

# Fort Rucker Youth Center

Bldg. 2800, 7<sup>th</sup> Ave. and Division  
Fort Rucker, Alabama 36362  
334-255-2260

Dear Parents and Youth,

We are so excited to have you become a member of the Fort Rucker Youth Center. We are a center for youth ages 11-18 (grades 6<sup>th</sup> – 12<sup>th</sup>). The Hours of operation are 2:30-5:30, Monday through Friday. If you have any questions or concerns, please contact us at the above number!



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:

Fort Rucker Youth Center  
7th Avenue & Division Road, BLDG 2800  
Fort Rucker, AL 36362  
Phone No. 334-255-2260/2271

Youth Program Management  
Diana Perez, Director  
Sandra Siegel, Asst. Director

Parent Central Services  
7th Avenue, Building 8950  
Fort Rucker, AL 36362  
Phone No. 334-255-9638/2447/0621

**Additional Information:**

**\*Youth Program Hours of Operation**

-After School Program - Monday thru Friday 1430-1730.

-Youth eligible to attend the program must be between the ages of 11-18 and parents must be military affiliated and/or government employees.

-Youth 11 years of age must be in the 6th grade to attend the Youth Center.

-Youth 18 years of age must be in high school to attend the Youth Center.

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.



## LIABILITY WAIVER

Print Date:

Patron Name/Mailing Address:

Fort Rucker CYS  
Bldg 2800 7th Avenue  
Fort Rucker AL 36362

Hm Ph:  
Wk Ph:

Phone: (334)255-2243

Participant:  
Guardian:

### MEMORANDUM FOR RECORD

SUBJECT: Child and Youth Services (CYS) Statements of Understanding and Medical Consent Statement

1. Data Required by the Privacy Act of 1974

2. Authority. Title 10, United States Code, section 3012.

3. Principal Purpose. Information is used by DA personnel to: (1) provide Child and Family program eligibility and background information, (2) develop programs meeting needs of Children and Families, (3) ensure appropriate placement of Child, (4) identify contingency plan for Child illness, (5) identify emergency designees, and (6) collect data required by USDA food program.

4. Routine Uses. Information on immunization and medical problems will be used as part of the program admission screening procedure. Family income data will be used to determine USDA food program qualification and rate structures. Medical consent information is furnished to the attending physician when it is necessary for a child to be taken to a medical facility by someone other than the parent.

5. Disclosure. Disclosure of requested information is voluntary. However, if information is not provided, individuals may not be allowed to participate in Child and Youth Services (CYS) programs.

6. Statements of Understanding.

a. I have received the CYS Parent Handbook and will abide by all policies.

b. I acknowledge that CYS facilities are under video surveillance.

c. I have reviewed the Household and Family information file. To the best of my knowledge, the information provided to CYS is accurate and complete.

7. Medical Consent Statement.

a. I give consent by signing this agreement, for an authorized Child and Youth Services (CYS) representative to take my Child for care, medical or dental, in an emergency situation when the child's condition represents a serious or imminent threat to his/her life, health, or well-being.

b. I understand that a conscientious effort will be made to notify me before such action.

c. I will pay any expenses incurred.

d. Treatment at an Army medical facility may be provided without additional consent under provision of AR 40-3, paragraph 2-24b.

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE





CYS Youth Technology Awareness Training / Certification

**Technology Awareness Training Certificate**  
this is to certify that

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**Completed Technology Awareness Training**

1. It is a good idea to share my passwords to my Social Networking Accounts, email and Youth Center network accounts with friends?
  - a) True
  - b) False
  
2. What does the term "PHISHING" refer to with regards to technology today?
  - a) Catching fish in the Philippines
  - b) Act of tricking individuals to provide personal or financial information
  - c) Requires people to have a fishing license in Philadelphia
  
3. Equipment I check out from CYS is my responsibility until I return it?
  - a) True
  - b) False
  
4. Which of the following are examples of CYBER Bullying?
  - a) Sending an email or text message threatening youth in the Youth Center
  - b) Posting an embarrassing picture of a classmate on a Social Networking site
  - c) An online interaction with intention of causing physical or mental harm
  - d) All of the above
  
