USAG Humphreys

Youth Center

The Middle School & Teen (MST) program offers a range of positive options and environments that promote healthy development and ease youth transition to adulthood. MST programs encompass a variety of safe, supervised alternatives that:

- Promote positive attitudes and reinforce Army core values.
- Offer youth opportunities to feel competent.
- Empower youth to contribute to their community.
- Foster the development of life skills and avocations.
- Promote values associated with the pursuit of sports and recreational activities in adulthood.
- Enhance or reinforce educational skills and learning opportunities for youth.
- Reduce the likelihood of situations and behaviors that put youth at risk.
- Minimize parental lost duty time related to youth misconduct.

The Youth Program: The Youth program is designed for grades 6th-12th. The Youth Center is in partnership with Boys & Girls club of America (BGCA), 4H, and Character Counts. BGCA clubs include: Torch Club, Keystone, Journalism, and Computer Tech clubs. 4H clubs include: Photography, Art, Gardening and Cooking clubs. Other activities include Arts & Crafts, sports and fitness, academic support (Power Hour) and tutoring, field trips, and special events. Healthy Nutritious snacks are served daily at 15:30 and 16:30.

Hours of Operation

Operation Hours: (HPCON A - HPCON 0)

Monday - Friday 14:00 - 19:00

Saturday & Sunday CLOSED

***Activity day one Saturday a month (See event flyers for details)**

The Youth Center will be closed on US holidays and will be closed on scheduled field trip days.

Cost

Free to register at the Youth Center Bldg. 6350 or call Parent Central for registration apt. at the Maude Hall, Bldg. 6400. Small fees may be required for special events and field trips.

You may contact us anytime at DSN (315) 755-1077 or Commercial 050-3355-1077. Please do not hesitate to stop by and visit us in bldg. 6350.

Parent Orientation Checklist

Youth Name (First, Middle, Last)	**Age**	**Grade**

Initials	Policy
	Open Door Policy: I understand that CYS/Youth Center has an open door policy and that I may visit my youth at any time.
	Medication Policy: I understand that CYS/MST personnel may administer medication to my youth **ONLY** if he/she cannot administer the medication **AND** if it meets the following criteria. 1. Medication card is filled out by parent and signed by Director. 2. Non-prescription medication is on the approved list 3. Parent has administered the medication for the first 24 hours. 4. Medication is in the original approved container labeled with name of physician, name of pharmacy, time, amount of dose and date. 5. Medication is unexpired.
	Trip permission slips (Consent) Policy: I understand that by initialing/ signing the permission slips for the special daily activities and for out-of-town trips, I give my consent for my youth to be a participant for those activities. Youth will not be permitted to attend Field Trips without a verified permission slip.
	Payment Policy: I understand that all fees are due in advance prior to the date of the field trip/activity. All fees must be paid to Parent Central Services in Bldg. 6400. **I also understand that payments are due by the advertised due date.** I understand that youth will not be allowed to attend until a full payment is made.
	Program Hours of Operation: MST Hours of Operation are as Posted with exception to special events (which will be posted in the permission slips). CYS/MST personnel will not be held liable for youth on premises prior to or after the posted hours of operation. In the event of a special event requiring parent pick up (after 2230), I understand I must pick my youth up by posted closing hours. I understand that my emergency contacts, releases, employer, and/or commander will be notified if my youth is not picked up by closing hours (special events). If no one is available to pick my youth up after all contact attempts have been exhausted, CYS/MST personnel are required to contact the MP's and Family Advocacy according to the Child After Hours SOP. ***Child After Hours SOP available at the Youth Center for review.***
	Youth Sign in & Out Policy: I understand that MST youth may sign themselves in and out of the center. The CYS/MST staff does not have the authority to deny youth in the program the right to sign out from the program against their will, **FOR ANY REASON**.
	Emergency/Youth Release Policy: I understand that the CYS/MST program will only release my youth to the designees listed as emergency contacts, other than the appropriate guardian. Additional designees must be presented in **WRITING** by me or my spouse to CYS/MST personnel.
	Current Information Updating Policy: I understand that I must keep all information current to include: home address and phone number, unit and unit phone number, emergency designee information and medical issues/concerns to ensure I can be reached in the event of an emergency.
	Youth Code of Conduct: I understand and have read the attached Youth Code of Conduct with my youth.
	Annual Membership/Re-registration Policy: I understand that I must re-register annually within the month I originally registered. No fees will be charged.
	Personal Property & Equipment Policy: I understand that Camp Humphreys CYS/Youth Center is not responsible of any personal property or equipment that is lost or stolen at the center or on any field trips. I also understand that I will be held responsible for any willful or malicious destruction of CYS/Youth Center property caused by my youth.
	Withdrawal Notice Policy: I understand that I **must out-process through Parent Central Services,** before clearing this post.
Y ☐ N ☐	**I would like to have a formal Orientation.** ***Formal Orientations are offered on a walk in basis. Stop by the Youth Center any time!***

