Diabetes** you need a SNAP Diabetes Medical Action Plan (pages 1 & 2) completed and signed by a physician, physician assistant, or nurse practitioner.

- Children in youth centers require a signed note from a physician, physician assistant, or nurse practitioner to be able to self administer their own routine medications.

- All forms are to be returned to Central registration and forwarded to the Public Health Nurse for medical review (or referred for a full SNAP Team Meeting if required) before you can complete your registration. Any conditions that are not disclosed and are found through medical records review may require additional forms, and **may** hold up your registration process.

- All other special needs (i.e. developmental delays, behavioral problems, heart conditions...) will be reviewed by Army Public Health Nursing for possible referral for full SNAP Team meeting.

- The above listed Medical action forms are in addition to the Registration packet that parents/guardians are required to complete for registration.

My Child **DOES/DOES NOT** have any of the listed concerns above: _____ on _____
Parent print and sign name Date

FORT WAINWRIGHT YOUTH TECHNOLOGY LAB PARENT PERMISSION/AGREEMENT CARD FOR INTERNET USE (1)

Child/Children Name: (Print) _____ Youth Age: _____

I give my child/children, _____, permission to use the internet at the Fort Wainwright Youth Technology Lab, and Agree to the INTERNET use policy.

POLICIES:

- 1) All children/youth using the YOUTH TECHNOLOGY LAB must abide by all YOUTH TECHNOLOGY LAB RULES.
- 2) Inappropriate language, swearing, abusive language is forbidden.
- 3) Using another person's USER ID or password without permission is prohibited.
- 4) Illegal activities are strictly forbidden. It is illegal to hack or gain illegal entry into other computers.
- 5) Youth will not use the network in such a way as to disrupt the use of the network by others.
- 6) The writer of a message must sign the message. Messages may not be sent anonymously.
- 7) Youth should understand privacy is NOT guaranteed when using the Internet and services associated with Internet traffic. Youth will always be supervised when in the YOUTH TECHNOLOGY LAB.
- 8) Any use of the network product advertisement or political lobbying is prohibited. Children/Youth may not order products or services on the network.
- 9) Personal addresses, phone numbers and personal data of children/youth are not to be revealed over the INTERNET.
- 10) Chat Rooms are strictly prohibited.
- 11) Users must abide by copyright laws.
- 12) The YTL Instructor or YS Staff member reserves the right to remove a user from the lab/network if these policies are not followed.
- 13) This permission form does not eliminate the requirement for Basic Computer Skills Training or Internet Use Test and as always parents are responsible for the actions of their child/youth.
- 14) Visiting any site with adult content or listening to any audio file that contains explicit lyrics is strictly prohibited.
- 15) Youth have access to social networking sites (i.e. Facebook, Twitter, & Myspace).

I agree to hold the FORT WAINWRIGHT CHILD YOUTH & SCHOOL SERVICES COORDINATOR, DIRECTORS, and other staff harmless for any consequences resulting from the use of the INTERNET, E-Mail, or creation of Digital Pictures and Video.

Parent/Guardian Signature: _____ Date: _____

Child/Youth Signature: _____ Date: _____

*If you wish for your youth to NOT have access to social networking sites, please sign below. If allowed, please disregard this.

*Parent/Guardian Signature: _____ Date: _____

Youth Center

Youth Code of Conduct

1. All Participants must sign in upon entering the Youth Center and must present a valid military ID or Youth Center card upon request by the Youth Center staff.
2. All Participants are required to enter and exit through the main door.
3. Youth must wash hands upon entering the building and before snack and dinner.
4. Youth are not allowed to be in a room without a staff member present.
5. Personal music is only allowed to be played through head phones. Playing personal music through speakers and listening on headphones with other youth is not allowed.
6. For safety reasons scooters and bikes will remain outside, parked, and locked up in designated areas only.
7. Youth are not allowed to congregate in hallways and entryways.
8. Possession, consumption, or being under the influence of drugs or alcohol is illegal and will be dealt with according to Army procedures.
9. Smoking and the use of tobacco in any form in the Youth Center or on the premises is prohibited.
10. Possession of devices normally recognized as deadly or dangerous weapons, such as knives, guns, firecrackers, etc., is prohibited.
11. Youth Center property and equipment is purchased with government funds and must be treated with care and respect to ensure damage does not occur. Those responsible for damage due to improper behavior will be held liable.
12. Food and drinks will be consumed in the Elbow Room and Lobby only. Any food served by the Youth Center must be eaten in the Elbow Room.
13. Personal pets are not permitted on Youth Center premises or at sponsored events.
14. High standards of social conduct will be maintained. Theft, using other's property without permission, fighting, gambling, and profane language or obscene gestures are prohibited in or on Youth Center premises.
15. Youth are expected to keep their hands to themselves at all times. No hugging, holding hands, pushing, shoving, etc. will be tolerated.
16. Participants are expected to be respectful of one another, Youth Center staff, and the staff is expected to be respectful of Youth Center participants.
17. Participants are solely responsible for the safekeeping of their property.
18. Youth are to adhere to the dress code policy of the Fairbanks North Star Borough School District while at the Youth Center.

I have read, understand, and agree to abide by the above regulations.

Youth Name

Parent Name

Youth Signature

Parent Signature

