

# Eielson Youth Programs

## Instructional Registration

Class registration is a first come, first serve basis based on the number of the packet you received. Youth Programs staff will then verify each child's membership, physical dates, and immunizations. Parents will be notified by the end of the week for any missing documentation. Children will not be able to participate in class without the proper documentation. All documents must be current throughout the year. Payments will be due by the first day of class and each additional month via automatic billing. If we are un-able to accommodate your request, your child will be placed on a waiting list for their class.

**Youth Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Sponsor:** \_\_\_\_\_ **Spouse:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Email:** \_\_\_\_\_

## Acrobatics with Ms. Connie!

Check a class based on your youth members skills level and time you would like to attend lass. For classes with multiple day/time choices, please mark your FIRST, SECOND, and THIRD choice in order. Please note that Ms. Connie will often make changes within the first few weeks based on the abilities that she sees.

### Tuesday:

\_\_\_\_\_ 5pm Beginning

\_\_\_\_\_ 6pm Intermediate

### Wednesday:

\_\_\_\_\_ 5pm Beginning

\_\_\_\_\_ 6pm Intermediate

### Thursday:

\_\_\_\_\_ 5pm Intermediate Plus

\_\_\_\_\_ 6pm Advanced

Packet: # \_\_\_\_\_

Membership Date: \_\_\_\_\_

Shot Record: \_\_\_\_\_

Physical Date: \_\_\_\_\_



## EIELSON YOUTH PROGRAMS INSTRUCTIONAL CLASS CONTRACT

CHILD'S NAME: \_\_\_\_\_ DOB: (M/D/Y): \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: M/F

MILITARY/DOD SPONSOR (LAST NAME, FIRST NAME): \_\_\_\_\_ RANK: \_\_\_\_\_

BRANCH OF SERVICE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ DUTY PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL ADDRESS: 1. \_\_\_\_\_ 2. \_\_\_\_\_

SPECIAL NEEDS/MEDICAL CONDITIONS: \_\_\_\_\_

*The following are important program requirements please initial on the line to the left of each number indicating that you have read and understand each statement.*

\_\_\_\_\_ 1: **Class Fees:** Payments are due for the month. Some months will have more lessons than other months. Please note that if you child attends only one class in a month the instructor will bill for that child and fully payment is due. Class fee's are required to be deducted automatically at the beginning of each month. There is a \$10.00 fee for any late payments due to declined card or one that cannot be processed due to inaccurate account information. It is the parent's responsibility to ensure the card on file is current and funds are available.

If payment in full has not been received by the close of business on the 10<sup>th</sup> of the month, the student will be dropped from the class roster. If there is a waitlist your child will be replaced with a student from the waitlist and your child will be added to the bottom of the waitlist. Late fees' for nonpayment will not be refunded and must be paid before re-enrollment.

\_\_\_\_\_ 2: **Mutual Monthly Contract Obligations:** Once a sponsor pays the monthly class fee and the instructor has taught the first required class, a mutual contract obligation is in effect. There is no REFUND or CREDIT given if a child does not attend a regularly scheduled class. Missed classes due to family commitments or similar circumstances will not be refunded.

\_\_\_\_\_ 3: **Make-Up Classes:** Make up classes will be held if classes are cancelled due to the fault of the instructor, natural causes such as in climate weather, or facility closure. Make up classes will be scheduled in a timely manner. The instructor is responsible for scheduling make up dates and notifying students.

\_\_\_\_\_ 4: **Class Frequency:** Instructor contracts vary. All instructional classes offered are continuous in nature. Your child is in the class until you decide to remove your child from the class, or the instructor has advanced your child to the next level. It is the responsibility of the instructor to inform you of any changes in class schedules or advancements.

\_\_\_\_\_ 5: **Class Withdrawal:** It is the parent's responsibility to inform the Youth Program and Instructor if you decide to dis-enroll your child. Failure to notify YP and the Instructor will result in being charged for the month. The charge is nonrefundable as it was holding a spot in the program that could have been offered to another youth member.

\_\_\_\_\_ 6: **Permission and Approval:** I give my permission and approval for the above named child to participate in the program.

