Open Recreation 9-12yrs. & Teen 13-18yrs.

Hurlburt Youth Programs

Pre-Registration Packet

❖ **<u>All youth need the following to register</u>;**

________ Current Immunization Record

If applicable;

________ Action Plan – Epi Pen, Asthma

________ Medication form – AF IMT 1055

Special Needs Questionnaire

Child's Full Name: ___________________________ Date: ___________

Does your child have the following? Circle all that apply:

Food Allergies	IEP
IFSP	Asthma
Developmental Delays	Autism Spectrum Disorder
Autoimmune disease	Chronic Illness
Emotional Disorder	Behavioral Disorder
Epi Pen	Hearing or Vision Impairment
Orthopedic Impairment	Diabetes
Heart condition	Hemophilia
Attention Deficit Disorder	Attention Deficit Hyperactivity Disorder
Epilepsy	Lead Poisoning
Leukemia	Tourette syndrome
Down syndrome	Sickle Cell Anemia
Traumatic Brain Injury	Incline Sleeping Request usually associated with Gastroesophageal reflux

Have you been prescribed specific medication for disorder or chronic illness? Yes/No If yes, identify medication(s).

Please explain any conditions requiring additional health and/or related services.

Air Force Youth Programs Registration

Privacy Act Statement

AUTHORITY: 10 U.S.C 8012 and 44 U.S.C 3101.
PRINCIPAL PURPOSES: To register dependent youth of military, retired and DOD personnel in the youth activities program and to register volunteers who are willing to participate in the program and to identify the activities in which they are skilled. ROUTINE USES: To accept entries in Air Force sponsored youth activity programs and monitor participation. Information furnished may be (1) 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, (2) disclosed to news media announcing participation, and (3) 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 activities program.

YOUTH NAME LAST, FIRST, MI	**SPONSOR NAME / RANK** LAST, FIRST	**SPOUSE NAME / RANK** LAST, FIRST	**EMERGENCY CONTACT** OTHER THAN PARENT
BIRTHDAY: **AGE:** **GRADE:**	**SQUADRON:** **BRANCH:**	**HOME ADDRESS:** **ZIP:**	**EMERGENCY PHONE** SAME AS CONTACT
MALE / FEMALE	**WORK PHONE(SPONSOR)**	**WORK PHONE (SPOUSE)**	**PHOTO PERMISSION** **Yes / No**
E-MAIL (PRIMARY)	**CELL PHONE(SPONSOR)**	**CELL PHONE (SPOUSE)**	**E-MAIL (SECONDARY)**
HOBBIES & INTERESTS	**SPONSOR SSN (LAST 4)**	**HOME PHONE:**	**PARENT VOLUNTEER** **Yes / No**

SPECIAL NEEDS CARE / ILLNESS / ALLERGIES / INJURIES

SCHOOL ATTENDNG: **YOUTH** **Ethnicity:** ____________	**FAMILY SETTING:** Dual Military Single Military Civilian Contractor	**HOUSEHOLD:** Parents Grandparents Single parent **DEROS:**	**Takes MEDICATION daily? YES NO** **Has an Epi-pen? YES NO** **Has an IEP? YES NO**

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 in 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 above named youth to and from any events throughout the year.

SIGNATURE OF PARENT / LEGAL GUARDIAN	**DATE**

FOR USE BY YOUTH PROGRAMS STAFF (COMPLETE & INITIAL)

PROGRAM ORIENTATION DATE:	**CARD ISSUE DATE:**	**ENROLLED IN: SCHOOL AGE PROGRAM?** **Yes No**
CARD EXPIRATION DATE: **30 December 2019**	**PAID RECEIPT #:**	**STAFF INITIAL / DATE OF RECEIPT**