



## Children, Youth and Teen Programs' Youth & Teen Membership Agreement

### YOUTH & TEEN PROGRAMS MEMBERSHIP PACKET CONTAINING:

Medical/Health Questionnaire

Youth & Teen Membership Agreement

Transportation/Field Trip Agreement

Dependent Child Model Release

Internet Usage Release and Regulations

Emergency Release & Contact Form\*

Medical Power of Attorney



*\* The Child Release & Emergency Information form must be updated annually per MCO P1710.30. It is the responsibility of parents to inform CYTP of any changes in the information provided below should they occur before the annual update.*



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**Medical/Health Questionnaire: Disclosure of requested information is voluntary; however, if information is not provided, individuals will not be allowed to participate in Youth and Teen Programs.**

## *Statement of Special Needs, Medical, or Developmental Conditions*

*Purpose:* To provide child and family program eligibility and background information; to assist with child's placement and obtain sponsor consent for access to emergency medical care; and to provide data required by EFMP. Policies shall be implemented to ensure that appropriate services are provided for children, youth and teens with special needs. Such policies shall meet the requirement of the Rehabilitation Acts and the Department of Defense Directive 1020.1, Non-Discrimination on the Basis of Handicap in Programs and Activities Assisted or Conducted by the Department of Defense.

*Routine Uses:* This information will be shared with members of the Special Needs Evaluation Review Team (SNERT) to assist with making an informed decision about your child's placement. Information is used for program admission to ensure staff training is pertinent to the child's needs. Information is furnished for the attending physician when it is necessary for a child to be taken to a medical facility by someone other than the parent.

*Disclosure:* Disclosure of information is voluntary; however, if information is not provided, individuals may not be allowed to participate in Children Youth and Teen Programs. Please note any medication your child may take, or has taken consistently in the last six months.

<i>Child's Name (Last, First)</i>	<i>Date of Birth</i>
<i>Sponsor's Name (Last, First)</i>	<i>Program (Circle)</i> CDC   SAC   Youth   Teen

Please check if your child has any of the following:

<input type="checkbox"/>	Asthma Please indicate severity/triggers: _____
<input type="checkbox"/>	Apnea
<input type="checkbox"/>	Autism (to include PDD-non specific, Asperger's Syndrome, or any Pervasive Developmental Disorder)
<input type="checkbox"/>	Allergies (severe allergies to bee stings, severe environmental or severe food allergies; severe is defined as "life threatening conditions occur when contact with allergen is made")
<input type="checkbox"/>	Any chromosomal disorder such as Down Syndrome, Velo-Cardio Facial syndrome, X-chromosome disorders or a mutation of any chromosome
<input type="checkbox"/>	Seizure Disorder Please indicate type: _____
<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	(For Infants Only) Prematurity, as defined as born before 36 weeks gestation
<input type="checkbox"/>	Developmental Disability (mental retardation)
<input type="checkbox"/>	Developmental Delay Please check all that apply: ____ communication or speech delay ____ emotional delay ____ motor/ physical skill delay)
<input type="checkbox"/>	Blood disorder such as Hemophilia. Note: <b>If child is HIV positive, do not indicate it on this form.</b> To safe guard your child's confidentiality, you may choose to reveal your child's HIV status to the director. This will aid the program in providing services to safeguard your child's health.
<input type="checkbox"/>	Attention Deficit Disorder with or without Hyperactivity (ADD/ADHD)
<input type="checkbox"/>	Severe Behavior Disorder (SBD)
<input type="checkbox"/>	Obsessive Compulsive Disorder (OCD)
<input type="checkbox"/>	Other mental health condition such as Paranoia or Schizophrenia
<input type="checkbox"/>	Hard of hearing or deaf
<input type="checkbox"/>	Blind
<input type="checkbox"/>	(For Toddlers, Preschoolers and School-agers) Unable to walk (including children using a wheel chair)
<input type="checkbox"/>	



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	Suffered severe physical trauma, due to incidents such as, but not limited to, automobile accident, a severe fall, physical abuse.
	Suffered severe emotional trauma, due to incidents such as, but not limited to, any type of abuse, death of parent or sibling.
	Digestive Disorder, specify _____
	Respiratory Disorder, specify _____
	Chronic Heart condition _____
	Disorder of the spine or skeletal system such as scoliosis _____
	Missing limb _____
	Other special needs or medical conditions not listed. Please specify _____
	Routine Medications, specify _____
	Required Special Care or Service(s) Please specify: _____
	My child has NO special needs or diagnosed condition(s).