Guardian Signature _____ **Date** _____

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:

Youth Program Information: Parent Central Services Information:

Additional Information:

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.

DEPARTMENT OF THE ARMY
INSTALLATION MANAGEMENT COMMAND
HEADQUARTERS, UNITED STATES ARMY GARRISON HUMPHREYS
UNIT #15228
APO AP 96271-5228

AMIM-HMW-WC (800D-1) 01 February 2025

CHILD AND YOUTH SERVICES (CYS)
STANDING OPERATING PROCEDURE (SOP)
STANDARD OF CONDUCT FOR THE YOUTH CENTER

SUBJECT: Standard of Conduct for the Youth Center

1. PURPOSE: To establish guidelines for disciplinary actions (including suspension and expulsion) of youth in CYS programs.

2. REFERENCE: AR 608-10, Child Development Services.

3. SCOPE: This SOP applies to all CYS employees, contractors, volunteers and patrons working with youth in any CYS programs.

4. POLICY: Staff (employees, contractors and volunteers of CYS) will apply positive approaches to managing behavior with youth participants including reinforcement of acceptable behavior. Staff will ensure that youth and parents are aware of the rules and consequences of serious infractions and apply the rules consistently.

a. During moderate discipline problems that do not endanger the safety and welfare of themselves or other youth, CYS staff will:

(1) Initially speak with the youth, explain the nature of the problem and reinforce the expectations of acceptable behavior.

(2) If speaking to the offender is not effective, staff may implement a cool-down period.

(3) If routine discipline problems persist, the Program Director or Assistant Director will meet with the youth and determine the appropriate discipline based on the infractions chart. Parents will be contacted and the incident will be documented.

(a) Consequences may include, but are not limited to, suspension or expulsion from any or all CYS programs.

(b) The documented incident will be signed by the Program Director, youth, and parent(s); and a copy will be maintained in the youth's file.

b. During serious infractions, staff will deal with immediately and in accordance with the CYS infractions Chart (attached). CYS staff will:

(1) Remove youth from other participants to ensure safety and welfare of others in the program.

(2) Notify the Program Director and call the youth's parent(s) immediately.

(3) The Program Director will take the appropriate action and document action taken.

5. Food and drinks will not be taken into the eSports area, or the Technology Lab. All litter will be placed in trash receptacles.

6. Equipment will be checked out and returned by the same individual. CYS staff will control issue of equipment for individual use through a check-out system; a sign-out sheet or CYMS will be used for this purpose.

7. Misuse of equipment and/or furnishings, failure to return property, or encouraging such actions will not be tolerated. CYS members who damage or deface equipment and furnishings or fail to return property will be held accountable for it.

8. Respecting the authority of CYS staff members and adult volunteers will be practiced at all times. Failure to do so may result in disciplinary action (see infractions chart).

9. Public displays of affection while in CYS facilities or while participating in CYS sponsored activities is not permitted beyond what is proper and appropriate (examples of inappropriate public displays of affections include, but are not limited to, intimate kissing, caressing, or similar expressions of intimacy).

10. Military and other unauthorized personnel (non-members) are not allowed at Youth Center functions. Exceptions will be made for official duty purposes, parents, and volunteer staff members attending or assisting on-going CYS programs.

11. Personal appearance of youth will be in good taste in accordance with CYS dress code. Members not dressed appropriately will be asked to leave the facility.

12. CYS Staff may choose to uphold school suspensions or any other community disciplinary actions.

13. Program Directors reserve the right to modify consequences based on a number of factors including, but not limited to, the youth's development level, special needs, and other extenuating factors.

