



**JBPHH MWR Child and Youth Programs
Authorizations Form**

Child's First Name: _____ Child's Last Name: _____
DOB: _____ Age: _____

PHOTO / VIDEO RELEASE

I give permission for my child's photograph or video to be taken for the purposes of publicity and program marketing. Photos and /or video may be used for program brochures, media productions, advertisements, photo albums, portfolios, news articles, and MWR Navy Region Hawaii webpage enhancement (www.greatlifehawaii.com), etc. In addition, I authorize my child's photo or video to be used in classroom books/movies or bulletin boards and for homework/projects for course completion of student internships. I understand that I will be notified if anyone outside the program staff / interns will be taking photos or videos at the center.

_____/_____/_____
Signature of Sponsor / Guardian Date

WALKING FIELD TRIPS / BUGGY RIDES

I hereby give permission for my child to attend walking field trips and / or buggy rides as a part of their daily curriculum / schedule. I understand that my child will be properly secured in the buggy or instructed as to proper safety when walking prior to and during the trip whenever necessary.

_____/_____/_____
Signature of Sponsor / Guardian Date

NON-WALKING FIELD TRIPS / TRANSPORTATION

I hereby authorize my child to be transported via bus using the age appropriate safety restraint to and from scheduled field trips. I understand that I will be notified of these trips in advance and it is my responsibility to ensure that my child arrives prior to stated time of departure.

_____/_____/_____
Signature of Sponsor / Guardian Date

TOPICAL, NON-PRESCRIPTION PRODUCT APPLICATION(S)

For child health, safety and protection from weather related elements, I hereby give my permission for the application of the following product(s): (Please check all that apply.)

- CYP provided - Coppertone Water Babies Sun Block SPF 45 or higher.
- CYP provided - Avon Skin-so-Soft Bug Guard Plus Expedition™ insect repellent SPF 15 or higher sunscreen spray.
- I hereby waive the application of program provided sunscreen and lotion.
- I will provide my own topical, non-prescription product(s):

Sunscreen: _____
Diaper Ointment: _____
Lotion: _____
Other (Please specify): _____

_____/_____/_____
Signature of Sponsor / Guardian Date



Joint Base Pearl Harbor Hickam Youth Programs Self Sign In/Out (Self Release) Form

My child has my permission to sign-in/out of the Joint Base Pearl Harbor Hickam Youth Programs on the days and times specified below. If my child is not signed in to the program I fully understand that the JBPHH Youth Programs staff will not be responsible for my child's care. My child does meet the "home alone" self care policy requirements. He/she is required to sign in upon entering the building and out when leaving each day.

My instructions for Self Sign-In/Out are as follows:

Name of Child: _____

Parents Name: _____

**Please check each box that applies to your child and circle the days you would like your child to have Self Sign In/Out.*

Days to Sign(circle days): In : M,T,W,TH,F Out: M,T,W,TH,F

Time to Sign: In: _____ Out: _____

Date Begins: _____ Date Ends: _____
(if blank then until further written notice)

Phone # Where Parent Can Be Reached: _____
Home Cell Work

Signature of Sponsor/Guardian _____ Date _____

Approval by Youth Programs Director _____ Date _____

Received Home Alone Policy: _____
Initial Date

JOINT BASE PEARL HARBOR-HICKAM YOUTH PROGRAMS

As the Parent/Legal Guardian of: _____, I hereby give
(Minor)

consent for the above named minor child's participation in Morale, Welfare, and Recreation (MWR) Youth Programs, to be held with Joint Base Pearl Harbor-Hickam, on or about _____.
(Registration Date)

In consideration of my minor child's participation in the above names event, I the undersigned, intending administrators; forever waive, release and give up any and all claims, demands, liability damages, costs and expenses of any kind whatsoever (including personal injuries and wrongful death) against the U.S Government, Department of Defense, Joint Base Pearl Harbor-Hickam MWR, Navy Region Hawaii, Navy Region Hawaii Departments and Tenant Commands, their member, officers, employees, volunteers, representatives and agents from any and all rights, claims, or liability for any and al personal injury, illness, wrongful death, property loss, incurred or cause by me or my minor child or to me, my minor child or anyone else out of or in connection with my child's participation in this event/outing.