If your child has been identified with any special needs, are you currently enrolled in the Exceptional Family Member Program? \_\_\_\_\_ YES \_\_\_\_\_ NO

I have disclosed, to the best of my ability, any special needs, medical, or developmental conditions my child may have.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CYTP Representative

\_\_\_\_\_  
Date



# Children, Youth and Teen Programs' Youth & Teen Membership Agreement

**This form is subject to the Privacy Act of 1974 Authority.**

**Authority:** Title 10, United States Code, Section 3013.

**Principle Purpose(s):** Information is used by CYTP personnel and patrons to:

- (1) Identify and clarify responsibilities of all parties involved in agreement.
- (2) Specify commitment regarding acceptance and provision of CYTP services.
- (3) Obtain youth and family programs eligibility and background information for proper assignment of individuals into the activities, programs, and classes.
- (4) Contact participant's home and parents in the event of an accident or illness.
- (5) Obtain sponsor consent for access to emergency medical care.

**Routine Uses:** Information is used by CYTP personnel to:

- (1) Provide information to medical personnel in the absence of a parent.
- (2) Notify the parents in the case of an emergency.
- (3) Mail information to the participants.
- (4) Contact parents when sports or recreational equipment have not been return to the Boys & Girls Club.
- (5) Contact the youth or youth's parents relative to the youth's participation in programs.

**Disclosure:** Disclosure of requested information is voluntary: however, if information is not provided, individuals may not be allowed to participate in Youth and Teen Programs.

**Agreement:** Agreement is subject to change upon fee and/or program reorganization with a two week written notification.

## Youth / Teen Information:

Youth/Teen Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_

Male / Female    School: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

College Youth / Teen Plans to Attend: \_\_\_\_\_

## Sponsor's Information:

## Spouse's Information:

Name/Rank: \_\_\_\_\_

Name/Rank: \_\_\_\_\_

Work #: \_\_\_\_\_

Work #: \_\_\_\_\_

Duty/Work Organization: \_\_\_\_\_

Duty/Work Organization: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Home Phone#: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_

RTD/DEROS: \_\_\_\_\_

Sponsor's Mailing Address: \_\_\_\_\_



# Children, Youth and Teen Programs' Youth & Teen Membership Agreement

Please Read each statement.

## 1. Eligibility

Open recreation for youth and teens is a generic term for **occasional participation in youth programs/events for those who are above the age of the installation home alone policy.** It is not a substitute for child care/supervision needed by children whose parents are working or out of the home on a regular basis. **Elementary school children needing care while parents are at work shall be enrolled as regularly scheduled patrons in School Age Care (SAC).**

To enroll in Youth and Teen Programs (Y&T) the youth/teen must be between the ages of 5 (5 & attending kindergarten) and 18 (18 & still in high school); during summer hiatus, youth who are 5-years-old must have completed kindergarten.

Youth members age 5 through 12 will participate in youth programs and attend youth facilities.

**Youth ages 5 to 9 must be accompanied and supervised by a parent or guardian age 12 or older at all times.**

Teen members age 13 through 18 will participate in teen programs and attend teen facilities.

Special Needs Services: Youth/Teens with special needs shall be defined as Youth/Teens who may have developmental delays, educational disabilities or a medical condition that may require program modifications. The sponsor of a Youth/Teen with special needs must provide documentation of participation in the Exceptional Family Member Program (EFMP). Participation in the Special Needs Evaluation Review Team (SNERT) for Youth/Teens identified as having special needs is required prior to enrollment.

## 2. Registration/Enrollment

The following items must be completed and submitted prior to program enrollment and annually\* thereafter:

*Registration Agreement*

*Youth & Teen Health Form*

*For Special Needs Children:* Documentation from approved medical authority of special need and approved Individual Evaluation or Care Plan for Special Needs Evaluation Review Team (SNERT) determination

**\*The Child Release & Emergency Information form must be updated annually per MCO P1710.30. It is the responsibility of parents to inform CYTP of any changes in the information provided below should they occur before the annual update.**

## 3. Fee Policy / Charges

Membership fee is set at \$24.00 per year and will be paid on an annual basis.

Additional fees may be charged for special events and activities, i.e., lock-ins, dances, and field trips.