5. It's okay to spread gossip or pictures that will embarrass someone online.
  - a) True
  - b) False
  
6. I can use CYS Tablets to log into my personal accounts to download Apps I want to use?
  - a) True
  - b) False
  
7. What are examples of PII (Personal Identifiable Information)?
  - a) Drivers License number
  - b) Social Security number
  - c) Cell Phone number
  - d) All of the above
  
8. Why should I be careful about what I post to my personal social networking accounts?
  - a) Anything I post can and will be used against me in a court of law
  - b) My grandparents will be so proud of me
  - c) Locations I apply for employment could search my online accounts
  
9. Before I use CYS Tablets I need to check them out.
  - a) True
  - b) False



- 10. I can install my own software or download programs that I like onto the CYS devices.
  - a) True
  - b) False
  
- 11. If one of my classmates forgets to log out of their personal social networking site on one of the Youth Center Tablets it is OK to use their account to post something embarrassing?
  - a) True
  - b) False
  
- 12. Since I have purchased a movie game it is legal for my friends to make copies of it.
  - a) True
  - b) False
  
- 13. People who need to complete homework, projects, or Youth Center programs have priority to use CYS computers or Tablets.
  - a) True
  - b) False
  
- 14. Never post anything that strangers can use against you, such as, personal information (i.e. Social security, birthdays, phone numbers, addresses), and deployment information. Always assume information you share can be used against you or your family.
  - a) True
  - b) False
  
- 15. Using something I found on the Internet, copying word for word on a paper and claiming it is mine for a school assignment is called
  - a) Ethical copying
  - b) Plagiarism
  - c) Being smart
  
- 16. A Trojan Horse is a vehicle that tricks people into downloading software on the device they are using
  - a) True
  - b) False

Print Name (Youth)	Signature	Date
Print Name (Parent)	Signature	Date
Print Name (CYS Staff)	Signature	Date



**Fort Rucker Child and Youth Services Technology Center**  
***Internet/Wi-Fi Acceptable Use Policy (AUP) and Parental Permission Form***

Fort Rucker CYS provides filtered access to the Internet which includes Wi-Fi capabilities. Youth are allowed to utilize the Wi-Fi network with Portable Electronic Devices (PED) either personally owned or device provided by CYS, after completion of the following requirements:

1. Signed Parent/Guardian Internet Acceptable Use Policy (AUP)
2. Completion of Computer and Internet basic skills training
3. Completion of Social Networking training

1. I understand that access to the CYS network is a revocable privilege and is subject to content monitoring and security testing. When using the Wi-Fi network, I understand that I must comply with all provisions of this policy.

2. The AUP and privileges for Wi-Fi and Internet use are as follows:

a. All children/youth using the CYS Technology Center (YTC) and/or accessing Wi-Fi must abide by all YTC rules.

b. I will respect the property of CYS YTC and will not maliciously cause harm or vandalize any equipment issued to me for use.

c. I will not share personal devices with others and understand that any piece of equipment issued to me is my responsibility.

d. Wi-Fi access/passwords issued to me by appointed CYS staff must be kept confidential and not shared.

e. 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 handheld device or computer provided by CYS without authorization.

f. I understand that CYS has a zero-tolerance policy on cyber-bullying. Cyber-bullying is considered harassment. Cyber-bullying is the use of any electronic communication 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. Child & youth will refrain from using PED's to cyber-bully one another. Cyber-bullying may include but is not limited to:

1. Spreading information or pictures to embarrass.
2. Heated unequal argument online that includes making 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.



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- g. I agree to abide by copyright laws. CY5 accepts no responsibility for any illegally downloaded or inappropriately used software or other copyrighted material (e.g. audio, video, graphics/images or printed documents etc.) that is installed on personal devices while using CY5 network.

3. Examples of prohibited use of the CY5 network are, but not limited to, the following examples:

- a. Accessing defamatory, inappropriate, abusive, obscene, profane, sexually oriented, threatening, racially offensive, or illegal material.
- b. Accessing information that encourages the use of controlled substances or the use of the system for the purpose of inciting crime.

