



YOUTH/TEEN PROGRAMS REGISTRATION FORM

\$10 Annual Fee

YOUTH AGES: 10 - 18 (STILL IN HIGH SCHOOL)

PERSONAL INFORMATION		
YOUTH'S NAME:		
AGE:	DATE OF BIRTH:	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
HOME TELEPHONE:		
ADDRESS:		
SPONSOR'S NAME:	RANK/GRADE:	
SOCIAL LAST FOUR:	UNIT:	
WORK TELEPHONE:	PAGER:	CELL PHONE:
SPOUSE'S NAME:	RANK/GRADE	
WORK TELEPHONE:	PAGER:	CELL PHONE:
EMAIL ADDRESS:		
EMERGENCY CONTACT INFORMATION		
IN THE EVENT THAT WE ARE UNABLE TO CONTACT THE PARENT/GUARDIAN. PLEASE PROVIDE THE NAMES AND TELEPHONE NUMBERS OF FRIENDS OR RELATIVES WHO WE CAN CONTACT TO PICK-UP YOUR YOUTH WITHIN 1 HOUR, IN THE EVENT OF A MEDICAL EMERGENCY OR BEHAVIOR PROBLEM.		
EMERGENCY NAME:	TELEPHONE NUMBER:	
EMERGENCY NAME:	TELEPHONE NUMBER:	
MEDICAL INFORMATION		
DOES YOUR YOUTH HAVE ANY MEDICAL CONDITIONS? (ALLERGIES, ASTHMA, SPECIAL NEEDS, OR TAKING MEDICATIONS ON A DAILY BASIS) <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, WHAT CONDITION:	WHAT MEDICATION:	
MEDICAL RELEASE		
IN CASE OF ACCIDENT OR INJURY, I HEREBY AUTHORIZE MEDICAL TREATMENT FOR MY YOUTH AT THE NEAREST MEDICAL FACILITY. IT IS UNDERSTOOD THAT THIS AUTHORIZATION IS GIVEN TO PROVIDE AUTHORITY AND POWER ON THE PART OF THE MEDICAL CENTER TO PROVIDE ANY AND ALL SUCH DIAGNOSIS TREATMENT OF, OR HOSPITAL CARE WHICH ANY STAFF MEDICAL OFFICER IN EXERCISING HIS BEST JUDGMENT MAY DEEM ADVISABLE. THIS AUTHORIZATION IS GIVEN IN PURSUANT TO THE PROVISIONS OF SECTION 25.A OF THE CIVIL CODE OF THE STATE OF CALIFORNIA. _____		
(PARENT/GUARDIAN INITIALS)		
HOLD HARMLESS AGREEMENT		
IN CONSIDERATION OF BEING A PARTICIPANT IN THE YOUTH PROGRAMS, I, THE UNDERSIGNED PARTICIPANT (OR THE PARENT/GUARDIAN OF THE PARTICIPANT UNDER 18 YEARS OF AGE). DO HEREBY RELEASE AND DISCHARGE THE UNITED STATES OF AMERICA AND OFFICERS, EMPLOYEES AND OTHER PERSONNEL OF THE UNITED STATES ARMED FORCES AND, MARINE CORPS BASE, CAMP PENDLETON, CALIFORNIA FOR ALL CLAIMS OF DAMAGES, DEMANDS AND ACTIONS WHATSOEVER IN ANY MANNER ARISING FROM THE SAID PARTICIPATION IN THE CAMP PENDLETON YOUTH PROGRAMS. EXCEPT THAT NOTHING HEREIN IS TO CONSTITUTE A WAIVER OF ANY RIGHTS THAT I HAVE TO MEDICAL TREATMENT BASED UPON MY STATUS AS A DEPENDENT OF AN ACTIVE DUTY OR RETIRED MEMBER OF THE UNITED STATES ARMED FORCES. _____		
(PARENT/GUARDIAN INITIALS)		

