

DEPARTMENT OF AIR FORCE



**YOUTH PROGRAMS**

Keesler AFB

# YOUTH PROGRAMS INSTRUCTIONAL REGISTRATION PACKET

Keesler AFB  
Biloxi, MS

## CHECKLIST

Please complete the following documents.

- AF Form 88
- Instructional Parent Contract
- Additional Information Form
- MFLC Authorization Form
- Credit Card Billing Information
- Copy of current immunization records, including Influenza vaccination
- Current Sport Physical\*

\*Children 4 years of age and younger and those not participating in a sport are not required to have a current sport physical.

### Asthma / Allergy Information-If Applicable

- Completed Asthma/ Allergy Action Plan
- AF Form 1055
- Medication Carry Wavier

Please return the above documents to the Youth Center, Bldg. 6801. If you have any questions, please feel contact Eryn Hurley at 228-377-4116.

Thank you

-Youth Programs Staff

## 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.

<b>SIGNATURE OF PARENT/LEGAL GUARDIAN</b>	<b>DATE</b>
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### 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>



# KEESLER YOUTH PROGRAMS

## INSTRUCTIONAL CLASS/ INSTRUCTIONAL SPORTS CONTRACT



PLEASE PRINT CLEARLY

<b>Child's Name:</b>	<b>Child's DOB:</b>
<b>Sponsor's Name:</b>	<b>Home Phone Number:</b>
<b>Class(es)/Sport:</b>	

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

       **1. PARENTAL SUPERVISION:** All children under the age of 5 years old enrolled in an instructional class **MUST** have a parent/guardian or sibling (over the age of 16 years old) in the building/at the field at all times. **Children under the age of 5 years old may not be left unattended at the Youth Center or at the practice fields at any time.**

       **2. CLASS INSTRUCTORS:** All Youth Center instructors are independent contractors and undergo local and national background checks and are required to attend annual training in accordance with AFI 34-144 for Youth Programs. Each instructor is responsible for notifying students of their class schedules, which include monthly calendars and cancellations. Instructors may elect substitutes to teach classes in the event the independent contractor is ill or on leave of absence. The substitute instructor will have undergone all the required background checks and required training in accordance with AFI-34-144 for Youth Programs. Instructors will notify students and parents prior to class in the event a substitute will be conducting class in their absence.

       **3. CLASS FEES:** Class fees must be paid in full no later than the 5th business day of each month. A late fee of \$10.00 will be assessed, per household, on the 6th business day of each month if payment has not been received. If payment has not been received by the close of business of the 10<sup>th</sup> business day of the month, the student will be dropped from the class roster, no exceptions.

       **4. REINSTATEMENT FEE:** If a student is dropped from a class for nonpayment the sponsor has the option to re-enroll the student by paying a reinstatement fee of \$. 5.00 in addition to the class fee and late fee. If the student is removed for non-compliance with paperwork, the \$25.00 reinstatement fee will be assessed along with the full price for the class. The student may continue with the class provided the student's place in the class has not been filled, otherwise they will be subject to be placed back on any waitlists that may exist for the class.

       **5. AUTOMATIC PAYMENTS:** For your convenience, we offer an automatic payment program for instructional class fees.

       **6. CREDIT POLICY:** All Youth Programs facilities are required to maintain valid credit card information on file for all program participants regardless of your automatic payment/non-automatic payment status.

       **7. LATE PICK UP FEE:** There will be a five minute grace period. The late pickup fee will be \$2.00 per minute/per child following the five minute grace period.

       **8. CLASS CANCELLATION/MAKE-UP CLASSES:** If a class is canceled due to weather, facility unavailability, power outage, instructor illness or emergency; classes will be rescheduled or class fees may be pro-rated. Make-up classes will be scheduled for the same day/time during the 5th week of the month should you not already be having class that week. Your instructor will proceed with instructions regarding these matters. Classes will not be pro-rated until it has been discussed between the instructor and Youth Center Staff.