4. Use of Portable Electronic Devices (PED) provided by CY5

1. I understand that all devices (iPads, cameras, video cameras, peripherals, etc.) must be signed out and signed back in before I leave the facility.
2. I understand that any device that I sign out is MY responsibility until it is signed in.
3. I will protect devices from food or beverage spills or any damage.
4. I will use devices as instructed by staff.
5. I will not share files or add software/apps unless instructed by staff.
6. I will not bypass or change the network management settings on the device.
7. If I come across an inappropriate website, I will notify staff immediately.

5. Steps and penalties will be followed after a youth is found to be in violation of this AUP:

- a. The CY5 Program Director will consult with other staff members (CYPA's, Assistant Director, Coordinator, and Functional Technology Specialist) to establish severity of violation prior to making decision regarding possible suspension of network access.

1. First Offense: Notification of parent/guardian and require youth to retake the Computer User, Internet Skills and Social Networking evaluations and/or suspension depending on the severity of the violation. If violation is determined to be severe, a meeting between CY5 Program Director, youth, and parent/guardian is required.

2. Second Offense: Meeting of Program Director, child/youth, and parent/guardian. Minimum of two-week (10 duty days) suspension of network access dependent on severity of the violation.

3. Third Offense: Meeting of Program Director, child/youth, and parent/guardian. Minimum 30-day suspension of network access dependent on severity of the violation. At the conclusion of the 30-day suspension, a meeting will be scheduled with the



**Fort Rucker Child and Youth Services Technology Center**  
**Internet/Wi-Fi Acceptable Use Policy (AUP) and Parental Permission Form**

Program Director, suspended youth, and parent/guardian to discuss possible reinstatement or extension of suspension.

**Child/Youth Name (Print):**

\_\_\_\_\_

By signing below, I acknowledge that I have read, understand, and will abide by the CYS Internet/Wi-Fi Acceptable Use Policy for accessing a government network using my personal communication device(s), Portable Electronic Devices (PED) provided by CYS, and/or Local Area Network (LAN) computer. I understand that any violation of the regulations is unethical and may be illegal. If I commit any violation, my access privileges may be revoked, and disciplinary action and/or appropriate legal action may be taken.

**Child/Youth Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian:**

As the Parent and/or Guardian of (name of child/youth) \_\_\_\_\_, I have read the Internet/Wi-Fi Acceptable Use Policy. I understand that CYS has taken all reasonable precautions to ensure safe access to the Internet. A filter is being utilized 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 basic computer training, Internet use training, or social network training. As always, Parents and/or Guardians are responsible for the actions of their child/youth. =

I hereby give permission for \_\_\_\_\_ to access and/or use the following:  
(Name of youth)

- |  |   |
|--|---|
| <input type="checkbox"/> Internet and World Wide Web | <input type="checkbox"/> Social Networking Websites |
| <input type="checkbox"/> Personal Devices            | <input type="checkbox"/> PED provided by CYS        |

**Parent/Guardian Name (please print):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

-----**FOR STAFF USE ONLY**-----  
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Authorized Personal PEDs on CYS Network:

Cell Phone  iPod/MP3  iPad/Tablet  Laptop  Other (please specify)



**Subject: Parent 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. The well-being and safety of your child is our top priority. To ensure a comprehensive continuum of care for your child, CYB-MFLCS may work in collaboration with school or program professionals.

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

- Observing, participating and engaging in classroom activities
- Developing strategies for supporting positive behavior, age-appropriate behavioral interventions to enhance coping and behavioral skills in the classrooms and at home
- Meeting one-on-one or in groups, providing evidence-based prevention and intervention services
- Implementing and modeling strategies for teacher and staff responses to children's behavior
- Conducting trainings for staff
- Facilitating groups to increase parents' understanding of social emotional development and positive behavior guidance 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.
- Conducting individual sessions to address the unique challenges of school-aged military children and youth

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.

**Acknowledgement of Understanding:**

I understand the role of the CYB-MFLC and that they may work in collaboration with school or program professionals to ensure a comprehensive continuum of services. I also understand that the CYB-MFLCs are mandated reporters as outlined above.

Please select applicable boxes below:

- I understand the above CYB-MFLC program description and authorize my child to participate in CYB-MFLC direct 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.
  
- 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.

