

CYS Youth Program Registration & Sponsor Consent

Last Updated
2/28/2019

Middle and High School Teen: It's so easy to enjoy CYS activities now! Just fill out this form (don't forget the backside), get your parent to sign it and the return it (scan, fax, email, or deliver) to your local Youth Program (YP) or Parent Central Services (formerly known as CER). CYS 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 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. PRINCIPLE 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 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 CYS 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: _____

Email address: _____

I authorize the Youth Program to email me information and announcements about program and events: Yes _____ No _____

SPONSOR: Last name: _____ First Name: _____

Status: Active Duty / National Guard / Reserve / DOD Civilian / Other _____ If Mil: Rank _____ BRANCH: AR/AF/NA/MC/CG)

Unit/Employer _____ Unit/Employee Address _____ APO / FPO _____

Installation: _____ Work Phone _____ Cell Phone _____

Mailing Address _____ APO / FPO _____

Home Phone _____ On-Post Y / N Sponsor's Email Address _____

SPOUSE: Last name: _____ First Name: _____

Status: Active Duty / National Guard / Reserve / DOD Civ / Other Employed Civ / Student / Retired / Unemployed / Other _____

If Mil: Rank _____ BRANCH: AR / AF / NA / MC / CG) Spouse's Email _____

Unit/Employer _____ Unit/Employee Address _____ APO / FPO _____

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 Ph _____

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

2. Last Name _____ First Name _____ Work Ph _____ Cell Ph _____

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

SPONSOR'S 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 wellbeing. I understand that a conscientious effort will be made to notify me prior to such action and expense, if any, will be paid by me. Treatment at an Army medical facility may be provided without additional consent under this provision of AR 40-3.

Does your Youth have any special needs (asthma, allergies, ADHD, physical disabilities, dietary restrictions, ect.)? Yes___ No___ (If YES, DA Form 7625-1 will be sent to you for completion and must be returned within 5 working days.

Can your Youth be photographed while participating in a CYS program for release to the media? Yes___ No___

Does your Youth have permission to access the internet? Yes___ No___

If yes, does your Youth have permission to access social media networking sites? 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:_____

STAFF TELEPHONIC VERIFICATION: Name of verifying parent:_____

Staff Name:_____ Verification Date:_____ Time:_____

Special Needs? Yes___ No___ If yes, date the DA Form 7625-1 was sent to parent _____ Date returned:_____

SOFA Sponsored Family/Youth? Yes___ No___

Date CYS pass issued:_____ Staff Signature_____

We look forward to seeing you in our programs and encourage parents to drop by anytime to see the great things happening in our Youth Programs. If you would like more information please call one of the numbers below:

Youth Program Information:
Camp Zama Bldg 744
263-4500
Monday-Friday 1000-1700
loretta.a.contreras2.naf@mail.mil

Parent Central Services Information:
Camp Zama Bldg 744
263-4743
Monday-Friday 0800-1700
nicholas.j.andrews2.naf@mail.mil

- Notes:
1. Youth may attend the regular Youth Program (no field trips or special events until registration is finalized) as a guest member immediately upon receipt of completed form.
 2. CYS Staff will validate form registration. If registration is not validated within 5 working days from receipt of form, youth's guest membership will be cancelled.
 3. Once registration is validated (and, if required, DA Form 7625-1 is completed and returned), an annual pass will be issued to the Youth.
 4. Some special events and field trips may cost a nominal fee, but participation in these events is not mandatory. In 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.



Child and Youth Services (CYS)
Child & Youth Acceptable Use Policy (AUP)

1. CYC provides Child Internet Protection Act (CIPA) compliant Commercial Enterprise Network (CEN) access to the Internet. Registered Children and Youth are allowed to utilize the CEN after completion of the following requirements:

1. Signed Parent/Guardian Internet Acknowledgement Policy
2. Completion of Technology Awareness Training

2. I understand that access to the CYC CEN on a government-owned or Bring Your Own Device (BYOD) is a revocable privilege and is subject to monitoring. I understand that I must comply with all provisions of this policy.

3. The AUP and privileges for Internet use are as follows:

a. I will respect CYC property and will not maliciously cause harm or vandalize any equipment issued to me.

b. I understand that any piece of equipment issued to me is my responsibility.

c. Passwords issued to me must be kept confidential and not shared.

d. I will not introduce executable codes (such as, but not limited to, -exe, -com, vbs, or bat files) nor download programs, Applications (Apps) or music onto any CYC-owned device without authorization.

e. I understand that CYC has a zero tolerance policy on cyberbullying. Cyberbullying is considered harassment and will result in the strongest possible consequences. Cyberbullying is the use of any device to convey a message in any form (text, image, audio, or video) that intimidates, harasses, or is otherwise intended to harm, insult, or humiliate another in a deliberate, repeated, or hostile and unwanted manner. Staff, children, and youth will not use the CYC CEN to cyber-bully anyone. Cyberbullying may include but is not limited to:

1. Spreading information or pictures to embarrass.
2. Heated unequal arguments that includes rude, insulting, or vulgar remarks.
3. Isolating an individual from his or her peer group.
4. Using someone else's screen name and pretending to be that person.
5. Forwarding information or pictures meant to be private.

f. CYC accepts no responsibility for any illegally downloaded or inappropriately used software or other copyrighted material (e.g. audio, video, graphics/images or printed documents etc.) that is installed on privately owned devices while using CYC CEN.

4. Examples of prohibited uses of the CYC CEN include accessing defamatory, inappropriate, abusive, obscene, profane, sexually oriented, threatening, racially offensive, and illegal material.



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5. Use of CYS-owned devices:

1. I understand that any device that I sign out is MY responsibility until returned.
2. I will protect devices from food or beverage spills or from any damages.
3. I will not share files or add software/apps unless approved by staff.
4. If I come across an inappropriate website, I will notify staff immediately.

6. Violations to any of these policies will result in, but not be limited to: verbal and written warnings, notification of parents, or loss of privileges.

The below steps and penalties will be followed after a Child or Youth is found to be in violation of this AUP:

- **First Infraction:** An initial infraction will result in a verbal warning, consisting of conversation with the youth, reminding him/her of the CYS AUP and the privilege in using devices/internet access while at the CODY CDC. Parent(s) of youth will receive a notice advising of the infraction and the conversation that was had with the child
- **Second Infraction:** Internet access will be revoked and the youth will be unable to use or bring their own device for a period of seven (7) days
- **Continued Infractions:** Ongoing violations of the aforementioned policies will result in an extended loss of privileges for a minimum of ninety (90) days; after that time, CYPA staff and/or CYS management will determine whether privileges will be restored.

Youth Name (Print): _____

Parent/Guardian:

As the Parent and/or Guardian of (youth name) _____, I have read the Acceptable Use Policy. I understand enrolling my child in the CYS program will allow them to have access to the Internet. I understand that CYS has taken all reasonable precautions to ensure safe access to the Internet. A firewall is used to limit access to questionable material. I also recognize, however, that it is impossible for CYS to restrict access to all controversial materials, and I will not hold CYS responsible for materials acquired on the network. I understand that this permission form does not eliminate the requirement of technology awareness training. Parents and/or Guardians are responsible for the actions of their children and youth.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ **Date:** _____