

Middle-Schoolers and Teens: It's so easy to enjoy CYS Services and/or activities now! Just fill out this form (don't forget the back side), get your parent to sign it and then return it (scan, fax, email or deliver) to your local Middle School/Teen Center (MST) or Central Enrollment Office (CER) (locations on the back of this form). The CYS CER will verify your registration telephonically with your parent within 5 working days of receipt of form. Here's a look at some opportunities CYS offers: dances, trips, classes, volunteer opportunities, homework assistance, up-to-date technology and internet access, a place to meet friends, summer camps and more!

CYS Youth Program Registration & Sponsor Consent

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, United States Code, Section 3012. **PRINCIPAL PURPOSE (S):** to provide child and family program eligibility, background information and sponsor consent for access to emergency medical care. **ROUTINE USES:** Information is furnished to the attending physician when it is necessary for an individual to be taken to a medical facility by someone other than the parent. **DISCLOSURE:** Disclosure of requested information is voluntary, however, if information is not provided, individual(s) may not be allowed to participate in the CYS program.

DECLARATION OF NONDISCRIMINATION

Services will be made available to all youth in attendance, without regard to race, religion, national origin, ancestry, or sex, within the limits of AR608-10.

YOUTH: Last Name _____ First Name _____ Nickname _____

Gender: (circle one) M / F Grade _____ School _____ DOB _____ Age _____

Relationship to Sponsor: Son / Daughter / Step-son / Step-daughter / Grandson / Granddaughter / Nephew / Niece / Other

E-mail Address: _____ Cell Phone (for text messaging) _____

I authorize MS/T to email me information and announcements about programs and events: Yes _____ No _____

I authorize MS/T to text me information and announcements about programs and events: Yes _____ No _____

SPONSOR: Last Name _____ First Name _____

Status: Active Duty / Guard / Reserve / DOD Civ / Other _____ (If Mil Rank: _____ Branch: AR / AF / NA / MA / CG)

Unit/Employer _____ Unit/Emp Address _____ Zip Code _____

City _____ Work Phone _____ Cell Phone _____

Mailing Address _____

Home Phone _____ On-Post? Y or N Sponsor E-mail Address _____

SPOUSE: Last Name _____ First Name _____

Status: Act Duty / Guard / Reserve / DOD Civ / Other Employed Civ / Student / Retired / Unemployed / Other _____

(If Mil: Rank _____ Branch: AR / AF / NA / MA / CG) Spouse E-mail Address _____

Unit/Employer _____ Unit/Emp Address _____ City _____

Zip _____ Bldg # _____ Work Phone _____ Cell Phone _____

EMERGENCY / RELEASE CONTACTS: (Local adults, not parents, authorized to respond in an emergency):

1. Last Name _____ First Name _____ Work Ph _____

Cell _____ Home Phone _____ Is this person authorized to pick-up youth? Yes ___ No ___

2. Last Name _____ First Name _____ Work Ph _____

Cell _____ Home Phone _____ Is this person authorized to pick-up youth? Yes ___ No ___

Please continue on back side

SPONSOR CONSENT:

I, _____, parent/guardian of _____ give consent for an authorized CYS representative to obtain medical/dental care for my youth in an emergency situation where his/her condition represents a serious or imminent threat to his/her life, health, or well being. I understand that a conscientious effort will be made to notify me prior to such action and the expense, if any, will be paid by me. Treatment at an Army medical facility may be provided without additional consent under the provision of AR 40-3.

Does your Youth have any special needs (asthma, allergies, ADHD, physical disabilities, dietary restrictions, etc.)
Yes ____ No ____ (if yes, DA form 7625-1 will be sent to you for completion and must be returned within 5 days.)

Can your Youth be photographed while participating in a CYS program for release to the media? Yes or No ____

Does your Youth have permission to use CYS computers? Yes or No ____

If yes, does your Youth have permission to access the internet? Yes or No ____

I have reviewed the information on this form and to the best of my knowledge, the information is accurate.

DATE: _____ Parent/Guardian SIGNATURE: _____

STAFF TELEPHONIC VERIFICATION: Name of verifying parent: _____

Staff Name _____ Verification Date _____ Time _____

Special needs? Y or N If yes, date DA 7625-1 sent to parent: _____ Date returned: _____

Date CYS pass issued: _____ Staff Signature _____

We look forward to seeing you in our programs and encourage parents to drop by anytime to see the great things happening in our middle school/teen center. If you would like more information, please call one of the numbers listed below:

Middle School/Teen Center Information:

ADDRESS: Bldg 5800 Thomas Ave
Ft Riley, KS 66442
PHONE: (785) 239-9222
FAX: (785) 239-4534
HOURS: M- Th 5:45am – 8:00pm
Fri 5:45am – 11:00pm
Sat 2:00pm – 11:00pm

CER Information:

ADDRESS: Bldg 6620 Normandy Dr
Ft Riley, KS 66442
PHONE: (785) 239-9885
FAX: (785) 239-9964
HOURS: M-F 8:00am – 5:00pm

Notes:

1. Youth may attend the regular MS/T programs as a guest member immediately upon receipt of completed form.
2. CER will validate form registration. If registration is not validated within 5 working days from receipt of form, youth's guest membership will be cancelled.
3. Once registration is validated (and, if required, DA 7625-1 is completed and returned), an annual pass will be issued to youth by CER.
4. Some special events and field trips may cost a nominal fee, but participation in these events is not mandatory. In the case of field trips, written parental permission must be granted before a youth is allowed to participate.
5. To enroll in a team sports program, a sports physical is required in addition to this registration. Sports fees may also apply.