

NAME OF PARENT OR GUARDIAN

REGISTRATION NO.

AUTHORITY: 10 U.S.C. 8012 and 44 U.S.C. 3101.**PRINCIPAL PURPOSES:** To register dependent youth of military, retired and DOD personnel in the youth activities program and to register volunteers who are willing to participate in the program and to identify the activities in which they are skilled.**ROUTINE USES:** To accept entries in Air Force sponsored youth activities programs and monitor participation. Information furnished may be (1) 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, (2) disclosed to news media announcing participation, and (3) 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 activities program.

HOME ADDRESS (Include ZIP Code)

HOME PHONE NO.

DUTY ADDRESS AND DUTY PHONE NO.

GRADE (Parents)

EMERGENCY CONTACT OTHER THAN PARENT (Name and phone no.)

NAME OF PARTICIPANTS

BIRTH DATE
(Mo, Day, Yr)

AGE

CARD NUMBER

I hereby give my consent for my sons/daughters to become participants of the _____ Youth Activities Program. Realizing that a program is only as good as the parents and participants who support it, I agree to assist with the youth activities as requested by the staff.

SIGNATURE OF PARENT

DATE

ANNUAL FEES RECEIVED

DATE

BY

YOUTH ACTIVITIES APPLICATION

REMARKS
E-MAIL ADDRESS:

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - See above)

PREVIOUS EDITION WILL BE USED