

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.



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 **directly** 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 Family Survey

**To assist with meeting reporting requirements of families participating in Youth Programs, 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 if 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

UPDATED May 2021

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.

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 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

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)

