UNITED STATES ARMY
CHILD&YOUTH SERVICES

Child and Youth Services
Youth Program Registration & Sponsor Consent

Middle and High School Teens: It's so easy to enjoy CYS 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 Youth Program (YP) or Parent Central Services. CYS staff will verify your registration telephonically with your parent or guardian 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, place to meet friends, summer camps and more!

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, United States Code, Section 3012, DoDI 6060.02, DoDI 6060.4, AR 608-10, and AR 215-1.
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 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 AR 608-10.

Please complete the below information. Parent will be contacted within five (5) days by a CYS staff member to verify information.

YOUTH: Last Name_____ First Name_____ Gender _ _____ _

Grade_____ School_____ DOB_____ Age _____

SPONSOR: Last Name_____ First Name_____ Rank _____

Status _____ Specify if Other _____ Branch _____ _

Unit/Employer_____ Unit/Employer Address _____ _____ Zip Code _____

Installation_____ Work Phone_____ Cell Phone _____

Home Phone_____ Mailing Address _____ _____ Zip Code _____

On Post?_____ _ Sponsor Primary Email Address_____ Alternate _____

SPOUSE: Last Name_____ First Name_____ Rank_____

Status_____ Specify if Other_____ Branch _ _____

Unit/Employer_____ Unit/Employer Address _____ _____ Zip Code _____

Work Phone_____ Cell Phone_____ Home Phone _____

Spouse Primary Email Address_____ Alternate _____

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

1. Last Name_____ First Name_____ Work Phone_____

Cell Phone_____ Home Phone_____ Is this person authorized to pick-up youth? _____

2. Last Name_____ First Name_____ Work Phone_____

Cell Phone_____ Home Phone_____ Is this person authorized to pick-up youth? _____

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 wellbeing. 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.

1. Does your youth have any special needs (asthma, allergies, ADHD, physical disabilities, dietary restrictions, rescue medications, etc.)? ○ YES ○ NO *(If yes, CYS will send you a Health Screening Tool to be completed and returned within 5 days.)*
2. Can the use of photographs and/or video of your youth to include text, analog and digital media and artwork created by your youth be released to Media and/or used in CYS marketing materials? ○ YES ○ NO
3. Can your youth be transported in a government or commercial vehicle? ○ YES ○ NO
4. Does your youth have permission to access CYS network, the internet or social networking sites? ○ YES ○ NO
5. Have you received a copy of and signed the CYS Acceptable Use Policy and Parental Acknowledgement? ○ YES ○ NO
   Date signed CYS Acceptable Use Policy was returned to Youth Services or Parent Central Services_____

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

Parent/Guardian Signature_____Date_____

STAFF TELEPHONIC VERIFICATION Name of verifying staff_____Date_____

Name of verifying parent_____Time_____Special needs? ○ YES ○ NO

If yes to Special Needs, date Health Screening sent to parent_____Date returned_____Remarks _____

Date pass issued in CYMS_____ Staff Signature_____

Name and initials of verifying staff Year 2_____Year 3_____Year 4_____

ANNUAL RE-REGISTRATION *If yes, explain:*

Year 2 Date_____Health Changes ○ YES ○ NO_____Parent Signature _____

Year 3 Date_____Health Changes ○ YES ○ NO_____Parent Signature _____

Year 4 Date_____Health Changes ○ YES ○ NO_____Parent 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 Youth Programs. If you would like more information, please call one of the numbers listed below:

Youth Program Information:
5975 Lighthorse St
803-751-6387

Parent Central Services Information:
(803) 751-4865

Additional Information:

My youth has permission to watch rated PG13 movies ○ Yes ○ No
My youth has permission to play rated Teen video games ○ Yes ○ No
My youth has permission to SIGN OUT of the youth center ○ Yes ○ No

1. Youth may attend the regular Youth Programs (no field trips or special events until registration is finalized) as a guest member immediately upon receipt of complete form.
2. CYS staff will validate registration form. If validation is not completed within 5 working days, immediately contact the Program Manager or Outreach Services Director. Youth guest membership will be cancelled if the parent is not available to verify information.
3. Once registration is validated (and, if required, Health Screening Tool is completed and returned), annual pass will be issued to youth.
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 or individual sports program, a sports physical is required in addition to this registration. Sports fees may also apply.

FORT JACKSON YOUTH CENTER

DRESS CODE POLICY

Shorts: shirts cannot be longer than shorts.

- Youth will be asked to tuck in shirt.
- After 3rd violation youth will be suspended for two days.
- Once youth has been suspended future violations will result in being sent home for the day.

Shirts: the preferred length is waistline. Shirts cannot be any higher than belly button.

- Youth will be asked to adjust shirt.
- After 3rd violation youth will be suspended for two days.
- Once youth has been suspended future violations will result in being sent home for the day.