\_\_\_\_\_ 7: **Liability Waiver/Medical Release:** I hereby authorize any military or civilian health care facility to render emergency care to my minor child in the event of injury relating to participation in Eielson Youth Programs sponsored activities. Youth Programs is required to follow COVID19 Mitigations of requiring face masks. Those who are experiencing Covid like symptoms will not be permitted to attend class until medically cleared.

\_\_\_\_\_ 8: **Loss of Privileges:** I understand that any adverse behavior on the part of our child may result in the suspension of our privileges for this program.

\_\_\_\_\_ 9: **Required Documents:** MEMBERSHIP: Youth Center Membership must remain current throughout the season. Efforts will be made to inform you prior to your child's membership expiring. **PHYSICAL:** A current physical must be on file for Acrobatics. Your child will not be able to participate until one is provided but you will be charged to hold the spot. If your child's physical expires during the season they may no longer participate until it's current. **IMMUNIZATION RECORDS:** All participants are required to provide an updated immunization record by 31 October which contains the influenza vaccination, or have a valid waiver on file.

My signature below acknowledges that I have read this contract and agree to abide by the information provided.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PRIVACY ACT STATEMENT AUTHORITY:** Title 10 Section 8012. **PRINCIPAL PURPOSES:** To register youth for classes in Youth Programs. **ROUTINE USES:** Information is helpful in designing youth appropriate programs. It identifies individuals in the program, provides special interests and skills, annual fees record, and parent consent to participate in the program. **WHATEVER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:** The class contract must be completed in order for youth to participate in instructional classes.

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## 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.

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

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
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### 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



# Form A *(to be completed by parent/guardian)*

Eielson AFB

## Child and Youth Program Inclusion Action Plan

### **PART A. To be completed by the parents/guardians.**

Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Circle one: Hourly Care - Full Time Care - Part Day Preschool - Before and After School – Youth - Sports

Sponsor's name: \_\_\_\_\_ Email \_\_\_\_\_

Spouses' name: \_\_\_\_\_ Email \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Does your child have allergies, developmental delays, behavioral concerns or any other medical condition?

Check a box.  **Yes** (Proceed to Part B).  **No** (DO NOT PROCEED) \_\_\_\_\_

(Parent/Guardian signature)

### **PART B. Parents/guardians, check the appropriate box or boxes, get the appropriate paperwork and have it signed by a physician.**

CHRONIC CONDITIONS		
<p><b><u>Form D Required</u></b> <input type="checkbox"/> Respiratory (Asthma)</p> <p><b><u>Form E Required</u></b> <input type="checkbox"/> Seizure Disorder</p> <p><b><u>Form F Required</u></b> <input type="checkbox"/> Diabetes</p>	<p style="text-align: center;"><b><u>Form B Required</u></b></p> <p><input type="checkbox"/> Blindness/Vision Condition</p> <p><input type="checkbox"/> Heart Condition</p> <p><input type="checkbox"/> Kidney Condition</p> <p><input type="checkbox"/> Deafness/Hearing Condition</p> <p><input type="checkbox"/> Developmental Delay</p> <p><input type="checkbox"/> Cerebral Palsy</p> <p><input type="checkbox"/> Atopic Disease</p>	<p style="text-align: center;"><b><u>Form B Required</u></b></p> <p><input type="checkbox"/> Speech Concern</p> <p><input type="checkbox"/> Autism Spectrum</p> <p><input type="checkbox"/> ADHD ADD</p> <p><input type="checkbox"/> Anxiety</p> <p><input type="checkbox"/> Behavioral Concerns</p> <p><input type="checkbox"/> Other _____</p> <p>_____</p> <p>_____</p>

Provide details for checked items (month and year with current status) :

DIETARY AND FEEDING CONCERNS
<p style="text-align: center;"><b><u>Form C Required</u></b></p> <p><input type="checkbox"/> Food Allergies                      <input type="checkbox"/> Special Diet Statement Provided                      <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Feeding Concerns                      <input type="checkbox"/> Swallowing Difficulty/Aspiration risk                      _____</p> <p>Provides details for checked items: _____</p> <p>_____</p> <p>_____</p>

## Form A *(to be completed by parent/guardian)*

Does your child/youth receive special services/therapies?  **Yes**  **No** Please specify:

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Is your child/youth enrolled in the EFMP?  **Yes**  **No** Please specify

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I acknowledge the information about my child will be shared with the Inclusion Action Team, Child and Youth Program personnel, and/or medical professionals in order to receive individualized recommendation for accommodations and support.