PRIVACY ACT STATEMENT	
AUTHORITY: THE DISCLOSURE OF SOCIAL SECURITY NUMBER AND OTHER PERSONAL INFORMATION IS AUTHORIZED BY TITLE 5 U.S. CODE, SECTION 552A. USE OF SOCIAL SECURITY NUMBER FOR IDENTIFICATION IS AUTHORIZED UNDER EXECUTIVE ORDER 9397 OF 22 NOV 1943.	
PRINCIPLE PURPOSE: TO IDENTIFY PERSONS AUTHORIZED TO USE THE CAMP PENDLETON YOUTH PROGRAMS.	
ROUTINE USE: TO HAVE SOCIAL SECURITY NUMBER AVAILABLE IN CASE OF EMERGENCY. DISCLOSURE IS VOLUNTARY, HOWEVER, FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN PRIVILEGES BEING DENIED.	
(PARENT/GUARDIAN INITIALS)	
PARENT ORIENTATION	
I HAVE RECEIVED A COPY OF THE CAMP PENDLETON YOUTH/TEEN PROGRAMS PARENT HANDBOOK.	
(PARENT/GUARDIAN INITIALS)	

YOUTH/TEEN CENTER GUIDELINES

1. The Centers are not responsible for lost or stolen items. Please do not bring valuable items to the Youth/Teen Centers.
2. Members must sign-in and out daily.
3. Do not stand, lean, or hang on the game tables or furniture.
4. Obscene, boisterous and destructive behavior will not be tolerated.
5. Members will refrain from physical contact with other members and staff.
6. Show respect to the adults, other members, and their property at all times.
7. Help keep our Centers clean and pick-up after yourself.
8. Games and equipment may only be checked out with Membership card.
9. Return equipment in the same condition as it was issued.
10. Members are not allowed in offices, kitchens, or janitor areas unless authorized by staff personnel.
11. Shirts and shoes must be worn at all times.
12. The Centers are not responsible for money lost at the Youth/Teen Center.
13. Balls are not allowed inside the Centers, unless it is a supervised activity.
14. Defacing of facility or property is not permitted.
15. No refunds for fieldtrips unless canceled by Centers.
16. Members must remain in their seats and wear their seatbelt at all times while riding in a government vehicle or commercial buses.

YOUTH MEMBER'S SIGNATURE: _____ DATE: _____

TO BE COMPLETED BY YOUTH/TEEN CENTER STAFF ONLY	
REGISTRATION DATE:	RECEIPT NUMBER:
PROOF OF AGE VERIFIED BY: <input type="checkbox"/> BIRTH CERTIFICATE <input type="checkbox"/> MILITARY I.D. CARD	
MEMBERSHIP FORM RECEIVED BY:	

**MARINE CORPS COMMUNITY SERVICES
CHILDREN, YOUTH/TEEN PROGRAMS
INFORMED CONSENT AND WAIVER OF LIABILITY
PERMISSION SLIP**

Name of Youth/Teen _____ Age: _____

Name of Youth & Teen Center _____

PLEASE READ AND SIGN

As parent/guardian of the herein named minor child, I grant my permission for him/her to participate in the following Marine Corps Community Services (MCCS) Children, Youth and Teen Programs (CYTP) activity:

Camp Pendleton Youth & Teen Programs

The Children, Youth & Teen Programs take various fieldtrips throughout the year utilizing MCCS Buses, Certified Transportation, and walking. Employees do not transport youth/teens in POV's.

Parent Name _____ Contact Phone #: _____ Date _____

Drop-off and Pick-up is at the Wire Mountain Youth/Teen Center, Bldg: 201017 unless otherwise noted

I understand that there are various risks involved with my child's participation in and enjoyment of the MCCS CYTP activity. I understand that risks of the MCCS CYTP activity include, but are not limited to, injuries caused by the following: the negligence of other children in the vicinity; hot and/or inclement weather; hard surfaces on play equipment; irregular terrain, and physically challenging games and activity. I certify that herein named minor child is physically able and has not been advised against strenuous play or recreational activity by a qualified health professional. I agree that, prior to the herein named minor child's participation in the MCCS CYTP, I will inspect the facilities, equipment, and areas to be used for the activity and, if I believe any are unsafe, I will immediately advise MCCS CYTP employees. I further agree that my child will obey all MCCS CYTP rules and verbal directives from the MCCS CYTP supervising adults. In consideration of herein named minor child's participation in and enjoyment of the MCCS CYTP activity, I hereby assume all risks associated with such activity and agree to indemnify, waive, release, and forever discharge the U.S. Government, the U.S. Marine Corps, Marine Corps Base, Camp Pendleton, California, MCCS, MCCS employees, and any other individuals or entities connected in any way the MCCS CYTP from any and all claims for damages, death, personal injury or property damage and litigation costs/attorneys' fees, arising from or contributed to, in whole or in part, by any act, omission, fault or mistake of the above-named persons or entities and their employees or agents, resulting from my herein named minor child's participation in the MCCS CYTP activity. By my signature below, I affirm that I am the natural parent or legal guardian of the minor child whose name appears on the line above my signature, that I have the legal capacity to act on behalf of that named minor child, that I have read the attached document, that I understand its contents, and that I have executed this document on behalf of that named minor child.

