

M.A.N.Y Youth Registration



Youth Event for April 26th 2008

Youth Full Name _____

Name Tag Preference _____

Address _____

City/State _____ Zip _____

Phone: Home (_____) _____ - _____ Work (_____) _____ - _____

Cell (_____) _____ - _____ Email _____

Youth Tee shirt: Y- Med ___ Y- Lg ___ A-Med ___ A-Lg ___ A-X Lg ___ A-XX Lg ___

Age: _____

Parental / Guardian Emergency Notification Information Required

Name _____ Relationship _____ Phone _____ Cell Phone: _____

Address _____ City/State _____ Zip _____

Please have Youth Registration Forms submitted by April 18th, 2008

Please mail or fax to:

**NYNG Youth Program
Camp Smith, BLDG 501
Cortlandt Manor, NY 10567
FAX: 914-788-7407**

PRIVACY ACT STATEMENT AUTHORITY: 10 USC, Section 1558, Secretary of the Army; E.O. 9397 (SSN); and Army Regulation 608-1, Army Community Service Center.

PRINCIPLE PURPOSE: To prepare travel orders for training for voluntary services provided by an individual and to obtain agreement from the volunteer on the conditions of accepting the performance of voluntary service.

ROUTINE USES: None

DISCLOSURE: Voluntary. However, failure to complete the form may result in an inability to provide training for voluntary services.

This form serves as permission and waiver to participate in physical activities and releases the New York National Guard Family Programs, New York National Guard Youth Programs from any and all liability.

Parental Signature: _____ Date _____

Parental Printed Name: _____