\_\_\_ **9. MUTUAL CONTRACT OBLIGATIONS:** Once a sponsor pays the monthly class fee and the instructor has taught the first class, a mutual contract obligation is in effect. Class payments are collected for a participant to have a slot in class. Missed classes due to family commitments or similar circumstances will not be refunded or pro-rated. Refund requests will be accepted with proper documentation for illness, injury, or emergency leave lasting 2 weeks or more when accompanied by a doctor's statement or emergency leave orders. In these cases, class positions may be held for a maximum of one month at the discretion of Youth Center staff and instructors.

\_\_\_ **10. TERMINATION POLICY:** Should you decide to remove your child from a class a **TWO WEEK** written notice is required. Patrons will be charged for two weeks if notice is not provided prior to last class. Termination forms can be obtained at the Youth Center front desk.

\_\_\_ **11. 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 Keesler Youth Programs sponsored activities. I understand that Keesler Youth Programs and its staff and contract instructors will not be held liable for any injury or accident to the above named child while participating in classes.

\_\_\_ **12. UPDATE OF INFORMATION:** I understand that my child's information and paperwork must be updated either annually or as needed. All AF Form 88's must be updated within the month of January every year, regardless of when the previous AF 88 was filled out. Additionally, contracts, sports physicals, vaccination records/waivers, etc. must be updated annually or as needed based on the original start date of your class and the dates of the medical information provided.

\_\_\_ **13. LOSS OF PRIVILEGES:** Any adverse behavior on the part of your child, their parent, or guardian will result in the suspension of your privileges from this program.

\_\_\_ **14. YOUTH CENTER EVACUATION PROCEDURES:** In the event the Youth Center is required to evacuate (fire drills, fire alarms, etc.) everyone must leave the building. Parents, Staff, Youth Center Visitors, and Students are required to evacuate and meet in the front of the Child Development Centers main entrance. Students in class will evacuate with their instructors and remain with them until directed by appropriate personnel (Fire Department, Youth Center Staff, etc.). Vehicles will not be allowed in or out of the parking lot until the Fire Department or other appropriate personnel, has given permission.

\_\_\_ **15. CONSENT TO PHOTOGRAPH:** In consideration of participation in Keesler Youth Programs the undersigned agrees that their likeness or the likeness of their child may be photographed or videotaped and that such images may be published in an outlet used to promote or publicize the program.

\_\_\_ **16. COVID PROTOCOL:** Youth Programs will continue to adhere to the current Public Health Covid-19 regulations. Instructors, Volunteers, Staff, and Parents are required to wear masks at all times while in the facility. It is not mandatory for youth to wear masks however it is highly encouraged. Parents are not permitted in the facility unless their child is under the age of five. Six feet social distancing is enforced when applicable.

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

Youth Center Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Credit Card Billing Information

*Note: We accept Visa and MasterCard only.*

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

Cardholder's Name (As it appears on Credit Card): \_\_\_\_\_

Account Number: \_ \_ \_ \_ - \_ \_ \_ - \_ \_ \_ - \_ \_ \_ -

Expiration Date (MM/YY): \_\_\_\_\_ / \_\_\_\_\_

Payment Information: Payments will come out between the first and fifth of every month.

\_\_\_\_\_ I hereby authorize the Keesler Youth Center to automatically charge my credit.

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

This document contains personal data to the Privacy Act of 1974, 10USC 8012 & EO 9397. It requires safeguarding and disclosure only as authorized in AFL 33-332.

CONFIDENTIALITY APPLIES.

## **KEESLER YOUTH PROGRAMS**

Subject: Parent Acknowledgement and Consent Letter for Child and Youth Behavioral Military and Family Life Counseling Services

Dear Parents,

We take this opportunity to inform you of a valuable resource provided by the Department of Defense. Due to the unique challenges military members face and the impact they have on families, the Office of Military Community and Family Policy provides Child and Youth Behavioral Military Family Life Counselors (CYB-MFLCs). CYB-MFLCs have advanced degrees (masters or doctoral-level) in the mental health field and specialized training in child and youth development. They support the needs of children and families by partnering with parents, faculty, counselors and staff to foster healthy growth and social skill development. The well-being and safety of your child is our top priority. To ensure a comprehensive continuum of care for your child, CYB-MFLCS may work in collaboration with school or program professionals.

