



New York National Guard Youth Program
General
Youth Registration

Location of Event _____ Date _____

Youths Full Name: _____ Age: _____ DOB: _____

Parent/Guardian Name: _____ Service Member Name: _____

_____ 5 years old and under _____ 6 years old to 11 years old _____ 12 years old to 18 years old

13-18 Year Olds Only Interest in New York Teen Council YES: _____ NO: _____

REQUIRED INFORMATION *

*Contact Number During Event (Cell Phone): _____

*Address: _____

*City/State: _____ *Zip Code: _____

Home Phone Number (Optional): _____

Email 1: _____

Email 2: _____

May we add your email address to our distribution list? YES: _____ NO: _____

Please list ALL information as it pertains to each child listen on this form so that we can plan accordingly

*Medical Conditions: _____

*Special Needs: _____

*Dietary Needs/Food Allergies: _____

**** Please Bring Form to the Event or Return to Youth Coordinators (Kimberly Hierholzer or Lauren Sirkin) at 330 Old Niskayuna Rd Latham, NY 12210. Fax (518)-786-6075. ****

FYI: Youth Coordinators ARE NOT in the office the Friday before an event, as it is a Travel Day

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National Guard
Youth Program



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NYNG Youth
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**For further information please also visit the New York National
Guard Child and Youth Webpage**

<http://dmna.ny.gov/family/yprogs.php>

Press Release

I understand that the New York National Guard Youth Program is developing books, brochures, and multimedia materials that will represent National Guard children and youth. I grant the New York National Guard Child and Youth Program and its associated staff and subordinate entities, the right to take, use, reproduce, assign, and/or distribute photographs, films, non-confidential information, books, brochures, videotapes, and sound recordings of the National Guard children and youth for use in any such materials as the National Guard Child and Youth Program or its associated entities may create, without any payment to or future approval by me. I concur that there shall be no payment for such use.

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.

Permission and Liability Waiver

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.

Pre Deployment Event

_____ Date of Event
Event Location _____

Parent Signature

During Deployment Event

_____ Date of Event
Event Location _____

Parent Signature

30/60 Day Event

_____ Date of Event
Event Location _____

Parent Signature

Below is the Permission Slip for Off Site Field Trips. You will be notified via an email or phone call, if your child(ren) will be taking an offsite field trip.

Field Trip Permission Slip

I, _____ give my permission for my child to travel in the
Parent/Guardian
_____ on the _____ to go to
Transportation Field Trip Date
_____ with the Child and Youth Programs
Field Trip Location

Parent/Guardian Signature Date