

# AVIANO YOUTH PROGRAMS TEEN CENTER MEMBERSHIP AGREEMENT

*A packet must be completed for every youth.*

Name of Youth: \_\_\_\_\_ DEROS: \_\_\_\_\_  
Youth Age: \_\_\_\_\_ Youth Grade: \_\_\_\_\_ Youth Teacher: \_\_\_\_\_  
Sponsor Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_  
Sponsor Email: \_\_\_\_\_ Spouse Email: \_\_\_\_\_  
Sponsor Cell Phone: \_\_\_\_\_ Spouse Cell Phone: \_\_\_\_\_

*\*E-mail communication is our primary source of exchanging information. Please provide an email to best reach your family.*

## ELIGIBILITY REQUIREMENTS:

To be eligible for participation in the Aviano Teen Center, according to the priorities set forth in AFI 34-144, AFI 34-101, and local policies, youth must be between the ages of 13-18, the dependent of an active duty or retired military, NAF employee and/or DoD civilian.

## REQUIRED FORMS:

- AF Form 88 – Air Force Youth Programs Registration
- Copy of Immunizations Records (Influenza shot required)  
In accordance with AF policy all children and youth enrolled in CYP are required to be current on all vaccinations and immunizations. *Only Air Force approved waivers will be accepted. For information on how to request an official waiver please contact the front desk.*

## PROGRAM HOURS OF OPERATION:

### School Year

Monday-Friday dismissal to 1800

### Non-school days

Monday-Friday 1300-1800

\*\*\* Teen Center is closed on all Weekends, Federal Holidays, & Family/Goal Days. \*\*\*

## ADULTS PERMITTED TO SIGN OUT

### Youth 9-13 years old:

I give permission for my child, \_\_\_\_\_, to be signed out of the Teen Center by the following individuals (over 14 years of age):

*Please include name & cell phone number.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





**IMMUNIZATIONS:**

\_\_\_\_\_I understand that it is my responsibility to provide documentation that my child is current on his/her immunizations, to include the most recent Influenza (Flu) vaccination in order to participate in Aviano Youth Programs.

**FEES:**

\_\_\_\_\_The AYP Teen Center program requires a quarterly membership payment of \$45. The quarters begin the first day of January, April, July, and October. If a membership is needed for less than 1/2 of any quarter due to PCS, the cost can be prorated with Management approval. A late pickup fee of \$1.00 per minute, per child will be charged and must be paid within 5 business days. All membership fees will be automatically charged using the credit card authorization form found on page 3.

**INTERNET USE:**

\_\_\_\_\_I authorize my child to use AYP computers and iPads for educational and/or recreational purposes. I understand that the use of computers is a privilege, and that if my child does not adhere to appropriate internet usage that their privilege may be revoked. I recognize it is impossible for Aviano Youth Programs to restrict access to all controversial materials and I will not hold them responsible for materials acquired on the network.

**PHOTO RELEASE:**

\_\_\_\_\_I give permission for the Youth Program staff and/or approved photographers to take pictures of my child. Pictures will be used in AYP facilities and FSS social media platforms. Additionally, photos may be submitted to Boys and Girls Clubs of America (BGCA) and 4-H to meet reporting requirements.

**MILITARY & FAMILY LIFE CONSULTANT (MFLC) PROGRAM:**

\_\_\_\_\_ Aviano Youth Programs is host to MFLCs provided by the Department of Defense to support families. These MFLCs are highly qualified professionals available to offer free non-medical support to children, youth and parents. There are no records kept for this program and support is private and confidential with the exception of "duty to warn" situations. More information is available upon request. Please initial to indicate your questions have been answered and you are providing consent for your child to interact with the MFLCs in line of site while in the Teen Center.

**MEDICAL TREATMENT:**

\_\_\_\_\_I grant permission to the AYP staff to authorize and obtain any necessary emergency medical treatment from any licensed physicians, hospital, or medical clinic should my child become ill or injured while participating in this program. I further understand that enrollment for a special needs child must be coordinated through the Child & Youth Services Flight Chief.

