



Open Recreation & Pre-Teen/ Teen Programs: Ages 9 - 18

CORE PROGRAMS

Character & Leadership
The Arts
Health & Life Skills
Educational & Career Opportunities
Sports, Fitness & Education
4-H Club Programs
Boys and Girls Club Programs

Annual membership gives you access to the following:

OPEN RECREATION

Social Recreational Activities, Clubs, Trips, Gymnasium for Fitness Play, Specialty Camps, Computers with Internet access, Professional Trained Team Members, and Fun Safe Environments.

Pre-teen Programs:

DIY STEM
Power Hour
BGCA SMART Girls
BGCA Torch Club

Teen Programs:

BGCA Keystone Club Passport to Manhood
BGCA Power Hour
BGCA Youth of the Year

ALL FORMS must be completed to its entirety and emailed prior to processing payment. **For McGuire Youth Programs:** 87fss.jbmdl.youthprogrammccguire@us.af.mil or william.crockett@us.af.mil. **Fort Dix Youth Programs:** sherry.good@us.af.mil. Once registration packet has been received, payments can be made at either Youth Programs locations. Call upon arrival and wait in your vehicle while we process your payment. Administrative Hours are Monday-Friday 1000 □ 1700.

McGuire Youth Programs (FCN)
3830 E. Scott St.
(609) 754-5437/KIDS

Dix Youth Programs (Garden Terrace)
1279 Locust St., Dix
609-562-5061.



AIR FORCE YOUTH PROGRAMS REGISTRATION

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 U.S.C. 8012 and 44 U.S.C. 3101.

PRINCIPLE PURPOSES: To register dependent youth of military, retired and DoD personnel in the Air Force Youth Programs. Providing Youth Programs the authorization for medical treatment in emergency situations; authorization for transportation; record youth/family information; photo use authorization; and releasing of liability.

ROUTINE USES: This form may be disclosed to any DoD component or part thereof, and upon request to other Federal, State and local government agencies in the pursuit of their official duties; disclosed to news media; used for other lawful purposes including law enforcement and litigation.

DISCLOSURE IS VOLUNTARY: Failure to provide the information may preclude the individual from participation in Air Force sponsored youth programs.

YOUTH NAME LAST, FIRST, MI	SPONSOR NAME / RANK LAST, FIRST	SPOUSE NAME / RANK LAST, FIRST	EMERGENCY CONTACT OTHER THAN PARENT
BIRTHDATE / AGE	ORGANIZATION	HOME ADDRESS	EMERGENCY PHONE SAME AS CONTACT
MALE / FEMALE	WORK PHONE	WORK PHONE	PHOTO PERMISSION YES / NO
YOUTH HOME EMAIL	CELL PHONE	CELL PHONE	SPONSOR WORK EMAIL
HOBBIES & INTERESTS	SPONSOR SS # (LAST 4)	HOME PHONE	PARENT VOLUNTEER YES / NO

SPECIAL NEEDS CARE / ILLNESS / ALLERGIES / INJURIES

MEMBERSHIP IS ONLY REFUNDABLE FOR PCSING (_____)
Initials

RELEASE OF LIABILITY AND AGREEMENTS

MEDICAL CARE AUTHORIZATION: I hereby authorize my child to receive emergency medical treatment whenever it is deemed necessary at any U.S. Military Facility or any other medical facility when a U.S. Military Medical Facility is not available.

HOLD AND SAVE HARMLESS AGREEMENT: Now therefore, in consideration of mutual covenants and agreements between the parties here to it is agreed as follows: We the parents of the above named youth agree to save and hold harmless as well as defend the Base Youth Programs, Services Division's Central Base Fund, Department of the Air Force and the contractor from and against any and all claims, demands, actions, debts, liabilities and attorney's fees. Parent further agrees to save and hold harmless the contractor and all other parties involved from and on account of damages of any kind which the youth may suffer as a result of the acts of participating in the program.

TRANSPORTATION/FIELD TRIP: I give Youth Programs permission to transport the above named youth to and from any events that I am notified of in advance.