Undergarments (to include compression underwear): Must not be seen.

- Youth will be asked to cover up showing garment.
- After 3rd violation youth will be suspended for two days.
- Once youth has been suspended future violations will result in being sent home for the day.

Indecency clause: at no point should we be able to see any private body areas.

- Youth will be asked to adjust clothing and told what was exposed.
- If youth can't make necessary adjustments to maintain appropriate attire, they will be sent home.
- Once youth has been suspended future violation will result in 5-day suspension.

Parents will be notified of every offense so suspension will not come as a surprise.

_____ _____

Parent Signature Date

_____

Youth Name

FORT JACKSON YOUTH CENTER
YOUTH CONDUCT POLICY

Treat others as you would like to be treated. Kindness is the expectation.

Rules are to be followed at all times. If you have a suggestion for a new rule, please write it down and submitit to the Youth Director.

Positive language and actions will be used at all times. Profanity and inappropriate actions are unacceptableand can lead to removal from the Youth Program.

Alcohol, tobacco, and illegal substances are not authorized for any Youth. The MPs will be called if anyyouth is found to have these substances.

Public displays of affection are not appropriate while participating in the program. Reports of sexual contactwill be made immediately to all parents of any Youth involved.

Appropriate dress is required for participation.

Items that can be used as a weapon and cause bodily harm will not be allowed into the program. If found or if
a Youth uses a weapon, the MPs will be called immediately.

Consequences for violating the Code of Conduct are based on the seriousness of the infraction.

Level 1 Offenses:

Failing to follow safety rules

Profanity

Using harsh words, suggestive body language towards staff, volunteers, or other youth

Consequences:

First incident: staff will address the issue with the youth and write an incident report.

Second incident: staff will talk with the youth, write an incident report, and manager will notify the sponsor.

Level 2 Offenses:

Fighting

Damaging property

Threats to staff or other members Bullying

3rd incident of a level 1 offense within 60 days

Consequences:

Staff will write an incident report, manager will notify the sponsor, and suspend the youth for 3 days.

Management will investigate to determine final consequences for participants.

FORT JACKSON YOUTH CENTER
YOUTH CONDUCT POLICY

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Level 3 Offenses:

Attempt to harm staff member or other youth

Stealing

Smoking

Pulling fire alarm

Knowingly consuming or being under the influence of drugs or alcohol

Sexual offenses to include pornography (inappropriate verbal or physical conduct of a sexual nature)

Gang activity (recruitment, initiation, wearing of colors, threats, or intimidation)

2nd incident of a level 2 offense.

Consequences:

Staff will write an incident report, manager will notify the sponsor, and suspend the youth for a minimum of one week.

Management will investigate to determine final consequences for participants. Sponsor conference with management will be required before the youth is allowed to return to the program.

Level 4 Offenses:

Possession of a gun, knife or other weapon Distribution of drugs or alcohol

Bomb threats

Military Police will be notified.

Consequences:

Recommendation for expulsion from the program will be submitted to CYS chain of command.

_____ _____

Parent Signature Date

_____

Youth Signature

UNITED STATES ARMY
CHILD & YOUTH SERVICES

Child and Youth Services (CYS)
Patron Acceptable Use Policy (AUP)

Youth Name

_____ . _____ . _____
First Name Middle Initial Last Name

1. Child and Youth Services (CYS) provides filtered internet access via a Commercial Enterprise Network (CEN). Registered Children and Youth are allowed to utilize the CEN after completion of the following requirements:

a. Signed Parent/Guardian Acceptable Use Policy

b. Appropriate level Technology Awareness Training

2. I understand that access to the CYS CEN is a privilege and may be revoked at any time due to inappropriate conduct. I understand my use of the CEN is subject to monitoring and I must comply with all provisions of this policy and rules governing use of the CEN.

3. Acceptable Use Policy (AUP) and privileges for Internet use are as follows:

a. I will respect CYS property and will not maliciously cause harm or vandalize any equipment issued to me or the CEN by:

1. Deliberately disrupting network use by others. I will not send "chain letters or broadcast" messages to individuals or list of individuals.

2. Attempting to gain unauthorized access to other computer/network systems.

3. Attempting to harm or destroy data of another user, the internet, or any other network. This includes creating or knowingly transmitting computer viruses or hacking other computers/networks.