Signature of Parent: _____ Date: _____

Signature of MCCS CYTP Witness _____

MEDICAL RELEASE

IN CASE OF ACCIDENT OR INJURY, I HEREBY AUTHORIZE MEDICAL TREATMENT AS THE UNDERSIGNED PARTICIPANT (OR AS THE PARENT OR GUARDIAN OF PARTICIPANT UNDER 18 YEARS OF AGE) AT THE NEAREST MEDICAL FACILITY. IT IS UNDERSTOOD THAT THIS AUTHORIZATION IS GIVEN IN ADVANCE OF ANY SPECIFIC DIAGNOSIS, TREATMENT OF HOSPITAL CARE REQUIRED. IT IS GIVEN TO PROVIDE ANY AND ALL SUCH DIAGNOSIS, TREATMENT CARE WHICH ANY STAFF MEDICAL OFFICER IN THE EXERCISING OF HIS BEST JUDGMENT MAY DEEM ADVISABLE. THIS AUTHORIZATION IS GIVEN IN PURSUANT TO THE PROVISION OF SECTION 25.A OF THE CIVIL CODE OF THE STATE OF CALIFORNIA.

SIGNATURE OF PARENT: _____ DATE: _____

PHOTO RELEASE

I, THE PARENT/GUARDIAN DO HEREBY

GIVE PERMISSION DO NOT GIVE PERMISSION

TO USE PHOTOGRAPHS, OR VIDEOTAPE OF MY CHILD FOR THE "SCOUT" BASE NEWSPAPER, FLIERS, OR ANY FORM OF ADVERTISEMENT FOR THE YOUTH /TEEN PROGRAMS.

(PARENT/GUARDIAN INITIALS)

**YOUTH PROGRAMS
COMPUTER USAGE FORM**

WARNING

This computer system, including all related equipment, networks and network devices (specifically including **Internet Access**), are provided only for authorized U.S. Government use. DOD computer systems may be monitored for all lawful purposes, including ensuring that their use is authorized, for management of the system, to facilitate protection against unauthorized access, and to verify security procedures, survivability and operational security. Monitoring includes active attacks by authorized DOD entities to test or verify the security of this system. During monitoring, information may be examined, recorder, copied and used for authorized purposes. All information, including personal information, placed on or sent over this system may be monitored. Use of this DOD Computer system, authorized or unauthorized, constitutes consent to monitoring of this system. Unauthorized use may subject you to criminal prosecution. Evidence of unauthorized use collected during monitoring may be used for administrative, criminal or adverse action. Use of this system constitutes consent to monitoring for these purposes.

RULES

1. Sign-in before using computers
2. No food or drinks of any kind are allowed around computer equipment.
3. You are not to access any adult or distasteful sites. (Adult content on government computers and networks is against Command Center Order 5230.1 and Federal Law)
4. You are not to access any Personal Classifieds, Dating Service, Matchmaker or Adult Clubs.
5. You are not to access My Space, or Limewire.
6. Do not change the workstation settings, delete files, install programs or download anything to the hard disk drive.
7. Do not switch computers without staff permission.
8. Do not shut down computers when finished.
9. Keep talking and audio CDs at low levels.
10. All workstations are subject to monitoring.
11. If you have any questions, please ASK.
12. If all workstations are occupied, a 30 minute time limit will be enforced.
13. Sign-out after using computers.

Please abide by these rules. If you violate these rules, you will be asked to sign out and your parent/guardian will be notified. Any violation of these rules may result in your computer usage being suspended for 30 days.

I, _____
Parent/Guardian Name (Please Print)

of minor child _____
Minor Child's Name (Please Print)

do hereby give permission for them to use computers with or without internet access.

This is to certify that I have read and understand the instructions and procedures for use of computer equipment and internet. I am aware of the restrictions for using the computer and internet access.

Parent /Guardian's Signature

Date

Child's Signature

Date