SIGNATURE OF PARENT/LEGAL GUARDIAN	DATE
------------------------------------	------

FOR USE BY YOUTH PROGRAM STAFF (COMPLETE & INITIAL)

PROGRAM ORIENTATION DATE	MEMBERSHIP CARD ISSUE DATE	MEMBERSHIP CARD NUMBER
EXPIRATION DATE	MEMBERSHIP FEE PAID	STAFF INITIAL / DATE



87 FSS Youth Programs
Joint Base McGuire Dix Lakehurst

Emergency Contact Update

Child's Name: _____ Date: _____

Sponsor Information

Name: _____ Cell: _____

Work #: _____

Work Email: _____

Unit/Contact #: _____

Spouse Information

Name: _____

Cell: _____

Work #: _____

Email: _____

Employer #: _____

Emergency Contact #1

Name: _____

Phone#: _____

Emergency Contact #2

Name _____

Phone #: _____

Joint Base McGuire-Dix-Lakehurst

Child and Youth Program Information Sheet/Part A

The Privacy Act of 1974 (as amended) **may apply to this document** and must be safeguarded IAW AFI 33-332 and DODR 5400.7/Air Force Supplement, Paragraph C3.3.1 NOTE: This memo may contain information which must be protected IAW DOD 5400.11 R, and is FOR OFFICIAL USE ONLY (FOUO)

Please complete the following information so we may best serve your child. The information below will be used to determine the best placement for your child in one of the Joint Base McGuire-Dix-Lakehurst (JB MDL) Child and Youth Program (CYP) facilities and provide **essential** information to the child care giver. By signing this document you authorize the release of medical information regarding this child.

Child/Youth's Name: _____ Date of Birth: _____

Sponsor's Name and Rank: _____

Home Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Type of Care Request: (Circle please)

Child Development Center - Family Child Care - School Age Care - Youth and Sports Program - Part Day Pre-School - Instructional Classes

What location: Dix ☐ McGuire ☐ Lakehurst ☐

What date would you like for care to begin: _____

What are your present childcare arrangements: _____

Has your child/youth previously been in childcare situation? If yes, please provide information about where and what type of care was provided.

Does your child have any of the following? If yes, please provide appropriate Action Plans.

☐ Yes ☐ No Asthma (and/or Reactive Airway Disease, Chronic Lung Disease, etc)?

☐ Yes ☐ No Allergy that could cause anaphylaxis? (e.g., Food Allergy, Insect Allergy, etc)

Does your child have any of the following Dietary Restrictions? If yes, please provide a completed JB MDL Food Sensitivity/Dietary Restriction Statement.

☐ Yes ☐ No Religious Dietary restriction?

☐ Yes ☐ No Food Intolerance (e.g. Lactose intolerance)?

☐ Yes ☐ No Medically required Complex Diet (e.g. Gluten free)?

Does your child have any of the following? If yes, please provide a copy of the CYP Information Sheet/Part B completed by your primary care Physician.

☐ Yes ☐ No Diabetes? If yes, please provide Medical Management Plan.

☐ Yes ☐ No Seizure Disorder?

☐ Yes ☐ No Developmental delays?

☐ Yes ☐ No Receive special services and/or therapies? (e.g. OT, PT, Speech, etc.)

☐ Yes ☐ No Attention Deficit Hyperactivity Disorder (ADHD)?

☐ Yes ☐ No Mental Health Disorder?

☐ Yes ☐ No Autism Spectrum Disorder?

☐ Yes ☐ No Neuromuscular Disorder?

☐ Yes ☐ No Hearing Impairment?

☐ Yes ☐ No Any other conditions not previously mentioned?

If yes to any of the above, please ask **your child's primary care manager to complete the CYP Information Sheet/Part B, Medical Review. Your Child's primary care manager must fill out every block on this form. **The information on this form will be reviewed by the CYP Medical Advisor and if needed the CYP Inclusion Action Team (CYPIAT).** Your initials are required as proof of your understanding of this requirement. _____ (Please initial)*

Signature (parent/guardian): _____ Date: _____



87 FSS Youth Programs



MEMORANDUM FOR WHOM IT MAY CONCERN

FROM: 87 FSS/FSYY

SUBJECT: PHOTOGRAPHY-VIDEO WAIVER RELEASE

Surveillance (CCTV), Photographed/ Videotaped by Local public News Agencies or Youth Staff

I understand that my youth, _____ is being observed by surveillance cameras, photographed and/or videotaped for local public news agencies and/or youth staff while in the McGuire Youth Programs. I understand these photographs and/or videos may be used in training manuals, films. Air Force publicity shots, published in the base newspaper, and/or displayed in the building or used on local news channels.

Sponsor's/Guardian's Signature

Date

New Jersey 4-H Club Member Registration Form

FOR OFFICE USE ONLY:

Received in County Office _____ Entered into data base (membership official) _____ Welcome Sent _____

Please complete this form and return it to your county 4-H office.