4. Attempting to disable any IT security system, filter or auditing system.

a. Passwords issued to me must be kept confidential and not shared with anyone.

b. I will not introduce executable codes (such as, but not limited to, -exe, -com, vbs, or bat files) nor download programs, Applications (Apps) or music onto any CYS-owned device without authorization.

c. I understand that CYS has a zero tolerance policy on cyberbullying. Cyberbullying is considered harassment and will result in the strongest possible consequences. Cyberbullying is the use of any device to convey a message in any form (text, image, audio, or video) that intimidates, harasses, or is otherwise intended to

harm, insult, or humiliate another in a deliberate, repeated, or hostile and unwanted manner. Staff, children, and youth will not use the CYS CEN to cyber-bully anyone. Cyberbullying may include but is not limited to:

1. Spreading information or pictures to embarrass others.

2. Heated unequal arguments that include rude, insulting, or vulgar remarks.

3. Isolating an individual from his or her peer group.

4. Using someone else's screen name and pretending to be that person.

5. Forwarding information or pictures meant to be private.

d. I will be polite in all electronic communication. I will be courteous and use respectful language and/or images while communicating with others. I will not swear, use vulgarities, or use harsh, abusive, sexual, or disrespectful language or images.

4. I will follow policy relating to prohibited use of the CYS CEN. Examples of prohibited uses of the CYS CEN include:

a. Creating, accessing, downloading, viewing, storing, copying, sending, or knowingly receiving material that is illegal or offensive to others, such as hate speech, or any material that ridicules others based on race, creed, religion, color, sex, disability, national origin, or sexual orientation.

b. Accessing or transmitting any defamatory, inappropriate, abusive, obscene, profane, sexually oriented, threatening, racially offensive, and illegal material.

5. Use of CYS-provided devices:

a. I understand that any device that I sign out is MY responsibility until returned and should be returned in the same condition as time of check out.

b. I will protect devices from food or beverage spills or from any other damages.

c. I will not share files or add software/apps unless approved by staff.

d. If I come across an inappropriate website, I will notify staff immediately.

6. Violations to any of these policies will result in, but not be limited to: verbal and written warnings, notification of parents, or loss of privileges. The following actions will be followed after a Child or Youth is found to be in violation of this AUP:

a. First Infraction: An initial infraction will result in a verbal warning, consisting of conversation with the youth, reminding him/her of the CYS AUP and the privilege in using devices/internet access. Parent(s) of youth will receive a notice advising of the infraction and the conversation that was conducted with the child.

b. Second Infraction: Internet access will be revoked and the youth will be unable to use or bring their own device for a period of seven (7) days.

c. Continued Infractions: Ongoing violations of the aforementioned policies will result in an extended loss of privileges for a minimum of ninety (90) days; after that time, CYS management will determine whether privileges will be restored.

7. Consent to the Following Conditions:

a. During certain instances CYS Personnel may need to inspect and review data stored on an information system used by CYS patrons.

b. Communication traffic and data stored on an information systems is not private, and can be subject to routine monitoring, interception and may be disclosed or used for CYS purposes.

c. This information system includes security measures (e.g. access controls) to protect CYS interest and CYS patrons.

d. The user consents to interception/capture and seizure of ALL communications and data to support information gathering for investigating accidents, incidents and misconduct.

8. Use of the CEN does not provide any expectation of privacy.

a. The CEN is not required to implement security controls for the express purpose of protecting Personally Identifiable Information (PII).

b. CEN users are responsible for all information they transmit via the CEN to include but not limited to the use of internet sites, email traffic, submission of electronic documents and any other electronic communication inputs.

c. CEN users are responsible for protecting their private information and should not transmit any PII without knowing who will view/use the information and how the information will be used.

d. CYS is not responsible for any PII released by patrons while using the CEN.

Parent/Guardian:

As the Parent and/or Guardian of the child named above at page 1, I have read the Acceptable Use Policy. I understand enrolling my child in the CYS program will allow them to have access to the Internet. I understand that CYS has taken all reasonable precautions to ensure safe access to the Internet. A firewall is used to limit access to questionable material. I also recognize, however, that it is impossible for CYS to restrict access to all controversial materials, and I will not hold CYS responsible for materials acquired on the network. I understand that this permission form does not eliminate the requirement of technology awareness training. Parents and/or Guardians are responsible for the actions of their children and youth.

Parent/Guardian Name (please print):_____

Parent/Guardian Signature: _____ **Date:** _____

Bring Your Own Device (BYOD) Consent

Children/Youth who wish to use a personally owned electronic device within the CYS environment will, along with their parents, read and sign this agreement.

1. Children/Youth shall take full responsibility for their device(s). CYS shall not be liable for the loss, damage, misuse or theft of any personally owned device brought to the program.

2. Children/Youth are responsible for the proper care of their personal device, including any costs of repair, replacement or any modifications needed to use the device in the program.

3. Personal devices shall be charged prior to bringing them to the program and shall be capable of running off their own battery.

4. Children/Youth shall have working knowledge of their personally owned device prior to bringing it into the CYS environment.

5. CYS reserves the right to inspect a student's personal device if there is reason to believe that the student has violated policies, administrative procedures, rules or has engaged in other misconduct while using the device.

