

## CYS Youth Program Registration & Sponsor Consent

Middle 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 (YP) or Parent Central Services. CYS Services 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 CYS Services 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 CY Services 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.**

Please complete the below information. Parent will be contacted within five (5) working days by a CYS staff member to verify information.

**YOUTH:** Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Nickname \_\_\_\_\_

Gender: \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ DOB (mmddyyyy) \_\_\_\_\_ Age \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Country/Nationality \_\_\_\_\_

**SPONSOR:** Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Status: \_\_\_\_\_ (If Mil) Rank: \_\_\_\_\_ Branch: \_\_\_\_\_

Unit/Employer \_\_\_\_\_ Unit/Emp Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Installation \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ On-Post? Yes or No \_\_\_\_\_ Sponsor Email \_\_\_\_\_

**SPOUSE:** Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Status: \_\_\_\_\_ (If Mil) Rank: \_\_\_\_\_ Branch: \_\_\_\_\_

Spouse Email Address \_\_\_\_\_ Unit/Employer \_\_\_\_\_

Unit/Emp Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Installation \_\_\_\_\_ 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 or No \_\_\_\_\_

2. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Work Ph \_\_\_\_\_ Cell \_\_\_\_\_

Home Phone \_\_\_\_\_ Is this person authorized to pick-up youth? Yes or No \_\_\_\_\_



Please continue on the back side



**SPONSOR CONSENT:** I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, give consent for an authorized CYS Services 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, rescue medication etc.) Yes or No (If yes, CYS will send you a Health Screening Tool to be completed and returned within 5 days.)**

Can the use of photographs and/or video of your youth to include text, analog and digital media and artwork created by your youth be released to Media and/or used in Child & Youth Services marketing material? **Yes or No**

Does your Youth have permission to access CYS network, the Internet or social networking sites? **Yes or No**

I have received a copy of and signed the CYS Acceptable Use Policy and Parental Acknowledgment? **Yes or 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 verifying staff: \_\_\_\_\_ Date \_\_\_\_\_

Name of verifying parent: \_\_\_\_\_ Time \_\_\_\_\_ Special Needs? \_\_\_\_\_

If yes to Special Needs, date Health Screening sent to parent \_\_\_\_\_ Date returned \_\_\_\_\_ Remarks \_\_\_\_\_

Date pass issued in CYMS \_\_\_\_\_ Staff Signature \_\_\_\_\_

Staff initial and name verification: Year 2 \_\_\_\_\_ Year 3 \_\_\_\_\_ Year 4 \_\_\_\_\_

Year 2 Date: \_\_\_\_\_ Health Changes: \_\_\_\_\_ Parent Initials \_\_\_\_\_ Staff Initials \_\_\_\_\_

Year 3 Date: \_\_\_\_\_ Health Changes: \_\_\_\_\_ Parent Initials \_\_\_\_\_ Staff Initials \_\_\_\_\_

Year 4 Date: \_\_\_\_\_ Health Changes: \_\_\_\_\_ Parent Initials \_\_\_\_\_ Staff Initials \_\_\_\_\_

**CYS Parent Handbook: <https://brunssum.armymwr.com/programs/cysreg>**

If you would like more information about the Middle School Teen center, please call one of the numbers listed below. **Youth Program Information: USAG Benelux Brunssum Middle School Teen Center: BLDG H 602, JFC Brunssum Civ +31(0) 45 534 0280 or DSN 597-4280 or email: [usarmy.benelux-brunssum.id-europe.list.dfmwr-cdc-youth@army.mil](mailto:usarmy.benelux-brunssum.id-europe.list.dfmwr-cdc-youth@army.mil)**

For more information about our hours of operation and all other programs please contact:

**Parent Central Services: BLDG H 602, JFC Brunssum**

+31(0)45-534-0267/0266 or DSN 597-4267/4266 or

email: [usarmy.benelux-brunssum.id-europe.list.dfmwr-cdc-youth@army.mil](mailto:usarmy.benelux-brunssum.id-europe.list.dfmwr-cdc-youth@army.mil)

1. Youth may attend the regular Youth Programs as a guest member for 5 visits. After 5 visits a full registration is required.
2. CYS staff will validate the registration form. If validation is not completed within 5 working days, immediately contact the Program Manager or Outreach Services Director.
3. Once registration is validated an annual pass will be issued to the youth. Receipt notification will be sent via email to parents/guardians on file.
4. On occasion, camps, special events, and field trips may cost a nominal fee, but participation in these events are not mandatory. In the case of field trips, written parental permission must be granted before a youth is allowed to participate. Total Family Income calculation will also be required and completed at Parent Central Services.
5. To enroll in a team sports program, a sports physical is required in addition to this registration. Sports fees may also apply.