



U.S. Army Child, Youth  
& School Services

## CYSS Sports and Fitness 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 AR 608-10.

PROGRAM/SPORT: \_\_\_\_\_ AGE OF CHILD: \_\_\_\_\_ WEIGHT (IF REQUIRED) \_\_\_\_\_

PLAYER'S NAME \_\_\_\_\_ SEX: M / F DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(LAST) (FIRST) (DAY) (MONTH) (YEAR)

MAILING ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

MILITARY/DOD SPONSOR \_\_\_\_\_ RANK \_\_\_\_\_ ORGANIZATION \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ DUTY ADDRESS \_\_\_\_\_

SPOUSE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ DUTY PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ ORGANIZATION/DUTY ADDRESS \_\_\_\_\_

I WISH TO VOLUNTEER (PLEASE CHECK ALL THAT APPLY): COACH/ASST. COACH \_\_\_\_\_ OTHER \_\_\_\_\_

**EMERGENCY/RELEASE CONTACTS: (Individuals to contact and authorized to pick up your children in the event of an emergency):**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**PERMISSION/LIABILITY WAIVER/MEDICAL RELEASE:**

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, give consent for my child to participate in the CYSS Youth Sports Program and 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, all appropriate SNAP paperwork is required to be on file.)

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

DATE: \_\_\_\_\_ Parent/Guardian SIGNATURE: \_\_\_\_\_

**FIELD TRIP PERMISSION:** I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, give consent for my child to participate in the CYSS Youth Sports Program Fieldtrips/Away Games (see game schedule for locations and dates). All youth will be under the supervision of CYSS Staff and chaperones. Child, Youth and School Services reserve the right to have all permission slips approved by the Civilian Misconduct Authority Officer before granting permission to participate in this activity. In the event that a youth causes personal or property damage, the undersigned parent/legal guardian will be responsible for all associated costs. A youth taken into custody will be retrieved by the undersigned parent/guardian at his or her own expense. Any violations will be reported to the Civilian Misconduct Authority for the appropriate action and may be grounds for the denial of permission to participate in future activities.

I have been advised of safety precautions used during field trips and the routine transportation to and from SF Programs. I hereby grant permission for each separate field trip/game for the given season noted on the enclosed game schedule. Overnight field trips will require an additional permission.

DATE: \_\_\_\_\_ Parent/Guardian SIGNATURE: \_\_\_\_\_