

# AIR FORCE YOUTH PROGRAMS REGISTRATION

## PRIVACY ACT STATEMENT

**AUTHORITY:** Title 10 U.S.C. 8012 and 44 U.S.C. 3101.

**PRINCIPLE PURPOSES:** To register dependent youth of military, retired and DoD personnel in the Air Force Youth Programs. Providing Youth Programs the authorization for medical treatment in emergency situations; authorization for transportation; record youth/family information; photo use authorization; and releasing of liability.

**ROUTINE USES:** This form may be disclosed to any DoD component or part thereof, and upon request to other Federal, State and local government agencies in the pursuit of their official duties; disclosed to news media; used for other lawful purposes including law enforcement and litigation.

**DISCLOSURE IS VOLUNTARY:** Failure to provide the information may preclude the individual from participation in Air Force sponsored youth programs.

|   |  |   |  |
|---|--|---|--|
| <b>YOUTH NAME</b><br><small>LAST, FIRST, MI</small> | <b>SPONSOR NAME / RANK</b><br><small>LAST, FIRST</small> | <b>SPOUSE NAME / RANK</b><br><small>LAST, FIRST</small> | <b>EMERGENCY CONTACT</b><br><small>OTHER THAN PARENT</small> |
| <b>BIRTHDATE / AGE</b>                              | <b>ORGANIZATION</b>                                      | <b>HOME ADDRESS</b>                                     | <b>EMERGENCY PHONE</b><br><small>SAME AS CONTACT</small>     |
| <b>MALE / FEMALE</b>                                | <b>WORK PHONE</b>  | <b>WORK PHONE</b>                                       | <b>PHOTO PERMISSION</b><br><small>YES / NO</small>           |
| <b>YOUTH HOME EMAIL</b>                             | <b>CELL PHONE</b>  | <b>CELL PHONE</b>                                       | <b>SPONSOR WORK EMAIL</b>                                    |
| <b>HOBBIES &amp; INTERESTS</b>                      | <b>SPONSOR SS #</b><br><small>(LAST 4)</small>           | <b>HOME PHONE</b>                                       | <b>PARENT VOLUNTEER</b><br><small>YES / NO</small>           |

**SPECIAL NEEDS CARE / ILLNESS / ALLERGIES / INJURIES**

### RELEASE OF LIABILITY AND AGREEMENTS

**MEDICAL CARE AUTHORIZATION:** I hereby authorize my child to receive emergency medical treatment whenever it is deemed necessary at any U.S. Military Facility or any other medical facility when a U.S. Military Medical Facility is not available.

**HOLD AND SAVE HARMLESS AGREEMENT:** Now therefore, in consideration of mutual covenants and agreements between the parties here to it is agreed as follows: We the parents of the above named youth agree to save and hold harmless as well as defend the Base Youth Programs, Services Division's Central Base Fund, Department of the Air Force and the contractor from and against any and all claims, demands, actions, debts, liabilities and attorney's fees. Parent further agrees to save and hold harmless the contractor and all other parties involved from and on account of damages of any kind which the youth may suffer as a result of the acts of participating in the program.

**TRANSPORTATION/FIELD TRIP:** I give Youth Programs permission to transport the aboved named youth to and from any events that I am notified of in advance.

|   |             |
|---|-------------|
| <b>SIGNATURE OF PARENT/LEGAL GUARDIAN</b> | <b>DATE</b> |
|---|-------------|

### FOR USE BY YOUTH PROGRAM STAFF (COMPLETE & INITIAL)

|                                 |                                   |                               |
|---------------------------------|-----------------------------------|-------------------------------|
| <b>PROGRAM ORIENTATION DATE</b> | <b>MEMBERSHIP CARD ISSUE DATE</b> | <b>MEMBERSHIP CARD NUMBER</b> |
| <b>EXPIRATION DATE</b>          | <b>MEMBERSHIP FEE PAID</b>        | <b>STAFF INITIAL / DATE</b>   |