6. Children/Youth must comply with request of a staff member to shut down the computer/device or close the screen.

7. Children/Youth shall use the Commercial Enterprise Network secured wireless connectivity.

   Use of alternate (cellular/WiFi) wireless connections are not allowed.

8. Current virus protection is required on devices that utilize the CYS wireless network.

9. CYS shall not be responsible for any information that is accessible on a personal device.

Parent/Guardian Name (please print):_____

Parent/Guardian Signature: _____ **Date:** _____

PARENT/LEGAL GUARDIAN 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. CYB-MFLCS may work in collaboration with school or program professionals to coordinate care for your child.

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

- Observing, participating, and engaging in classroom activities and school sponsored activities
- Developing strategies for supporting positive behavior, and stress and emotional management skills in the classrooms and at home
- Meeting one-on-one or in groups, to discuss topics important to school aged military children and youth
- Implementing and modeling strategies for teacher and staff responses to children's behavior
- Conducting trainings for staff
- Facilitating groups and presentations for parents to increase positive parenting techniques and 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

The wellbeing and safety of your child is our top priority. 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.

Parental Acknowledgement of Understanding:

Parents, please read each of the 3 statements below carefully. After each statement, please select either YES or NO to demonstrate your understanding and decision to allow your child to participate in the MFLC service type.

1) I understand the role of the CYB-MFLC and that they may work in collaboration with school or program professionals to ensure a coordination of care for my child. I also understand that the CYB-MFLCs are mandated reporters as outlined above.

☐ Yes ☐ No

Please note: For statements 2 and 3, When selecting YES, you agree to MFLC services for your child or selecting NO, you do not want MFLC services for your child at school. A yes/no response is required for both statements.

2) I authorize my child to participate in CYB-MFLC individual 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.

☐ Yes ☐ No

3) 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.

☐ Yes ☐ No

Print Name of Child: _____

Print Name of Parent or Guardian: _____

Parent or Guardian Signature: _____

Date *(YYYYMMDD)*: _____

WAIVER OF LIABILITY AND ASSUMPTION OF RISK

Drafted 16 November 2017

CHILD & YOUTH SERVICES OF FORT JACKSON
Indoor Climbing Wall

1. **Description of Activities and Risks**: I, the undersigned, as legal guardian or parent of the minor designated below, wish to allow the minor to participate in the Indoor Climbing Wall, sponsored by Child & Youth Services of Fort Jackson and located at the Youth Center Building 5975 Chestnut Road, Fort Jackson, South Carolina. I **understand that because of the nature of the sport of climbing, the possibility of injury is inherent.** Those risks include, but are not limited to, falling, forcibly hitting the climbing wall, slipping on and/or off of the climbing wall, injuries associated with environmental hazards, harmful or dangerous actions of other participants and/or of instructors, and equipment malfunctions and misuse, including but not limited to, harnesses, helmets, belay devices, carabiners, ropes, indoor climbing wall structure, indoor climbing wall anchors, hand holds, and mats. In addition, I realize that these risks associated with this activity include personal injury, including permanent paralysis from landing or falling on the head or neck, death, or damage to or loss of personal property.

2. **Financial Responsibility for Equipment**: It is the minor's or my responsibility to secure the personal equipment in a safe manner in order to prevent the personal equipment from damaging or harming other participants' equipment or equipment owned and operated by Fort Jackson, as I am financially responsible for all damages to all property caused by myself, my minor child, or my equipment.

3. **Certification**: By signing this agreement, I attest that the minor child designated below does not have any medical condition that would affect his or her ability to participate in the activity described in Paragraph 1. I attest that the minor will follow instructions given verbally, including a safety briefing given by CYS staff of the Youth Center Building 5975.

4. **Waiver**: **Despite the risks associate with the activity described in Paragraph 1, I wish to allow the minor designated below to participate in the Indoor Climbing Wall. I hereby waive and release the Department of the Army, the United States Government, and any Non-Appropriated Fund Instrumentalities and MWR Instrumentalities, from any and all claims for personal injury, wrongful death, or damage to or loss of personal property associated with the minor's participation in the activity described in Paragraph 1 that results due to the negligence of a federal employee or defects in equipment. Further, I waive the right to file suit against the United States Government for claims arising from the minor's participation in the activity described in Paragraph 1 on my behalf and on the minor's behalf that results due to the negligence of a federal employee or defects in equipment. I assume all of the risks associated with the minor's participation in the activity described in Paragraph 1, and I hold harmless the Department of the Army, the United States Government, and any Non-Appropriated Fund Instrumentalities and MWR Instrumentalities for any claims for personal injury, wrongful death, or damage to or loss of personal property associated with the minor's participation in the activity described in Paragraph 1 that results due to the negligence of a federal employee or defects in equipment.**

Name of Minor Participant _____ Date _____

Name of Parent/Legal Guardian _____

Parent/Legal Guardian Signature _____ Date _____

Address _____ Phone _____

_____