



CYS Youth Program Registration & Sponsor Consent

Middle school and high school teens: It's so easy to enjoy CYS activities now! Just fill out this form (don't forget the back), get your parent to sign it and then return it (scan, fax, email or deliver) to your local Youth Program or Parent Central Services. CYS staffers will verify your registration telephonically with your parent or guardian within five working days of receipt of form. The Hillside Youth Center/Teen Zone is open to eligible MWR patrons in grades 6–12. **Here's a look at some opportunities CYS offers: dances, trips, classes and volunteer opportunities; homework assistance; up-to-date technology and Internet access; place to meet friends; summer camps and more! Information can be found online at JBLMmwr.com.**

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 CYSS 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 _____

SPONSOR:

Last name _____ First name _____

Status: Active duty / Guard / Reserve / DoD civilian / Other _____ (If military, rank _____; branch: AR / AF / NA / MA / CG)

Unit/employer _____ Unit/employer address _____

Work phone _____ Cell phone _____ Home phone _____

Mailing address _____

Sponsor email address _____

SPOUSE:

Last name _____ First name _____

Status: Active duty / Guard / Reserve / DoD civilian / Other employed / Student / Retired / Unemployed / Other _____

(If military, rank _____; branch: AR / AF / NA / MA / CG)

Unit/employer _____ Unit/employer address _____

Work phone _____ Cell phone _____ Sponsor email address _____

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

1. Last name _____ First name _____ Work phone _____ Cell phone _____

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

2. Last name _____ First name _____ Work phone _____ Cell phone _____

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

3. Last name _____ First name _____ Work phone _____ Cell phone _____

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 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 five days.)

May 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 ____

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

DATE: _____ Parent/guardian SIGNATURE: _____

We look forward to seeing you in our programs and encourage parents to drop by any time to see the great things happening in our Youth Programs. If you'd like more information, please call one of the numbers listed below.

Youth program information:

Hillside Youth Center
6397 Garcia Blvd
JBLM-Lewis Main
253-967-4441

Parent Central Services information:

Visit one of our two locations:
At Lewis Main in Bldg. 2295 12th St. & Bitar Ave.
At McChord Field in Bldg. 100 Col. Joe Jackson Blvd.
253-966-2977
USArmy.JBLM.IMCOM.List.DFMWR-CYS-Registration@mail.mil

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. CYS staffers will validate form registration. If registration is not validated within five working days from receipt of form, youth's guest membership will be canceled.
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.

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 CYS pass issued _____ Staff signature _____