

**414<sup>th</sup> BSB YOUTH SERVICES  
Hanau / Buedingen Middle School / Teen Centers  
ACTIVITY PERMISSION FORM**

I \_\_\_\_\_ give permission, for 1 \_\_\_\_\_ /2 \_\_\_\_\_ to

attend, the **All Activities Scheduled for Summer Camp** Date: **June 14<sup>th</sup> through September 3<sup>rd</sup> 2004**

I understand that participants of this event will adhere to the following terms:

Participants will be under the supervision of Youth Services Staff and chaperones at all times. In the case of an unusual occurrence, disturbance, or if my child vacates the premises without permission, I (the parent/guardian) of the participant will be notified. All participants are prohibited from, but not limited to the following:

- a. Possession or use of weapons, alcoholic beverages, drugs and or other illegal items.
- b. Disruptive or abusive language or behavior directed at anyone.
- c. Any other illegal acts not stated above.

Violations will be referred to the Civilian Misconduct Action Authority for appropriate action and may be grounds for denial of permission to participate in future activities sponsored by Youth Services.

The following emergency information provided is accurate and complete to the best of both my child's and my knowledge.

**Emergency contact person** \_\_\_\_\_  
*(Other than parent)*

**Emergency contact persons phone numbers** \_\_\_\_\_

**Known disabilities/Allergies 1** \_\_\_\_\_ /2 \_\_\_\_\_

**Required Medications1** \_\_\_\_\_ /2 \_\_\_\_\_

**Sponsor Consent:** I \_\_\_\_\_ (parent/guardian) of \_\_\_\_\_ / \_\_\_\_\_ give consent for an authorized CYS representative to take my child/children 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. I understand that a conscientious effort will be made to notify me before such an action. I will pay any expenses incurred. Treatment at an Army medical facility may be provided without additional consent under the provision of AR 40-3, paragraph 2-24b.

By my signature below, I give permission to the above stated activities terms and conditions.

\_\_\_\_\_  
(PRINTED name of parent/guardian)

\_\_\_\_\_  
(Signature of parent/guardian)

Home Phone \_\_\_\_\_

Work/Cell Phone \_\_\_\_\_

\_\_\_\_\_  
(PRINTED name of participant)

\_\_\_\_\_  
(Signature of participant)

\_\_\_\_\_  
(PRINTED name of participant)

\_\_\_\_\_  
(Signature of participant)

**All trips/activities are subject to cancellation due to weather or force protection issues.**

**Contact Numbers**

YS Program Manager	06181-889909	Michael Owens	DSN 322-9909
Hanau Youth Services	0618-888231	Director: Leon Garrison	DSN 322-8231
Buedingen Youth Services	06042-80793	Director: Janice Wheeler	DSN 321-4793
Hanau Sports / Fitness	06181-1803919	Director: Juan Herrera	DSN 323-3919
Instructional Classes	06181-1803942	Director: David Knighton	DSN 323-3942