14. Any other behavior, not covered in this SOP, which adversely affects the CYS programs or participants, as determined by the Program Director will not be tolerated.

USAG HUMPHREYS YOUTH SERVICES			
MODERATE INFRACTION CHART			
INFRACTION	1ST OFFENSE	2ND OFFENSE	3RD OFFENSE
Profanity & Disrespect	Verbal Warning	Parent Notification	One day to one week suspension depending on severity. *Youth cannot return until parents meet with the Program Director.
Lying	Verbal Warning	Parent Notification	One day to one week suspension. *Youth cannot return until parents meet with the Program Director.
Cheating	Verbal Warning	Parent Notification	One day to one week suspension. *Youth cannot return until parents meet with the Program Director.
Stealing	Verbal Warning	Parent Notification	One day to one week suspension. *Youth cannot return until parents meet with the Program Director.

USAG HUMPHREYS YOUTH SERVICES			
SERIOUS INFRACTION CHART			
INFRACTION	1ST OFFENSE	2ND OFFENSE	3RD OFFENSE
Confirmed Vandalism via (CCTV)	Immediate Suspension (with parent notification) *Illegal activity will be reported to the MPs and Command. Suspension is dependent on outcome of investigation	Expulsion	No third chance
Fighting	One week to one month suspension. *Youth cannot return until parents meet with the Program Director	One month to Six months suspension, depending on severity. *Youth cannot return until parents meet with the Program Director.	Expulsion
Threats	One day suspension. Immediate parent notification	One week suspension. *Youth cannot return until parents meet with the Program Director.	Expulsion
Inappropriate Public Displays of Affection	Warning to youth(s) and parent notification	One day to one week suspension. *Youth cannot return until parents meet with the Program Director.	Three-month suspension. *Youth cannot return until parents meet with the Program Director.

Weapons	Immediate Suspension *Illegal activity will be reported to the MPs and Command. Suspension is dependent on outcome of the Investigation.	Expulsion	No third chance
Alcohol/Drugs	Immediate Suspension *Illegal activity will be reported to the MPs and Command. Suspension is dependent on outcome of Investigation.	Expulsion	No third chance
Bomb Threats	Immediate suspension. *Illegal activity will be reported to the MPs and Command. Suspension is dependent on outcome of the Investigation.	Expulsion	No third chance
Sexually Inappropriate Language or Actions	One week suspension. *Youth cannot return until parents meet with the Program Director.	One month to six-month suspension. *Youth cannot return until parents meet with the Program Director.	Expulsion

Ignoring Safety Rules	Verbal Warning	Parent Notification	One day to one week suspension. *Youth cannot return until parents meet with the Program Director.

15. Point of Contact is the undersigned at 755-2693 or tiffany.m.harris14.naf@mail.mil.

TIFFANY M. HARRIS
Coordinator, Child and Youth Services

I acknowledge that I have read the above memo and attached Infraction Chart and understand the Standard of Conduct Policy for the Youth Center.

Parent Name	Signature	Date

Youth Name	Signature	Date

USAG Humphreys CYS Youth Technology Center (YTC) Internet/Wi-Fi Acceptable Use Policy (AUP) and Parent Permission Form

Child/Youth Name (Print): _____

1. The USAG Humphreys Youth Technology Centers provides filtered access to the Internet via a Wi-Fi network. Children/Youth are allowed to utilize the Wi-Fi network after providing written parent/guardian permission to the Center and completing the required Technology Awareness Training.

2. Children/Youth who have provided signed parent or legal guardian permission forms and have completed the required Technology Awareness Training agree to comply with all provisions of this policy, to include random and select monitoring.