Fees are not reduced for holidays or short term emergency closures, i.e., typhoon, air conditioning, water or power outages, or staffing shortages which require Y&T facilities to temporarily close or reduced hours of operation.



## Children, Youth and Teen Programs' Youth & Teen Membership Agreement

### 4. Hours of Operation

Hours of operation for Youth & Teen programs vary by program and camp, please check with your local program for specific hours.

Emergency contacts will be notified for members left in facilities after program hours.

Services will not be available on federal holidays, during typhoons (TC-1C), short-term emergencies, or staffing shortages. Y&T staff will post notification of non-service at facilities, as soon as such periods are known.

There will be no on-site services during field trips. All staff will accompany members on trip.

Members and guests may not enter the facilities for any reason except during the designated time facilities are open for youth/teen activities.

### 5. Program

Y&T members are required to sign in and out upon entering and leaving the facility. **MCCS and CYTP are not responsible for youth / teens prior to signing in and after signing out of the facility.**

When a member or guest enters a Y&T facility he or she must accept certain responsibilities. These responsibilities are based on common sense and respect for others.

Proper respect of staff members must be maintained at all times.

No obscene or abusive language is permitted at any time.

Music containing explicit language and/or material may not be played in or around Y&T facilities; the music and paging equipment will be operated by staff only.

There will be no running, horse playing, or throwing of objects in the facilities except during planned activities.

There will be no demonstration of affection beyond that which is considered proper and in good taste.

All patrons must comply with Base Regulation Dress Code. Provocative or immodest clothing will not be allowed.

Signed permission slips are required for all field trips. Spaces on field trips may be limited; therefore, participation will be determined on a first come/first served basis. Permission slips and fees must be turned in by deadline to guarantee space.

Members should not bring valuables into facilities. All members are responsible for their personal belongings. CY&TP will not reimburse members for lost or stolen items.

Members are responsible for all equipment checked out and must return equipment after use.



## Children, Youth and Teen Programs' Youth & Teen Membership Agreement

Members/guests loosing, damaging, or defacing equipment, furniture or property will be held financially responsible for such damage or lost goods.

Members are not permitted in facility offices at any time.

All telephone calls must be made from the designated patron telephone in the facility.

There will be no smoking in any Y&T facility or surrounding areas.

Members suspected of alcohol or drug use will not be permitted to participate in any Y&T program or use any Y&T facility; parents and PMO will be called immediately.

### 6. Illness

For the health and safety of all members, Y&T facilities may deny admission into the program if a member is known to have or exhibits symptoms of a communicable illness. Please refer to orientation sheet and / or handbook for details.

### 7. Problematic Behavior

Per MCCS SOP 24-02 Managing Problematic Behavior, Problematic Behavior is described as pattern of behavior, which is jeopardizing the safety, health, or welfare of youth, teens or Y&T staff. Problematic behavior may be grounds for suspension /exclusion from the MCCS CYTP Youth / Teen Programs. Please refer to orientation sheet and / or handbook for details.

### 8. Transportation / Field Trip Agreement

I, the parent/legal guardian of \_\_\_\_\_ do hereby give my permission for (his/her)  
(Full name of Son/Daughter)

transportation on field trips via vehicles provided and operated by MCCS Transportation and / or Children Youth and Teen Programs.

Hold and Save Harmless Agreement: Now therefore, in consideration of mutual covenants and agreements between the parties hereto it is agreed as follows: To save harmless and defend the base MCCS Children Youth & Teen Programs fund, USMC, and the contractor from and against any and all claims, demands, actions, debts, liabilities, and attorneys fees arising out of, or in any manner caused or contributed to the MCCS Children Youth & Teen Programs by the contractor, his agents, servants, or employees. Parent/Legal guardian further agrees to save harmless the contractor and all other parties involved from and on account damages of any kind which the child may suffer as the result of the acts of participation in the MCCS Children Youth & Teen Center event.

I have read and understand the Terms and Conditions for the use of the *CYTP Transportation / Field Trip Agreement* and **do / do not** give my consent: \_\_\_\_\_ (Please circle one and Initial)

(Please Circle One)



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### 9. Dependent Child Model Release Consent Form

I/We, Do hereby give MCCS the right to use my child's image for reproduction in any medium, for purposes of advertising, including, but not limited to cable TV, television, magazine, internet and/or brochures.

I/We hereby waive any right that I/we may have to inspect and approve the finished product or copy that may be used in connection with an image from a photography/video recording session of my dependent child of the use to which it may be applied.