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Parent's signature

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Date



## Acceptable Conduct of Youth Center Participants

When a youth, either a member or guest, enters the Youth Center, he/she must accept certain responsibilities. These responsibilities are based on common sense and respect for others. We have a minimum number of guidelines, which the participants must follow:

1. \_\_\_\_\_ Proper respect of staff members must be observed at all times.
2. \_\_\_\_\_ Persons damaging or defacing furniture, equipment, or property will be held financially responsible for such damage.
3. \_\_\_\_\_ Children 6 to 8 years of age must be accompanied by a parent or sibling 16 years of age or older unless they are participating in an activity that includes continuous supervision by an adult, (i.e. Kids' night out, or instructional classes). **All youth entering the Youth Center must sign in and out of the Youth Center upon each arrival and departure.**
4. \_\_\_\_\_ Youth are not permitted in the office at any time unless authorized by a Youth Center Staff.
5. \_\_\_\_\_ No obscene or abusive language is permitted at any time.
6. \_\_\_\_\_ Fireworks, weapons, gambling, drugs, alcoholic beverages, and vulgarity (by actions or words) are strictly forbidden.
7. \_\_\_\_\_ **Loitering will not be permitted** in the bathrooms or outside the Youth Center, including **designated parking areas and adjacent wood line.**
8. \_\_\_\_\_ There will be no running, horseplay, or throwing of objects in the Youth Center, except as necessary for normal activities in the gymnasium portion of the Youth Center
9. \_\_\_\_\_ **This is an open recreation program; youth will sign themselves in/out of the program at will.** Youth are not permitted to loiter in the parking lot or adjacent woods once they are signed out.

10. \_\_\_\_\_ All persons using the Youth Center must present a neat and clean appearance. Provocative, immodest, or disorderly clothing will not be worn.
11. \_\_\_\_\_ There is no smoking in the Youth Center.
12. \_\_\_\_\_ Persons suspected of having consumed alcoholic beverages or using drugs will not be admitted to the Youth Center. Consumption of alcohol or drugs in/or around the Youth Center will not be tolerated. If a person is suspected of being under the influence of alcohol or drugs, the parents and Security Force will be notified.
13. \_\_\_\_\_ Food or drink is to be consumed only in the snack bar area or outside the Youth Center.
14. \_\_\_\_\_ Public displays of affection are not acceptable under any circumstances.

Youth Center membership may be restricted or suspended by the Youth Center Director for violation of Youth Center policies or rules. The length of suspension or restriction will be based upon:

- The seriousness of the offense
- The frequency of the rule violation(s) by the youth involved
- The attitude of the youth toward the rules of the Youth Center as determined by the Youth Center Director

A parent or guardian will be notified by telephone or writing before any youth is restricted or suspended.

I have received and discussed these rules with my youth.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_





Child's Name	Class/Monthly Amount
1.	
2.	
3.	

## Eielson Youth Programs Credit Card Authorization

**Type of card:**

\_\_\_\_\_ Visa          \_\_\_\_\_ MasterCard

**Credit Card Number:**

\_\_\_\_\_

**Expiration Date (MM/YY):**

\_\_\_/\_\_\_

**CCV** \_\_\_

**Cardholders name as it appears on the card**

\_\_\_\_\_

**Cell phone Number** \_\_\_\_\_ **Email Address** \_\_\_\_\_

Payments for services are automatic and will be charged the 1<sup>st</sup> business day of each month or reoccurring charges or at the time of sign up for events/trips. By signing below I authorize the Eielson Youth Programs to utilize the above account information to create and charge my card. I understand that if this card is not current and is disproved I will be charged a late fee of \$10.00. Late fees will also be charged for any card that declines.

\_\_\_\_\_

Signature of cardholder

This document contains personal data subjected to the Privacy Act of 1974, 10 USC 8012 & E) 9397. This document requires safeguarding and disclosure as authorized in AFI-37-132. Confidentiality applies.