3. Access to the CYS wireless network is a privilege, not a right, and is expected to be always used appropriately.

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

b. Wi-Fi access codes issued by Center staff must be kept confidential.

c. Children/Youth must be respectful. Abusive and/or inappropriate messages should never be sent to anyone.

d. 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 personal communication devices or CYS property to cyber-bully one another. Cyber-bullying may include but is not limited to:

1. Spreading information or pictures to embarrass.
2. Heated, unequal arguments online that include 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.

e. Users must abide by copyright laws. CYS accepts no responsibility for any illegally downloaded or inappropriately used software or other copyrighted material (e.g. audio, video, graphics/images, printed documents, etc.) installed on personal devices while using the CYS network.

f. Child/Youth must keep all personal information private. Personal information should not be shared with others via the Internet.

g. Defamatory, inappropriate, abusive, obscene, profane, sexually oriented, threatening, racially offensive, illegal material, or information that encourages the use of controlled substances or the use of the system for the purpose of inciting crime should not be accessed.

h. Vandalism of the network and/or equipment (i.e. creating or purposely uploading an infected file) is prohibited.

i. Child/Youth must report to an adult any material posted online that makes them worried that someone else might be in danger or might cause harm to others.

Child/Youth User:

By signing below, I acknowledge that I have read, understand, and will abide by the USAG Humphreys CYS Youth Technology Center Internet/Wi-Fi Acceptable Use Policy for accessing a government network using my personal communication device(s) or handheld device provided by CYS and will use the Internet in a manner that is safe and responsible. I understand that any violation of the AUP may be unethical and illegal. If I commit any violation, my access privileges may be revoked and disciplinary action and/or appropriate legal action may be taken.

Printed Name:_____Signature:_____Date:_____

Parent/Guardian:

As the parent or guardian of (name of child/youth)_____, I have read the USAG Humphreys CYS Youth Technology Center 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 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 hereby give permission for the child/youth named above to access the Internet.

Parent/Guardian Name: _____Signature:_____Date:_____

USAG Humphreys CYS Youth Technology Center (YTC) Internet/Wi-Fi
Acceptable Use Policy (AUP) and Parent Permission Form

I understand the AUP and that any violation of the rules and regulations can be a violation of local and Federal laws. Should the Child/Youth commit any violations, their privileges may be revoked, disciplinary action may be taken, and/or appropriate legal action may be taken.

I also understand that the below log will be maintained for any breakage, user issue or violation that occurs and that the Child/Youth's Parent/Guardian will be notified of each occurrence and action taken by Center Staff.

Child/Youth Signature: Signature:_____Date:_____

Parent/Guardian Signature: _____Date:_____

DATE	ITEM	ISSUE/VIOLATION	REPORTED BY	ACTION TAKEN

PARENT/LEGAL GUARDIAN 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. CYB-MFLCS may work in collaboration with school or program professionals to coordinate care for your child.

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

- Observing, participating, and engaging in classroom activities and school sponsored activities
- Developing strategies for supporting positive behavior, and stress and emotional management skills in the classrooms and at home
- Meeting one-on-one or in groups, to discuss topics important to school aged military children and youth
- Implementing and modeling strategies for teacher and staff responses to children's behavior
- Conducting trainings for staff
- Facilitating groups and presentations for parents to increase positive parenting techniques and 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

The wellbeing and safety of your child is our top priority. 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.

Parental Acknowledgement of Understanding:

Parents, please read each of the 3 statements below carefully. After each statement, please select either YES **or** NO to demonstrate your understanding and decision to allow your child to participate in the MFLC service type.

1) I understand the role of the CYB-MFLC and that they may work in collaboration with school or program professionals to ensure a coordination of care for my child. I also understand that the CYB-MFLCs are mandated reporters as outlined above.

   ☐ Yes ☐ No

Please note: For statements 2 and 3, When selecting YES, you agree to MFLC services for your child or selecting NO, you do not want MFLC services for your child at school. A yes/no response is required for both statements.

2) I authorize my child to participate in CYB-MFLC individual 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.

   ☐ Yes ☐ No

3) 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.

   ☐ Yes ☐ No

Print Name of Child: _____

Print Name of Parent or Guardian: _____

Parent or Guardian Signature: _____

Date *(YYYYMMDD)*: _____

UNIVERSITY OF HAWAI'I
Hawai'i 4-H Youth Development Program

Name of Child (Last Name, First Name, Middle Initial): _____

ASSUMPTION OF RISK AND RELEASE.

I/We, the undersigned, certify that the above named child is in good physical health and able to participate in all activities of the Hawai'i 4-H Youth Development Program from September _____ to August _____.

I/We further understand that the University of Hawai'i does not provide medical or liability insurance or otherwise indemnify individuals with respect to injuries or other liabilities arising out of participation in the Hawai'i 4-H Youth Development Program.