I/We further acknowledge that the photography/video recording session will be conducted in a completely proper and professional manner, and this release was signed prior to photography/video recording of my child.

I have read and understand the Terms and Conditions for the use of the *CYTP Dependent Child Model Release Consent* and **do / do not** give my consent: \_\_\_\_\_ (Please circle one and Initial)  
(Please Circle One)

### Participation Consent & Membership Agreement:

I, \_\_\_\_\_ the parent/legal guardian of \_\_\_\_\_  
Print Name Clearly Print Name Clearly

do hereby give my permission for (his/her) attendance and participation in any MCCS Youth and Teen Program. My signature below indicates that I agree to the conditions set forth in this membership agreement.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## Children, Youth and Teen Programs' Youth & Teen Membership Agreement

### Internet Usage

**NOTE:** CYTP & the Boys & Girls Club have taken proactive steps to ensure your child's safety while using the Internet services. We have purchased and installed Cyber Sentinel, which is the most advanced protection software package available. This product was designed to protect against any on-line activity and give a visual record of explicit communications or ventures into adult areas. This includes chat rooms, news groups, e-mail, instant messaging, and sexually explicit web sites, downloaded documents, and even attached documents to e-mail. This software is installed on all computers in CYT Programs

### Internet Usage Rules & Regulations

Users are not authorized to tamper with any of the computer settings or to use any other programs on the computer without staff approval.

Food or beverages are not allowed near or around computer areas.

Viewing or downloading any material containing nudity or pornography is not permitted as regulated by local law. This is an illegal act, and the user will be asked to leave.

Any disruptive behavior or attempted access to restricted material will warrant immediate eviction from the premises and denial of future entry.

Equipment use is subject to monitoring by CYTP / Boys & Girls Club staff. Prior to computer usage, mandatory training must be completed.

I have read and understand the Terms and Conditions for the use of the CYTP / Boys & Girls Club *Internet Usage* and **give / do not** give my child permission to use CYTP computer equipment: \_\_\_\_\_ DD/MM/YY \_\_\_\_\_  
(Please Circle One) (Please Initial & Date)



# Children, Youth and Teen Programs' Youth & Teen Membership Agreement

## Medical/Emergency Care Authorization

*This Child Release & Emergency Information form must be updated annually per MCO P1710.30. It is the responsibility of parents to inform CYTP of any changes in the information provided below should they occur before the annual update.*

### Part 1 General Information

<i>Child's Name (last, first)</i>		<i>Date</i>
	<i>Sponsor's Information</i>	<i>Spouse's Information</i>
Name/Rank		
Unit/Organization		
Duty Phone		
Home Phone		
Cell Phone		
E-mail Address		

I/We reside at:

### Part 2 Emergency Care Authorization

I, \_\_\_\_\_, parent/legal guardian of \_\_\_\_\_  
*(Parent's Name)*
*(Child's Name)*

give consent for a CYTP representative or Family Child Care provider to authorize transportation of my child/youth/teen for medical or dental care in an emergency situation where my child's condition presents 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 borne by me.

\_\_\_\_\_

*Parent's Signature* *Date*

### Part 3 Child Release Authorization

Please provide a minimum of two contacts that CYTP may release your child to in the event of an emergency or you are unable to pick-up your child. This information is to be updated by parents as needed. Draw a line through the individual's name when they are no longer authorized to serve as contacts for child release and/or emergency care for your child.

\_\_\_\_\_  
 Emergency/Release Notification  
*(other than parents)*

\_\_\_\_\_  
 Home Phone

\_\_\_\_\_  
 Duty Phone

\_\_\_\_\_  
 Cell Phone

\_\_\_\_\_  
 Emergency/Release Notification  
*(other than parents)*

\_\_\_\_\_  
 Home Phone

\_\_\_\_\_  
 Duty Phone

\_\_\_\_\_  
 Cell Phone

\_\_\_\_\_  
 Emergency/Release Notification  
*(other than parents)*

\_\_\_\_\_  
 Home Phone

\_\_\_\_\_  
 Duty Phone

\_\_\_\_\_  
 Cell Phone



# Children, Youth and Teen Programs' Youth & Teen Membership Agreement

## POWER OF ATTORNEY FOR CHILD CARE

(MEDICAL/DENTAL)

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PREAMBLE: This is a MILITARY POWER OF ATTORNEY prepared pursuant to Title 10, United States Code, Section 1044a and executed by a person authorized to receive legal assistance from the military services. Federal law exempts this power of attorney from any requirement of form, substance, formality, or recording that is prescribed for powers of attorney by the laws of a state, the District of Columbia, or a territory, commonwealth, or possession of the United States. Federal law specifies that this power of attorney shall be given the same legal effect as a power of attorney prepared and executed in accordance with the laws of the jurisdiction where it is presented.

