

"PRIVACY" "Privacy Act of 1974" "This document conforms to the privacy act of 1974: 10 USC 30 31."

LIABILITY WAIVER

Print Date:

Household #:

USAG Kwajalein CYS
P O Box 51
APO AP 96555

701 P.O. Box
APO AP 96555

Hm Ph: (805)355-2084
Wk Ph: (805)355-3601

Phone: (805)355-2158

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.

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 a 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 have reviewed the Household and Family information file. To the best of my knowledge, the information provided to CYS is accurate and complete.
- c. I acknowledge that CYS facilities are under video surveillance.

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/GUARDIAN 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: 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 _____
 Kaserne/Post _____ Work Phone _____ Cell Phone _____
 Mailing Address _____ PSC 701, Box _____ APO AE 96555
 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 #/Kaserne _____ Work Phone _____ Cell Phone _____

EMERGENCY/RELEASE CONTACTS (Local adults, not parents, authorized to respond in an emergency): Must be from 2 different households

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: Affix bldg. number, location, phone & fax numbers, program e-mail address and days/hours of operation)

U.S. Army Child, Youth
& School Services

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.