I/We understand that participation in the Program is voluntary. In giving this consent, I/We understand that there are unavoidable and unforeseen risks in participating in the Program. I/We also acknowledge and have independently reviewed and assessed the risks. Knowing these risks, and in consideration of my child's participation, I/We agree, individually, and on behalf of my heirs, successors and personal representative(s) to assume all of the risks and responsibilities associated with my child's participation in the Program.

_____ _____
Signature of Parents/Guardian(s) Date

_____
Print Name(s)

MEDIA RELEASE

I/We give the University of Hawai'i College of Tropical Agriculture and Human Resources (CTAHR), National 4-H Council, 4-H Cooperative Extension Service, USDA/CSREES, 4-H clubs and programs, its nominees, agents, and assigns, unlimited permission to use, publish and republish for purposes of advertising, public relations, trade or any other lawful use, the right to utilize any media of or by me, including but not limited to photographs, video or audio of me (and/or my property), or any written or electronic end product created by me as a result in my participation in any 4-H project or event. Use includes but is not limited to posting it on the CTAHR website. I waive any rights, claims or interest I may have to control the use of my identity or likeness in the photographs, video, or audio and agree that any uses described herein may be made without compensation or additional consideration of me.

I also give the above fore-mentioned parties the right to utilize information I provide in any of their evaluation reports and exhibit this work publicly or privately. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

_____ _____
Signature of Parent (if participant is under 18 years of age) Date

_____
Print Name(s)

DATE_____

Form Y-1
Revised 9/2017

4-H YOUTH ENROLLMENT

NAME: _____ _____ _____
LAST FIRST MI

BIRTHDATE: ____/____/_____ **CONTACT PHONE:** _____ **EMAIL:** _____

FAMILY'S CURRENT MILITARY AFFILIATION
(If Any- Please check all that apply)

	ACTIVE	RESERVE	GUARD
ARMY	☐	☐	☐
AIR FORCE	☐	☐	☐
NAVY	☐	☐	☐
MARINES	☐	☐	☐
COAST GUARD	☐	☐	☐

MAILING ADDRESS:
_____
STREET CITY ZIP

PHYSICAL ADDRESS:
_____
STREET CITY ZIP

SEX*:
FEMALE ☐ MALE ☐

I LIVE: (CHECK ONE)
☐ ON A FARM
☐ RURAL AREA OR TOWN UNDER 10,000
☐ TOWN OR CITY OF 10,000 TO 50,000
☐ SUBURB OF CITY OVER 50,000
☐ CITY OVER 50,000

RACE*:
☐ WHITE ☐ HISPANIC
☐ BLACK ☐ ASIAN PACIFIC
☐ AMER IND ☐ OTHER(S)
☐ HAWAIIAN

GRADE: _____ **SCHOOL:** _____

NAME OF 4-H CLUB OR GROUP: _____

NAME OF LEADER/ADVISOR: _____

PROJECT TO BE CONDUCTED:
(See list on last page)

CODE	NAME
_____	_____
_____	_____
_____	_____

LEADERSHIP POSITIONS HELD: (check if applicable)
☐ JR. LEADER
☐ TEEN LEADER
☐ CLUB OFFICER
☐ COUNCIL/FEDERATION OFFICER
☐ COUNCIL/FEDERATION COMMITTEE CHAIR
☐ OTHER

I agree to attend and participate in meetings and complete my projects

Signature of Youth: _____

I approve, and will have my child attend meetings and complete projects.

Signature of Parent/Guardian: _____

*This information is needed for reporting purposes only. Hawaii Cooperative Extension Service Activities and employment opportunities are available to all people Regardless of race, color, religion, sex, age, national origin, handicap, or political affiliation

COOPERATIVE EXTENSION SERVICE UNIVERSITY OF HAWAII AT MANOA COLLEGE OF TROPICAL AGRICULTURE AND HUMAN RESOURCES 3050 MAILE WAY, HONOLULU, HAWAII 96822
The UH-CTAHR Cooperative Extension Service and the U.S. Department of Agriculture cooperate in presenting to the people of Hawaii programs and services without regard to race, sex, age, religion, color, national origin, ancestry, disability, marital status, arrest and court record, sexual orientation, or veteran status. The University is an equal opportunity, affirmative action institution.