# **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 Pho	ne:	Spouse Cell Phone:				
*E-mail communication	is our primary source of exchang	ging information. Please provide an email to best reach your family.				
ELIGIBILITY REQ	UIREMENTS:					
34-101, and local pomilitary, NAF employ <b>REQUIRED FORM</b>	licies, youth must be between ee and/or DoD civilian.	Center, according to the priorities set forth in AFI 34-144, AFI the ages of 13-18, the dependent of an active duty or retired egistration				
In accordance vaccinations		and youth enrolled in CYP are required to be current on all Force approved waivers will be accepted. For information on				
School Monda Non-s Monda		kends, Federal Holidays, & Family/Goal Days. ***				
	ADULTS PERI	MITTED TO SIGN OUT				
		, to be signed out of the Teen Center by the				
	Please include r	name & cell phone number.				



I am fully aware of the Supervision Guidelines for Aviano AB and the Italian Law which states children below the age of 14 must be <u>directly</u> supervised by an adult. I understand that adults authorized to sign my child out must be physically present with them in order for my child to leave the facility. I take full responsibility of my child's actions/whereabouts when my child is signed out by an adult listed above. I understand I can update my child's pick-up list in person at any point during the contract year.

Printed Name	Parent Signature	Date
Youth Programs Fami	ly Survey	
*To assist with meeting reporting re	equirements of families participating in Youth Prog	grams, please mark all that apply. We appreciate your cooperation.
	Dual-Military ( Enlisted /Officer)	
	Single Military ( Enlisted /Officer)	
	Military-Civilian ( Enlisted /Officer)	
	_ Civilian-Civilian	
	Receive Free or Reduced-Lunch	

## **CANCELLATION POLICY:**

A written notice is required if a child withdraws from Teen Center. Termination notices are available at the AYP front desk. Failure to provide the required notice will result in continued automated payments even if the child does not attend the program. The written notice must be submitted two weeks prior to the next payment cycle in order to ensure you will not be charged. Memberships are automatically renewed unless a withdrawal form is submitted.

## YOUTH ACCOUNTABILITY:

Children are responsible for signing themselves into the program if their parent/guardian directs them to attend. Children are not permitted to sign themselves out of the program is they are under the age of 14. Due to the base supervision policy, youth under the age of 14 should be escorted to and from the facility by a parent, guardian, sibling over 14 years of age, or another designated adult specified on the membership agreement. Only those persons listed in the Youth Membership folder will be authorized to pick up the child. That individual must show official identification to the front desk at the time of pick up.

# CONDUCT:

Youth must comply with the Youth Programs conduct policies as well as established procedures at other facilities. Improper conduct includes, but is not limited to, the use of alcohol, illegal drugs, and tobacco; public displays of affection; unsafe or harmful behaviors; and foul language. Parents may be called to remove children exhibiting unsafe or harmful behaviors. For more information please see the Parent Handbook.

#### TRANSPORTATION:

Periodically, Teen Center will take trips to other facilities both on and off base. Trips will be communicated in advance and all information about the field trip will be provided to parents. Transportation will be provided by contracted vehicles or in government vehicles with trained and authorized staff drivers.

# **DRESS CODE:**

Youth and parents are responsible for ensuring that clothing is not a health or safety hazard and that it does not offend or cause distractions at the Youth Center. Closed-toed shoes are required at all times. For more information please see the Parent Handbook.

#### ILLNESS:

Parents should notify the Youth Program staff immediately if their child contracts a contagious disease. If your child appears to be ill or is unable to participate while in the program, you may be asked to remove them until they meet health requirements specific to the situation. A doctor's release may be required for re-admittance after a contagious illness.



# AYP TEEN CENTER MEMBERSHIP AGREEMENT

Parent's Signature	Date
I have read and understand the terms of this agreement a programs may be suspended or terminated if terms are n	
MEDICAL TREATMENT:I grant permission to the AYP staff to authorize and obtain a licensed physicians, hospital, or medical clinic should my child bed further understand that enrollment for a special needs child must be Chief.	ome ill or injured while participating in this program. I
MILITARY & FAMILY LIFE CONSULTANT (MFLC) PROGRAMINATION Aviano Youth Programs is host to MFLCs provided by the DMFLCs are highly qualified professionals available to offer free nonare no records kept for this program and support is private and conf More information is available upon request. Please initial to indicate providing consent for your child to interact with the MFLCs in line of	epartment of Defense to support families. These medical support to children, youth and parents. There idential with the exception of "duty to warn" situations. It your questions have been answered and you are
PHOTO RELEASE: I give permission for the Youth Program staff and/or approve will be used in AYP facilities and FSS social media platforms. Addition of America (BGCA) and 4-H to meet reporting requirements.	
INTERNET USE:  I authorize my child to use AYP computers and iPads for ethat the use of computers is a privilege, and that if my child does not may be revoked. I recognize it is impossible for Aviano Youth Progra I will not hold them responsible for materials acquired on the networ	adhere to appropriate internet usage that their privilege ams to restrict access to all controversial materials and
FEES:The AYP Teen Center program requires a quarterly begin the first day of January, April, July, and October. If any quarter due to PCS, the cost can be prorated with Ma minute, per child will be charged and must be paid within 5 business automatically charged using the credit card authorization	a membership is needed for less than ½ of nagement approval. A late pickup fee of \$1.00 per days. All membership fees will be
IMMUNIZATIONS:I understand that is is my responsibility to provide documenta to include the most recent Influenza (Flu) vaccination in order to par	



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

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



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

Name of Sponsor:															
Email Address:															
Child'	Child's Name:					_	DEROS:								
July,	and O	ctobe	omatic er. Mei withd	mbers Irawal	hips v reque	vill co est mu	ntinue st be :	into t	he nev	w year t least	unles 2 wee	s a wi	thdrav	wal red	quest
	*	You wil	l be noti	fied if s	chedule	d paym	ents are	e altered	I due to	additior	nal fees	prior to	charge.	*	
Type of Card:						■ Mastercard									
CRED	IT CAF	RD NU	JMBER	R:	Γ	1	T	1	T	T	T	1	T	T	Γ
EXPIR	OITA	N DAT	E (MM	/YY):											
cvc c	ODE (	(3 digi	it code	on ba	ack of	card):	:		Bi	lling A	ddres	s Zip	Code:		
	_	_	NAME the ca											_	
	_		authoi balan				•							ally ch	arge
Signat	ture									D	ate				

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.



# 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 avaliable.

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 Progra	ams permission to transp	port the aboved named youth to and	from any events that I am notified of in advance.			
SIGNATURE OF PARENT/LEGAL GUA	ARDIAN	DATE				
FOR USE	BY YOUTH PRO	GRAM STAFF (COMPLET	E & INITIAL)			
PROGRAM ORIENTATION DATE	MEMBERSHIP C	CARD ISSUE DATE	MEMBERSHIP CARD NUMBER			
EXPIRATION DATE	MEMBERSHIP F	EE PAID	STAFF INITIAL / DATE			

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# **FOR STAFF USE ONLY:**

ALLERGIES:		No	(staff in	nitials)			
If Yes: Added to ALLERGY LIST:				Yes	No		(staff initials)
Medication Needed:					No		(staff initials)
		If Ye	s: AF 1055:	Yes	No		(staff initials)
			Emer. Meds Forn	n: Yes	No		(staff initials)
IMMUNIZATIONS received:				Yes	No		(staff initials)
INSTRUCTIONAL CLASSES:				Yes	No		(staff initials)
If Yes	, add to	o OR II	ıst. 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:					No	NA	(staff initials)

