

# CHILD AND YOUTH PROGRAMS STATEMENT OF UNDERSTANDING

I understand that it is my responsibility to obtain and read any Program Guidelines and Newsletters published during my child's participation with the Youth Program. \_\_\_\_\_ INITIALS

I understand it is my responsibility to provide the Youth Program with valid telephone numbers at which I or an authorized alternate may be reached if an emergency arises. \_\_\_\_\_ INITIALS

I understand that it is my responsibility to ensure that my child is appropriately dressed and medically fit to participate in all activities. \_\_\_\_\_ INITIALS

I understand that if my child becomes sick during program hours, it is my responsibility to arrive to the Youth Program for pick up (or send an authorized alternate) within one hour of notification by Youth Program staff. \_\_\_\_\_ INITIALS

I understand that an authorized alternate will be contacted to pick up my child if Youth Program staff has reason to suspect I am under the influence of alcohol or drugs, or am acting in an manner which may endanger my child's safety. Security may be called if staff deems it necessary. \_\_\_\_\_ INITIALS

I understand that I will pay a late fee of \$1.00 per minute up to \$15.00 (per child) for pickup past the closure of the program. The official clock is the clock in the lobby of the facility. I understand that if my child is left over 30 minutes and no contact can be made security will be contacted. Security will document the incident and forward the report to the Commanding Officer and the Family Advocacy Representative. If pick-up arrangements have not been made after one hour, security will contact DHS and make arrangements for pick-up by that agency. \_\_\_\_\_ INITIALS

As the parent/legal guardian of a child enrolled in a Youth Program activity, I understand that it is my responsibility to provide a copy of any court order that may deny my spouse, ex-spouse or other family members access to my child. \_\_\_\_\_ INITIALS

I give my permission for my child's(ren's) photograph/video to be taken during any Navy MWR Youth Program event to be used for the purpose of publicity. These photos may be used for program brochures, media productions, advertisements, photo albums, or news articles. \_\_\_\_\_ INITIALS

I give my permission for my child(ren) to accompany the Child & Youth Program on field trips (walking, van, shuttle and bus). I understand that I will be notified of these trips in advance and that it is my responsibility to see that my child(ren) reaches the program by the stated time of departure. \_\_\_\_\_ INITIALS

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## PARENT ORIENTATION CHECKLIST

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Parent Handbook          | <input type="checkbox"/> Tour of Facility               | <input type="checkbox"/> Operating Hours |
| <input type="checkbox"/> Activity Calendar Issued | <input type="checkbox"/> Registration Packets Completed |  |

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CYP Staff Signature

\_\_\_\_\_  
Date