

## AIR FORCE YOUTH FLIGHT PROGRAM PATRON REGISTRATION

### PRIVACY ACT STATEMENT

**AUTHORITY:** 10 USC 8013; 44 USC 3101; EO 9397

**PRINCIPAL PURPOSES:** To provide Youth Flight Programs with authorization for medical treatment in emergency situations; authorization for field trips; identify children and sponsor, record required immunizations; record known allergies; record income data; record special needs requirements; and record special instructions.

**ROUTINE USES:** Form may be furnished to civilian doctors or hospitals in course of obtaining emergency medical attention for children. Information furnished may be disclosed, upon request, to other Federal, state or local governmental agencies in the pursuit of their official duties. Finally, it may be used for other lawful purposes including law enforcement and litigation.

**DISCLOSURE IS VOLUNTARY:** Failure to furnish information, including SSN, will result in denial of admission of child(ren) to Youth Flight Programs. SSN is used for positive identification of individuals and records.

CHILD'S NAME	SPONSOR (Last, First, Middle Initial)	SPOUSE (Last, First, Middle Initial)	FEES
HOME PHONE	RANK/GRADE	RANK/GRADE	DEROS/ID EXPIRES
ADDRESS	DUTY PHONE	DUTY PHONE	BRANCH OF SERVICES
	ORGANIZATION	EMERGENCY CONTACT	EMERGENCY PHONE
			HOSPITAL PHONE
MARITAL STATUS	SPONSOR'S SSN	SPOUSE'S SSN	PHYSICIAN'S NAME

VACCINE / DATE RECEIVED	BIRTH	2	4	6	12	15	18	4-6	11-12	14-16	SEX (X One)	DATE OF BIRTH (Day, Month, Year)	
		MOS	MOS	MOS	MOS	MOS	MOS	MOS	MOS	MOS		MALE	FEMALE
Hepatitis B 1st	Hep B-1										I authorize emergency treatment for the children named hereon:		
2nd													
3rd	Hep B-2	Hep B-2						Hep B					
4th													
Diphtheria-Tetanus, Pertussis 1st											SIGNATURE	DATE (YYYYMMDD)	
2nd													
3rd		DTP	DTP	DTP	DTP			DTP OR DTAP	Td		SPECIAL INSTRUCTIONS		
4th													
5th													
6th													
H. Influenzane type b 1st											SPECIAL NEEDS CARE /CHRONIC ILLNESSES /ALLERGIES		
2nd													
3rd		Hib	Hib	Hib	Hib								
4th													
Polio 1st											ADULTS AUTHORIZED TO SIGN CHILDREN IN / OUT		
2nd													
3rd		OPV	OPV	OPV				OPV					
4th													
Measles, Mumps, Rubella 1st					MMR			MMR OR MMR			AUTHORIZED FOR FIELD TRIPS		
2nd													
Varicella Zoster Virus Vaccine 1st						VZV		VZV					
2nd													

OTHER IMMUNIZATIONS AS REQUIRED:	NAMES OF ADDITIONAL CHILDREN ENROLLED IN PROGRAM:	AUTHORIZED FOR FIELD TRIPS
VACCINE TYPE: _____ DATE: _____		
VACCINE TYPE: _____ DATE: _____		
VACCINE TYPE: _____ DATE: _____		
VACCINE TYPE: _____ DATE: _____		

FAMILY INCOME (Adjusted gross—most recent 1040) : PROVIDE ONLY IF REDUCED FEES ARE REQUESTED. <div style="display: flex; justify-content: space-between;"> <span>\$</span> <span><b>SINGLE / DUAL INCOME (Circle One)</b></span> <span>\$</span> </div>	IT IS THE RESPONSIBILITY OF EACH SPONSOR TO ENSURE IMMUNIZATIONS AND EMERGENCY INFORMATION IS UP TO DATE. FAILURE TO UPDATE MAY RESULT IN REFUSAL OF SERVICE.
PARENT SIGNATURE _____	

CHILD'S NAME \_\_\_\_\_ SCHOOL: \_\_\_\_\_ GRADE \_\_\_\_\_ START NLT \_\_\_\_\_

SPONSOR'S CELL PHONE: \_\_\_\_\_ SPOUSE'S CELL PHONE: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_ SUPERVISOR'S PHONE NO: \_\_\_\_\_

SPONSOR'S EMAIL ADDRESS: \_\_\_\_\_ CODEWORD \_\_\_\_\_

**ADULTS AUTHORIZED TO SIGN CHILD IN/OUT CONTACT INFORMATION**

AUTHORIZED/EMERGENCY ADULT	HOME	CELL PHONE	WORK

**Authorization for Release (PLEASE INITIAL)**

\_\_\_\_\_ I gave permission to the staff of VAFB Youth Center to release my child from the School Age Program to attend school and instructional classes (if applicable).

\_\_\_\_\_ Permission for my child to sign him/herself in/out of the VAFB School Age Program. (9 and older) YES NO (please circle)

**\*I understand that upon my child signing out, all responsibility for my child's care is relinquished to the child's parents/guardians.**

\_\_\_\_\_ Permission for my child to walk to/from School unaccompanied. (ie. Tutoring programs) YES NO (please circle)

\_\_\_\_\_ Swimming pool\restrictions: \_\_\_\_\_

\_\_\_\_\_ Permission to apply sunscreen YES NO (please circle)

\_\_\_\_\_ Permission to photograph or video tape. Materials will only be used in support of marketing the Services Youth Program.  
YES NO (please circle) Child's Signature \_\_\_\_\_ YES NO

**Please initial stating you understand the following policies and procedures. (PLEASE INITIAL)**

\_\_\_\_\_ I have read, understand and will comply with the VAFB School Age policies and procedures as listed in the Handbook.

\_\_\_\_\_ I had a tour/orientation to the program and met key staff.

\_\_\_\_\_ I understand the hours the program is open and holidays and closings.

\_\_\_\_\_ I understand the payments and refunds policy.

\_\_\_\_\_ I understand the rules about attendance of sick children.

\_\_\_\_\_ I understand that I can request a Parent – Teacher Conference at anytime.

\_\_\_\_\_ I understand that families are allowed to visit anytime and are strongly encouraged to do so.

**VANDENBERG AFB HOLD HARMLESS AGREEMENT**

In consideration of being allowed to use the facilities and transportation of the United States Air Force, being aware of the potential risks and possible hazards involved in using those facilities and modes of transportation. I hereby agree on behalf of my minor child, to assume full responsibility for my minor child's safety and to identify, save, and hold harmless and defend the Government of the United States and all of its employees and agents, acting officially of otherwise, from any and all liabilities, claims, demands, actions, debts, and attorney fees arising out of, claimed on account of, or in any manner predicted on loss or damage to the property of and injuries to, or death of any persons whatsoever, which may occur resulting from my minor child's presence within the limits of the above mentioned installation, in connection with participation in the abovementioned sport or activity. Such agreement includes, but is not limited to, and agreement that anyone who attempts to claim or sue, whether for accident, negligence, whether simple, wanton, willful, reckless, intentional, or gross, however designated, shall pay all attorney's fees, costs, and expenses including discovery costs, of all opponents whether named or not. Each person enters the above mentioned installation and the installation's parking lots entirely at his/her own risk.

Initial Enrollment \_\_\_\_\_ Date \_\_\_\_\_  
Parent Signature

Recertification \_\_\_\_\_ Date \_\_\_\_\_  
Parent Signature