I attest and verify that I have full knowledge of the risks and danger involved in my child attending this event/outing, and agree that I will defend, indemnify and hold harmless the U.S Government, U.S Navy, Air Force, Joint base Pearl Harbor Hickam Morale, Welfare and Recreation and Recreation Commands, their members, officers, employees, volunteers, representatives, and agents from all claims, demands or causes of action including court costs and attorneys fees directly or indirectly arising from my minor child's participation in the above mentioned event and/or any other proceedings brought by or prosecuted for me or my minor child's benefit contrary to this agreement.

This release extends to all claims of any kind and nature whatsoever know or unknown and I and my child expressly waive any benefits my minor child and I might otherwise have under the Civil Code of the State of Hawaii relating to the above.

I certify that my minor child is in good health and able to participate in this event/outing. In the event my minor child is injured or becomes ill while participating in the event/outing and I cannot be contacted at or through the telephone number that I have provided, I hereby authorize whatever medical care and services necessary under the circumstances to treat the injury or illness of my minor child, and agree to be liable for the cost thereof.

I certify that my minor child is in good health and able to participate in this event/outing.

Signature _____

Name _____ Phone _____
(Print/Type Last name, First name)

Address _____

City _____ State _____ Zip Code _____

Name of Minor _____ Age _____ Date _____
(Print/Type Last name, First name)

NAVY CHILD AND YOUTH PROGRAMS REGISTRATION FORM

START DATE:

REQUIRING DIRECTIVE OPNAVINST 1700.9

NAME OF CHILD (LAST, FIRST, MIDDLE)			SEX	BIRTHDATE (DD/MM/YY)		AGE
SPONSORS NAME (LAST, FIRST, MIDDLE)		SOCIAL SECURITY NUMBER		RANK/RATE	BRANCH	STATUS: ACT RET RES CIV CTR COMCIV
HOME ADDRESS (Include City and Zip Code)					HOME PHONE	
E-MAIL ADDRESS					CELL PHONE	
DUTY STATION			DUTY PHONE		DATE OF ROTATION	
(CIRCLE ONE) SINGLE PARENT FULL-TIME WORKING SPOUSE PART-TIME WORKING SPOUSE		DUAL MILITARY STUDENT SPOUSE UNEMPLOYED SPOUSE		IF SPOUSE IS MILITARY (PLEASE CIRCLE) STATUS: ACT RET ENL OFF		BRANCH
RANK/RATE						
SPOUSE'S NAME (LAST, FIRST)		PLACE OF EMPLOYMENT		PHONE NUMBER		CELL PHONE

EMERGENCY NOTIFICATION/RELEASE DESIGNEE (other than parents) (minimum of TWO (2) LOCAL REQUIRED)

NAME	PHONE NUMBER	RELATIONSHIP

PROGRAM ENROLLED: CDC CDH BEFORE SCHOOL AFTER SCHOOL VACATION CAMP TEENS
 YOUTH SPORTS OPEN REC KINDERGARTEN CARE INSTRUCTIONAL CLASSES

SCHOOL NAME: _____ GRADE: _____

DATE OF LAST MEDICAL EXAM: _____ STATUS GOOD HEALTH IF NOT, PLEASE SPECIFY:

ALLERGIES: YES NO

IF YES, WHAT?

