

**NYNG FAMILY PROGRAMS  
VOLUNTEER AND YOUTH SYMPOSIUM 2009  
YOUTH REGISTRATION FORM**



Youth Full Name \_\_\_\_\_ Age: \_\_\_\_\_

Name Tag Preference \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Youth Tee shirt: Y- Med \_\_\_ Y- Lg \_\_\_ A-Med \_\_\_ A-Lg \_\_\_ A-X Lg \_\_\_ A-XX Lg \_\_\_

**Parental / Guardian Emergency Notification Information Required**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

**Please have Youth Registration Forms submitted by August 1, 2009**

Please mail or fax to:  
NYNG Youth Program  
Camp Smith, BLDG 501  
Cortlandt Manor, NY 10567  
FAX: 914-788-7407  
Shelly.m.aiken@us.army.mil

**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:** \_\_\_\_\_