

# CYSS Middle School and Teen Application



Middle school and high school teens: It's so easy to enjoy CYSS activities now! Just fill out this form (don't forget the back), get your parent to sign it and then return it to your local Youth Program or Parent Central Services. CYSS staffers will verify your registration telephonically with your parent or guardian within five working days of receipt of form. The JBLM Teen Zone is open to eligible MWR patrons in grades 6-12. **Here's a look at some opportunities CYSS offers: dances, trips, classes and volunteer opportunities; homework assistance; up-to-date technology and Internet access; place to meet friends; summer camps and more! Information can be found online at JBLMmwr.com.**

## 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 CYSS 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.

### YOUTH:

Last name \_\_\_\_\_ First name \_\_\_\_\_ Nickname \_\_\_\_\_

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

### SPONSOR:

Last name \_\_\_\_\_ First name \_\_\_\_\_

Status: Active duty / Guard / Reserve / DoD civilian / Other \_\_\_\_\_ (If military, rank \_\_\_\_\_; branch: AR / AF / NA / MA / CG)

Unit/employer \_\_\_\_\_ Unit/employer address \_\_\_\_\_

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_

Mailing address \_\_\_\_\_

Email address \_\_\_\_\_

### SPOUSE:

Last name \_\_\_\_\_ First name \_\_\_\_\_

Status: Active duty / Guard / Reserve / DoD civilian / Other employed / Student / Retired / Unemployed / Other \_\_\_\_\_

(If military, rank \_\_\_\_\_; branch: AR / AF / NA / MA / CG)

Unit/employer \_\_\_\_\_ Unit/employer address \_\_\_\_\_

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Email address \_\_\_\_\_

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

1. Last name \_\_\_\_\_ First name \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Home phone \_\_\_\_\_ Is this person authorized to pick up youth? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Last name \_\_\_\_\_ First name \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Home phone \_\_\_\_\_ Is this person authorized to pick up youth? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Last name \_\_\_\_\_ First name \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

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 CYSS 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 five days.)

May your youth be photographed while participating in a CYSS program for release to the media? Yes \_\_\_ No \_\_\_

Does your youth have permission to access social networking sites? Yes \_\_\_ No \_\_\_

If yes, does your youth have permission to access the Internet? Yes \_\_\_ No \_\_\_

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

DATE: \_\_\_\_\_ Parent/guardian SIGNATURE: \_\_\_\_\_

We look forward to seeing you in our programs and encourage parents to drop by any time to see the great things happening in our Youth Programs. If you'd like more information, please call one of the numbers listed below.

**Youth program information:**

Teen Zone  
6397 Garcia Blvd.  
JBLM-Lewis Main  
253-967-4441

McChord Youth Center  
3032 Dogwood St.  
JBLM-McChord Field  
253-982-2203

**Visit one of our two locations:**

Parent Central Services at Lewis Main  
2295 12th St. & Bitar Ave.

The McChord CYSS Gateway Center  
560 Lincoln Blvd.

Reach us at:  
253-966-CYSS  
JBLMcysRegistration@conus.army.mil

**Notes:**

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 completed form.
2. CYSS staffers will validate form registration. If registration is not validated within five working days from receipt of form, youth's guest membership will be canceled.
3. Once registration is validated (and, if required, DA 7625-1 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 sports program, a sports physical is required in addition to this registration. Sports fees may also apply.

<b><u>STAFF TELEPHONIC VERIFICATION:</u></b>			
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 CYSS pass issued _____	Staff signature _____		