KNOW ALL PERSONS BY THESE PRESENTS:

I, \_\_\_\_\_, currently residing at \_\_\_\_\_, the parent of the following minor child(ren), \_\_\_\_\_ do hereby state that it is necessary to leave said child(ren) in the care of \_\_\_\_\_ (*Name Of Person*), from \_\_\_\_\_, 20\_\_ until \_\_\_\_\_, 20\_\_\_. The said agent shall have my full permission and consent:

• Authorize any and all medical, dental, and hospital care and treatment, including major surgery, deemed necessary by a duly authorized and licensed physician for the health and well-being of my child(ren) herein named. In caring for and maintaining said child(ren) my attorney-in-fact are authorized to perform those parental functions and make those decisions as would I, the legal parent and guardian if I were present, and to execute all necessary documents, instruments or papers perform all acts necessary to accomplish the foregoing. FURTHER, I do authorize my attorney(s) to perform all necessary acts in the execution of the aforesaid authorization with the same validity as I could effect if personally present. I further declare that any act or thing lawfully done hereunder by my said attorney(s) shall be binding on myself and my heirs; legal and personal representatives, and assigns whether the same shall be done either before or after my death, or other revocation of the instrument, unless and until reliable intelligence or notice thereof shall have been received by my said attorneys.

PROVIDED, however, that all actions taken hereunder for me or for my account shall be transacted in my name, and that all endorsements and instruments executed by my said attorney(s) for the purpose of carrying out the foregoing powers shall contain my name, followed by that of my said attorney(s) and the designation "attorney(s)-in-fact."

FURTHER, I declare that this power shall remain in effect even though I am reported or listed, officially or otherwise, as "missing," "missing in action," or "prisoner of war," it being my intention that the designation of such status shall not bar my said attorney(s) from fully and completely exercising and continuing to exercise any and all powers and rights herein granted until this power is revoked by my death or as otherwise provided herein.

I hereby authorize my attorney-in-fact to indemnify and hold harmless any third party who accepts and acts under or in accordance with this power of attorney.

I intend for this to be a DURABLE Power of Attorney. This Power of Attorney will continue to be effective if I become disabled, incapacitated, or incompetent.

This Power of Attorney shall become effective when I sign and execute it below. Unless sooner revoked or terminated by me, this Power of Attorney shall become null and void on \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ (*expiration date*).

IN WITNESS WHEREOF, I sign this Power of Attorney at Camp Foster, Okinawa, Japan on \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ (*today's date*).

\_\_\_\_\_  
Signature of Grantor



## Children, Youth and Teen Programs' Youth & Teen Membership Agreement

### POWER OF ATTORNEY FOR CHILD CARE

(MEDICAL/DENTAL)

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With the United States Armed Forces

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before the undersigned officer, personally appeared \_\_\_\_\_, satisfactorily proven to be (a) serving in or retired from the Armed Forces of the United States, or (b) a lawful dependent of a person serving in or retired from the Armed Forces of the United States, or (c) a person serving with, employed by, or accompanying the Armed Forces of the United States outside the United States and outside the Canal Zone, Puerto Rico, Guam, and the Virgin Islands, and to be the person whose name is subscribed to the within instrument and acknowledged that he or she executed the same. And the undersigned does further certify that he or she is at the date of this certificate an officer of the Armed Forces of the United States having the general powers of a notary public under the provisions of Section 936 or 1044a of Title 10 of the United States Code (Public Law 90-632 and 101-510).

AUTHORIZED TO ACT AS A NOTARY \_\_\_\_\_

PUBLIC UNDER ARTICLE 136(a), Signature of Notary

UCMJ, TITLE 10 UNITED STATES CODE

SECTION 1044a), AND PUBLIC LAW 101-510. Name of Officer and Position:

NO SEAL REQUIRED BY LAW. Grade and Branch of Service:

Command or Organization:

### ACKNOWLEDGEMENT