Today's date: _____ 4-H County: _____ Current 4-H Member: ☐ Yes ☐ No

What type of 4-H member: ☐ 4-H Clover bud (grades K-3) ☐ 4-H Member (grades 4-13)

Current Grade: _____ School: _____

First Name: _____ MI: _____ Last: _____

Birth date: _____ Primary Phone: _____ Work Phone: _____

Cell Phone: ☐ youth (or) ☐ parent _____ Other Phone: _____ Parent e-mail: _____

_____ Youth e-mail: _____

If military family, check one: ☐ Active Army ☐ Army Guard ☐ Army Reserve ☐ Active Air Force
☐ Air Guard ☐ Air Force Reserve ☐ Active Navy Naval Reserve
☐ Active Marine ☐ Marine Corps Reserve ☐ Active Coast Guard ☐ Coast Guard Reserve

Prefer 4-H information via: ☐ Corps US Mail ☐ Email

List any health condition/allergy/disability: _____

Address: Street _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Town or township where you live: (if different from mailing address): _____ Ethnicity:

☐ Hispanic ☐ Non-Hispanic Gender: ☐ Female ☐ Male

Residence: (check one) ☐ Farm ☐ Town < 10K ☐ Town 10K - 50K ☐ Suburbs > 50K ☐ Cities > 50K

What is your race: (This is optional ☐ for government reporting only)

Check all that apply: ☐ White ☐ Black ☐ Am. Indian/Alaska Native
☐ Asian ☐ Hawaiian/Pac. Island

4-H Club and Project Information

How many years have you been a 4-H member: (including this 4-H year which started in September): _____ year(s) Name
of 4-H club(s) you are registering for: _____

Name of 4-H leader(s): _____

How did you find out about 4-H? _____

Please list each project area in each club you will be involved in: (For example: dog, foods, citizenship, leadership, etc.)

Project: _____

Project: _____

Sign Here 

Leader signature _____

Date _____

Parent/Guardian Information

Primary Care Giver

First Name: _____ Last Name: _____
Street/PO Box: _____ Apt#: _____ City: _____ State: Zip: _____
Home Phone: (____) _____ Cell Phone: _____
☐ Please use the work number only for emergency. Work Phone Number: _____
Occupation: (Optional) _____ E-mail address: _____

Secondary Care Giver

First Name: _____ Last Name: _____
Street/PO Box: _____ Apt#: _____ City: _____ State: Zip: _____
Home Phone: (____) _____ Cell Phone: _____
☐ Please use the work number only for emergency. Work Phone Number: _____
Occupation: (Optional) _____ E-mail address: _____

New Jersey 4-H Media Policy and Release

The 4-H program routinely promotes activities through various media. This includes, but is not limited to, newsletters, brochures and displays. In doing so, the names and photos of members may be included to help tell the 4-H story. However, New Jersey 4-H policy is, on websites, youth in photos will not be identified by name(s).

- ☐ No, do not use my individual picture for any purpose. I will make an effort to avoid opportunities to be in group photos.
- ☐ No, do not use my name for any purpose.

New Jersey 4-H Code of Conduct

The primary purpose of the New Jersey 4-H Code of Conduct is to ensure the safety and well-being of all participants at 4-H sponsored events and activities. It applies to all participants, with participants defined as 4-H members, their parents, and volunteers.

As a participant in the 4-H program, I will:

- Conduct myself in a courteous manner and treat members, parents, 4-H volunteers, Extension staff, judges and others with respect. Appropriate language and behavior are expected at all times.
- Respect and adhere to the rules and guidelines of the 4-H program including all those specific to a 4-H event or activity.
- Uphold an individual's right to dignity by supporting an environment of inclusion which welcomes involvement of participants from all backgrounds.
- Accept supervision and support from county and state 4-H staff while participating in the 4-H program. This includes acceptance of supervision and support from appointed 4-H volunteers coordinating 4-H events and activities.
- Obey local, state and federal laws.

Participants who fail to adhere to the New Jersey 4-H Code of Conduct are subject to a range of disciplinary actions. Such actions will be taken in compliance with the New Jersey 4-H Discipline Policy and Procedure. When appropriate, immediate corrective action will be taken at the 4-H event to ensure the safety and welfare of all participants.

I understand if I fail to adhere to the above Code of Conduct, I will be subject to disciplinary action and potentially prohibited from attending and participating in the New Jersey 4-H Youth Development program.

Sign Here 

Signature of member

Date

Sign Here 

Signature of parent or guardian

Date

A youth is not an official member until the Registration Form is received in the County 4-H office. Upon receiving this form, the 4-H office will send a written letter of confirmation. If you do not receive such notice within two weeks, contact the 4-H office.



**DEPARTMENT OF THE AIR FORCE
87TH AIR BASE WING (AMC)**

MEMORANDUM FOR ALL PARENTS REVIEW

FROM: 87 FSS Youth Programs

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: _____