SPECIAL NEEDS: YES NO

IF YES, EXPLAIN:

HAS YOUR CHILD'S CASE BEEN REVIEWED BY THE SPECIAL NEEDS REVIEW BOARD: YES NO

DOES YOUR CHILD HAVE AN EXCEPTIONAL FAMILY MEMBER CLASSIFICATION: YES NO

IF YES, WHAT IS THE CLASSIFICATION:

SPONSOR AGREEMENT:

I HEREBY GIVE MY CONSENT FOR AN AUTHORIZED CHILD AND YOUTH PROGRAM (CYP) REPRESENTATIVE TO CALL AN AMBULANCE FOR MY CHILD, _____, ONLY FOR CARE (MEDICAL OR DENTAL) IN AN EMERGENCY SITUATION. I UNDERSTAND THAT A CONSCIENTIOUS EFFORT WILL BE MADE TO NOTIFY ME OR MY EMERGENCY DESIGNEES PRIOR TO SUCH ACTION. ANY EXPENSE INCURRED WILL BE BORNE BY ME AND TREATMENT MAY TAKE PLACE AT ANY MEDICAL FACILITY.

NAME OF CHILD'S MEDICAL INSURANCE COMPANY: _____

POLICY NUMBER: _____ NAME OF INSURED: _____

SPONSOR SIGNATURE DATE CYP REPRESENTATIVE SIGNATURE DATE

PRIVACY ACT STATEMENT:

AUTHORITY: P.L. 101-89, Sec. 1507, "Military Child Care Act of 1989"; Title 5 U.S.C. 301 Department Regulations; E.O. 9397; and OPNAVINST 1700.9 "Child and Youth Programs."

PURPOSE: To provide Child and Youth Programs (CYP) with authorization for medical treatment in emergency situations; identify children and sponsors; record required immunizations; and record known allergies and special instructions.

ROUTINE USES: Information may be furnished to military or civilian doctors or hospitals in the course of obtaining medical attention for children. The SSN is necessary so that the Child and Youth Programs can identify the individual and his/her records. Information furnished may be disclosed to any DoD component, and upon request, to other federal, state and local governmental agencies in the pursuit of their official duties relating to proper child care. Finally, the information may be disclosed to law enforcement activities for the purpose of litigation.

VOLUNTARY DISCLOSURE: Furnishing the information is voluntary; however, failure to provide the requested information could result in denial of a child's admission to the CYP.

INSTRUCTIONS FOR CHILD AND YOUTH PROGRAMS (CYP) REGISTRATION FORM

A separate form shall be completed for each child registered.

The parent shall complete all the information about the family and/or child.

STATUS BLOCK: Circle any area(s) that apply to the status of sponsoring parent (ACT - Active Duty, RET - Retired, RES - Reservist, CIV - DoD Civilian, CTR - DoD Contractor, COM CIV - Community Civilian).

After completing the form, parent(s) must sign and date in the SPONSOR AGREEMENT section. This signature and date verifies that all information is correct and validates the agreement to allow transport for medical or other emergencies.

At least annually or when the information is outdated, a new form will be completed, signed, and dated.

A CYP representative (e.g., clerk, director, provider, etc.) will sign and date in SPONSOR AGREEMENT box as witness to the parent's signature and date.

The original Navy CYP Registration Form (CNICCYP 1700/04) shall be maintained in the child's administrative file. The child administration file shall be maintained at the front desk administrative area in a locked file cabinet or locked file box. A copy shall be kept in the CYP Child Registration Form File. This file shall be maintained in an easily accessible file and shall be taken outside with the day's sign-in sheet during an evacuation drill or in the event of an emergency.

CHILD DEVELOPMENT HOME PROGRAMS:

CDH providers shall maintain the original CYP Registration Form for each child in the home. Forms shall be in an easily accessible location for emergency contact or evacuation.

The CDH office shall maintain an alphabetized current copy of each child's Navy CYP Registration Form for each child enrolled.

Forms shall be in an easily accessible location (for the telephone or for evacuation).

FOR ALL PROGRAMS:

Registration forms, with the sign-in sheet, shall be taken outside during an evacuation drill or in the event of an emergency.

A duplicate copy of each child's Navy CYP Registration Form, with local emergency contact numbers/names must be taken on each field trip.