



Youth Program Social Recreation Family Agreement

Hours of attendance: My child will be attending the Social Recreation Program (circle one) **before school** (middle school only) or **after school** or **Before & After**

Eligibility: Includes active duty military, Air National Guard and Air Force Reserve military personnel on active duty or inactive duty training status, retirees from active duty and DoD employees and contractors.

Fees: An annual membership is due by the 5 of January of \$36. If payment is not received in a timely fashion program usage can be denied to youth or a \$2 daily fee will be charged.

Photo Release: The undersigned hereby grants the Seymour Johnson Air Force Base Youth Programs the right to make and have made, publish, reproduce, use, and release photographs or likenesses of my child _____, in which my child appears, with or without his or her name, and to circulate and use the same for educational and/or marketing purposes.

I further agree to hold SJAFB Youth Center harmless for any claim action and damages on a violation or alleged violation of these representations. All photographs, negatives, prints, transparencies, slides, and reproductions made by SJAFB YP shall be the exclusive property of the SJAFB Youth Programs

Computer Usage: I authorize my son/daughter, _____, to utilize the Youth Center computers. I understand that my child is required to undergo a training regarding appropriate use. I also understand that if my child damages the equipment I may be held liable.

I have spoken with my child about the importance of using the computers appropriately. My child understands that they may NOT access any forbidden sites. They MUST follow the posted rules or they will be asked to leave the space and may lose the privilege of using the lab.

Health & Human Services Grant Funding: As a condition of The Health and Human Services (HHS) grant through our affiliation with the Boys and Girls Clubs of America (BGCA), we are required to report our progress and achievements each year. This includes documenting activity outcomes, **collecting report cards**, along with pre and post testing. Funds received assist in reducing cost of youth center programs, such as field trips, supplies for activities and special events.

We are collect information the following programs:

SMART Programs: Teaches good decision-making, conflict resolution skills, and how to be positive peer helpers.

Power Hour: Provides homework assistance and incentives (and requires us to track grades and grade progression).

Healthy Habits/Triple Play: Promotes daily fitness and healthy living activities.

All information is kept on file for auditing purposes. Youth details (to include youth's names) are not reported in the BGCA HHS Grant Report; only numbers and statistical data.

Optional Information: The block below is in support of the BGCA Annual Reporting System. This is a requirement of the HHS grant. Answering these questions are optional

SCHOOL ATTENDING: Greenwood <input type="checkbox"/> Meadow Lane <input type="checkbox"/> Tommy's Road <input type="checkbox"/> Eastern Wayne High <input type="checkbox"/> Other Years as YP member	<u>HOUSEHOLD</u> DUAL MILITARY <input type="checkbox"/> SINGLE MILITARY <input type="checkbox"/> MILITARY/CIVILIAN <input type="checkbox"/> RETIREE <input type="checkbox"/> CIVILIAN <input type="checkbox"/> CONTRACTOR <input type="checkbox"/>	<u>FAMILY SETTING:</u> Parents <input type="checkbox"/> Grandparents <input type="checkbox"/> Single Parent <input type="checkbox"/> Other	<u>ETHNICITY:</u> African- American <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multi-Racial <input type="checkbox"/>
---	---	---	--

X _____
Parent Signature

X _____
Date

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.

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

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.

SIGNATURE OF PARENT/LEGAL GUARDIAN	DATE
------------------------------------	------

FOR USE BY YOUTH PROGRAM STAFF (COMPLETE & INITIAL)

PROGRAM ORIENTATION DATE	MEMBERSHIP CARD ISSUE DATE	MEMBERSHIP CARD NUMBER
EXPIRATION DATE	MEMBERSHIP FEE PAID	STAFF INITIAL / DATE

Subject: Parent Acknowledgement and Consent Letter for Child and Youth Behavioral Military and Family Life Counseling Services

Dear Parents,

We take this opportunity to inform you of a valuable resource provided by the Department of Defense. Due to the unique challenges military members face and the impact they have on families, the Office of Military Community and Family Policy provides Child and Youth Behavioral Military Family Life Counselors (CYB-MFLCs). CYB-MFLCs have advanced degrees (masters or doctoral-level) in the mental health field and specialized training in child and youth development. They support the needs of children and families by partnering with parents, faculty, counselors and staff to foster healthy growth and social skill development. The well-being and safety of your child is our top priority. To ensure a comprehensive continuum of care for your child, CYB-MFLCS may work in collaboration with school or program professionals.

CYB-MFLCs address challenging behaviors and strengthen the capacity of staff, families, programs and systems to meet the needs of military children and youth by:

- Observing, participating and engaging in classroom activities
- Developing strategies for supporting positive behavior, age-appropriate behavioral interventions to enhance coping and behavioral skills in the classrooms and at home
- Meeting one-on-one or in groups, providing evidence-based prevention and intervention services
- Implementing and modeling strategies for teacher and staff responses to children's behavior
- Conducting trainings for staff
- Facilitating groups to increase parents' understanding of social emotional development and positive behavior guidance strategies
- Linking families with community resources or military family programs
- Working with military children in settings such as field trips and other center, camp, or school sponsored activities.
- Conducting individual sessions to address the unique challenges of school-aged military children and youth

At no time will the CYB-MFLC meet individually with a child without being in line of sight of a teacher, staff, or a parent/guardian. CYB-MFLCs are mandated reporters and information provided to the CYB-MFLC will be kept confidential, except to meet legal obligations or to prevent harm to self or others. Legal obligations include requirements of law and DoD or military regulations. Harm to self or others includes suicidal thought or intent, a desire to harm oneself, domestic violence, child abuse or neglect, violence against any person, and any present or future illegal activity. The CYB-MFLC is obligated to follow school and military child and youth programs' regulations for reporting safety concerns including problematic sexual behaviors in children and youth.

CYB-MFLCs encourage the participation of parents in decisions that affect their children and strive to empower parents with the knowledge and skills to act in their children's best interest.

CYB-MFLCs are flexible and can schedule appointments, meetings and activities after hours and on weekends, if needed, with advance notice. They are available to meet with individuals and families who have interest in seeking consultation about their child or family.

Thank you for allowing us to provide support services to your child/children.

Acknowledgement of Understanding:

I understand the role of the CYB-MFLC and that they may work in collaboration with school or program professionals to ensure a comprehensive continuum of services. I also understand that the CYB-MFLCs are mandated reporters as outlined above.

Please select applicable boxes below:

I understand the above CYB-MFLC program description and authorize my child to participate in CYB-MFLC direct face-to-face non-medical counseling sessions. This authorization is valid for the duration of my child's enrollment and can be revoked at any time in writing.

I understand the above CYB-MFLC program description and authorize my child to participate and be supported *as a part of a formal group focused on different topic areas*. This authorization is valid for the duration of my child's enrollment and can be revoked at any time in writing.

Print Name of Child: _____

Print Name of Parent or Guardian: _____

Parent or Guardian Signature: _____

Date: _____

Child Welfare Services