**I have read and understand the terms of this agreement and the handbook. I understand that access to programs may be suspended or terminated if terms are not met.**

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

\_\_\_\_\_  
Date

Parent Orientation completed by: \_\_\_\_\_

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



**AYP TEEN CENTER MEMBERSHIP AGREEMENT**

UPDATED May 2021



# CHILD AND YOUTH PROGRAMS FLIGHT PAYMENT AGREEMENT AND CREDIT CARD AUTOPAY AUTHORIZATION

Name of Sponsor: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

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

Child's Name: \_\_\_\_\_

DEROS: \_\_\_\_\_

**Fees will be automatically charged at the beginning of the following months: January, April, July, and October. Memberships will continue into the new year unless a withdrawal request is submitted. A withdrawal request must be submitted at least 2 weeks prior to scheduled charges to assure the system can be updated.**

*\*You will be notified if scheduled payments are altered due to additional fees prior to charge.\**

Type of Card:

Visa

Mastercard

**CREDIT CARD NUMBER:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

**EXPIRATION DATE (MM/YY):** \_\_\_\_\_

**CVC CODE (3 digit code on back of card):** \_\_\_\_\_

**Billing Address Zip Code:** \_\_\_\_\_

**CARDHOLDER'S NAME**

**(as it appears on the card):** \_\_\_\_\_

By signing below, I authorize the Child Development Center or Youth Center to automatically charge my account for any balance due for services I have agreed to pay as stated above.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

.....  
This document contains personal data subject to the Privacy Act of 1974, 10 USC 8012 & EO 9397. Requires safeguarding and disclosure only as authorization in AFI 33-332. CONFIDENTIALITY APPLIES.



## AYP TEEN CENTER MEMBERSHIP AGREEMENT

UPDATED May 2021

## 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><br>LAST, FIRST, MI | <b>SPONSOR NAME / RANK</b><br>LAST, FIRST | <b>SPOUSE NAME / RANK</b><br>LAST, FIRST | <b>EMERGENCY CONTACT</b><br>OTHER THAN PARENT |
| <b>BIRTHDATE / AGE</b>               | <b>ORGANIZATION</b>                       | <b>HOME ADDRESS</b>                      | <b>EMERGENCY PHONE</b><br>SAME AS CONTACT     |
| <b>MALE / FEMALE</b>                 | <b>WORK PHONE</b>                         | <b>WORK PHONE</b>                        | <b>PHOTO PERMISSION</b><br>YES / NO           |
| <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><br>(LAST 4)           | <b>HOME PHONE</b>                        | <b>PARENT VOLUNTEER</b><br>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.

|   |             |
|---|-------------|
| <b>SIGNATURE OF PARENT/LEGAL GUARDIAN</b> | <b>DATE</b> |
|---|-------------|

### FOR USE BY YOUTH PROGRAM STAFF (COMPLETE & INITIAL)

|                                 |                                   |                               |
|---------------------------------|-----------------------------------|-------------------------------|
| <b>PROGRAM ORIENTATION DATE</b> | <b>MEMBERSHIP CARD ISSUE DATE</b> | <b>MEMBERSHIP CARD NUMBER</b> |
| <b>EXPIRATION DATE</b>          | <b>MEMBERSHIP FEE PAID</b>        | <b>STAFF INITIAL / DATE</b>   |

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**FOR STAFF USE ONLY:**

**ALLERGIES:** Yes No \_\_\_\_\_ (staff initials)  
If Yes:

Added to ALLERGY LIST: Yes No \_\_\_\_\_ (staff initials)

Medication Needed: Yes No \_\_\_\_\_ (staff initials)

If Yes:

AF 1055: Yes No \_\_\_\_\_ (staff initials)

Emer. Meds Form: Yes No \_\_\_\_\_ (staff initials)

**IMMUNIZATIONS** received: Yes No \_\_\_\_\_ (staff initials)

**INSTRUCTIONAL CLASSES:** Yes No \_\_\_\_\_ (staff initials)

If Yes, add to OR Inst. List Yes No \_\_\_\_\_ (staff initials)

Added to Access (Receipt # = Mem #): Yes No NA \_\_\_\_\_ (staff initials)

Added to "Sign In" Sheets: Yes No NA \_\_\_\_\_ (staff initials)

Email address(es) added to the Distro: Yes No NA \_\_\_\_\_ (staff initials)

Membership Card Issued: Yes No NA \_\_\_\_\_ (staff initials)