CYB-MFLCs address challenging behaviors and strengthen the capacity of staff, families, programs and systems to meet the needs of military children and youth by:

- Observing, participating and engaging in classroom activities
- Developing strategies for supporting positive behavior, age-appropriate behavioral interventions to enhance coping and behavioral skills in the classrooms and at home
- Meeting one-on-one or in groups, providing evidence-based prevention and intervention services
- Implementing and modeling strategies for teacher and staff responses to children's behavior
- Conducting trainings for staff
- Facilitating groups to increase parents' understanding of social emotional development and positive behavior guidance strategies
- Linking families with community resources or military family programs
- Working with military children in settings such as field trips and other center, camp, or school sponsored activities.
- Conducting individual sessions to address the unique challenges of school-aged military children and youth

At no time will the CYB-MFLC meet individually with a child without being in line of sight of a teacher, staff, or a parent/guardian. CYB-MFLCs are mandated reporters and information provided to the CYB-MFLC will be kept confidential, except to meet legal obligations or to prevent harm to self or others. Legal obligations include requirements of law and DoD or military regulations. Harm to self or others includes suicidal thought or intent, a desire to harm oneself, domestic violence, child abuse or neglect, violence against any person, and any present or future illegal activity. The CYB-MFLC is obligated to follow school and military child and youth programs' regulations for reporting safety concerns including problematic sexual behaviors in children and youth.

CYB-MFLCs encourage the participation of parents in decisions that affect their children and strive to empower parents with the knowledge and skills to act in their children's best interest. CYB-MFLCs are flexible and can schedule appointments, meetings and activities after hours and on weekends, if needed, with advance notice. They are available to meet with individuals and families who have interest in seeking consultation about their child or family.

Thank you for allowing us to provide support services to your child/children.

**Acknowledgement of Understanding:**

I understand the role of the CYB-MFLC and that they may work in collaboration with school or program professionals to ensure a comprehensive continuum of services. I also understand that the CYB-MFLCs are mandated reporters as outlined above.

Please select applicable boxes below:

I understand the above CYB-MFLC program description and authorize my child to participate in CYB-MFLC direct face-to-face non-medical counseling sessions. This authorization is valid for the duration of my child's enrollment and can be revoked at any time in writing.

I understand the above CYB-MFLC program description and authorize my child to participate and be supported *as a part of a formal group focused on different topic areas*. This authorization is valid for the duration of my child's enrollment and can be revoked at any time in writing.

Print Name of Child: \_\_\_\_\_

Print Name of Parent or Guardian: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

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



## Additional Information Form

<b>Child's Name:</b>	
<b>Sponsor's Cell Phone:</b>	<b>Name:</b> _____ <b>Number:</b> _____
<b>Spouse's Cell Phone:</b>	<b>Name:</b> _____ <b>Number:</b> _____
<b>Child's School:</b>	
<b>Child's Grade:</b>	
<b>Sponsor's Email:</b>	
<b>Spouse's Email:</b>	

**Additional Notes (i.e. which parent to contact first, etc.)**

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**KEESLER AFB YOUTH PROGRAMS**  
**YOUTH SPORTS PHYSICAL EXAMINATION**

NAME: \_\_\_\_\_ AGE: \_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE \_\_\_\_ ZIP CODE \_\_\_\_\_

**TO BE COMPLETED BY YOUR MEDICAL PROVIDER**

Date of physical examination: \_\_\_\_\_

(DD/MM/YYYY)

**RESULTS OF PHYSICAL EXAMINATION**

Youth cleared to play sports with no exceptions:

YES

NO

Youth cleared to play sports with exceptions: (Please explain)

YES

NO

Youth not permitted to participate in sports at this time: (Please explain)

**MEDICAL PROVIDER'S INFORMATION**

\_\_\_\_\_  
**MEDICAL PROVIDER'S STAMP**

\_\_\_\_\_  
**MEDICAL PROVIDER SIGNATURE**

\_\_\_\_\_  
**DATE**