CHILD AND YOUTH SERVICES (CYS)
STATEMENT of UNDERSTANDING and
INSTRUCTIONAL CLASS AGREEMENT

AUTHORITY: Title 10, United States Code, Section 3013. PRINCIPAL PURPOSE: Information is used by DA personnel and patrons to : (1) Identify and clarify responsibilities of all parties involved in agreement, (2) specify commitment regarding acceptance and provision of CDS services. ROUTINE USES: Information provided may be released IAW the Army's blanket routine uses contained in AR 340-21. DISCLOSURE: Disclosure of requested information is voluntary; however, if information is not provided, individuals may not be able to participate in CYS programs.

Sponsor's Last Name, First Name _____ Rank _____ Home / Cell Numbers _____

Child's Last Name, First Name _____ Child's Birthdate: _____ (YYYY/MM/DD) Grade _____ Age _____

Activity _____ (Dance, TKD, Gym, Art, Drama, Kindermusik, Piano, DE, Culinary) _____ (Obtain from Information Sheet - 950200/01)

SPECIAL NEEDS: List any medical condition the caregiver, coach, or doctor would need to be aware of in an emergency situation (allergies, asthma, epilepsy, heart condition, etc.) and/or medications taken on a regular basis.

If no special needs, please state NONE. _____

EMERGENCY / RELEASE CONTACT INFORMATION (at least one local person other than parents).

Last Name _____ First Name _____ Home Phone / Cell Phone Numbers _____

(Initials)

_____ I understand the levels listed are used as a guide. Instructors may need to place a child in a different class based on ability, age, etc.

_____ I understand there may be other fees associated with this program (instructor will provide information).

_____ I understand I must provide proper attire for my child to participate in this class and transportation to and from the class site.

_____ I understand classes will not meet on regular on-post school holidays nor federal holidays and fees will not be pro-rated.

_____ I understand I must give a written notice to withdraw from the program by completing a *Withdrawal Request* form at Parent Central , Bldg 104 or McGraw CD & Performing Arts Center, Bldg 11306.

** Notice must be received prior to the 28th calendar day of last month to attend to prevent being charged for the following month. If a written termination notice is not given and class fees are not paid by the next billing date, child will be disenrolled from the class. If there should be a need to submit a DD 139 (Military Pay Adjustment) for any unpaid balance due, the minimum amount submitted for collection will be $40.

_____ Fees are due on the 1st calendar day of the month and are considered late if not paid by 1600 on the 6th calendar day of the month. Cash, check, MasterCard, and Visa payments are accepted at buildings 104, 1051, 1366, 2389, 9242 and 11306.

_____ I understand the full monthly fee will be charged regardless of the number of classes held during the month (NO prorated fees).

_____ A $5 late fee will be assessed to outstanding balances on the 7th calendar day of month. If fees have not been paid by the 20th student will be removed from roster.

_____ Failure to keep CYS Services registration current, does not negate the fees continuing to be billed for the above selected program.

NOTICE: *By executing this document, you waive certain legal rights on behalf of yourself and your family. You should read this statement carefully and know that you understand what you are signing.* I do hereby agree to waive and hold harmless the United States Government agents, employees, and volunteers from any and all claims, demands, actions, liabilities, judgments, costs, and attorney's fees arising out of, or in any manner predicated upon the participation of the aforementioned child(ren) in any activity or Child and Youth Services event. _____

Please answer the following questions by circling *YES* or *NO*.

Can your child be photographed while participating in a CYS program for release to the media? Yes / No

Can your child travel in a government vehicle for participation in sporting events? Yes / No

In case of emergency, can your child be transported in a government, commercial, or private vehicle (I. e. ambulance)? Yes / No

SPONSOR CONSENT: As the parent/guardian of the above listed child(ren), I give consent for an authorized CYS respresentative to take my child(ren) for care (medical or dental) in an emergency situation where the 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 prior to such action and the expense, if any, will be paid by me. Treatment at an Army medical facility may be provided without additional consent under the provisions of AR 40-3.

Parent or Guardian's Printed Name _____ Parent or Guardian's Signature _____ Date _____