Print Name of Child: \_\_\_\_\_

Print Name of Parent or Guardian: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Youth Sponsor Request



Name	First		Last		Age
Grade	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		E-mail Address	
Street Address	House/Apartment Number	Street	City	State	Zip Code

Name of parent or guardian on military orders to new community	First		Last	
Arrival date in new community				

Requestor's Hobbies & Interests (To be filled out by requestor)			
Sports	Music	Clubs/Programs	Other Hobbies & Interests
<input type="checkbox"/> Baseball	<input type="checkbox"/> Alternative Rock	4-H Club name:	<input type="checkbox"/> Animals
<input type="checkbox"/> Basketball	<input type="checkbox"/> Emo	<input type="checkbox"/> Army Teen Panel	<input type="checkbox"/> Cars
<input type="checkbox"/> Bowling	<input type="checkbox"/> Choir	<input type="checkbox"/> Boy Scouts	<input type="checkbox"/> Computers
<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Classic Rock	<input type="checkbox"/> Career Launch	<input type="checkbox"/> Cooking
<input type="checkbox"/> Football	<input type="checkbox"/> Composing Music	<input type="checkbox"/> Chapel Youth Group	<input type="checkbox"/> Dancing
<input type="checkbox"/> Frisbee	<input type="checkbox"/> Country	<input type="checkbox"/> Dragonfly Quest	<input type="checkbox"/> DJ-ing
<input type="checkbox"/> Golf	<input type="checkbox"/> Electronica	<input type="checkbox"/> Environmental	<input type="checkbox"/> Drama
<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Gospel	<input type="checkbox"/> FBLA	<input type="checkbox"/> Filmmaking
<input type="checkbox"/> Hiking	<input type="checkbox"/> Goth	<input type="checkbox"/> Geocaching	<input type="checkbox"/> Fitness
<input type="checkbox"/> Hockey	<input type="checkbox"/> Metal	<input type="checkbox"/> Goals for Graduation	<input type="checkbox"/> Movies
<input type="checkbox"/> Horseback Riding	<input type="checkbox"/> Hip Hop/Rap	<input type="checkbox"/> Girl Scouts	<input type="checkbox"/> Outdoor Activities
<input type="checkbox"/> Judo	<input type="checkbox"/> Indie Rock	<input type="checkbox"/> JROTC	<input type="checkbox"/> Painting
<input type="checkbox"/> Karate	<input type="checkbox"/> Industrial	<input type="checkbox"/> Junior Honor Society	<input type="checkbox"/> Photography
<input type="checkbox"/> Kung Fu	<input type="checkbox"/> Pop/Top 40	<input type="checkbox"/> Keystone Club	<input type="checkbox"/> Reading
<input type="checkbox"/> Running	<input type="checkbox"/> Punk	<input type="checkbox"/> Model UN	<input type="checkbox"/> Science
<input type="checkbox"/> Soccer	<input type="checkbox"/> R&B/Soul	<input type="checkbox"/> Passport to Manhood	<input type="checkbox"/> Scrapbooking
<input type="checkbox"/> Soft Ball	<input type="checkbox"/> Reggae	<input type="checkbox"/> SMART Girls	<input type="checkbox"/> Sightseeing
<input type="checkbox"/> Swimming	<input type="checkbox"/> Singing/Vocals	<input type="checkbox"/> Sports Club	<input type="checkbox"/> Skateboarding
<input type="checkbox"/> Tae Kwon Do	<input type="checkbox"/> Ska	<input type="checkbox"/> Teen Tech Team	<input type="checkbox"/> Technology
<input type="checkbox"/> Tennis	<input type="checkbox"/> Techno/Dance	<input type="checkbox"/> Torch Club	<input type="checkbox"/> Video Games
<input type="checkbox"/> Volley Ball	<input type="checkbox"/> Writing Lyrics	<input type="checkbox"/> Youth Advisory Cnsl.	<input type="checkbox"/> Weblogging
<input type="checkbox"/> Walking	Other	<input type="checkbox"/> Youth Leadership Fm	<input type="checkbox"/> Weights
<input type="checkbox"/> Wrestling	I play this instrument		<input type="checkbox"/> Writing
Other		Other	Other

