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Youth Sports and Instructional Parent Agreement
FY 2021

Youth's Name:_____Age:_____DOB:_____Grade:_____

Sponsor's Name(s) _____Rank:_____ ORG: _____ Duty #:_____

Spouse's Name(s) _____Rank:_____ ORG: _____ Duty #:_____

Parent Email Address_____Cell: _____

This agreement is hereby made and entered into from the date of signature, between the Misawa Air Base Youth Sports and Instructional Programs, and the parent of the youth named above. For the purpose of this agreement, the parent is defined as the natural or adoptive parent, guardian or attorney-in-fact, or any other person having legal responsibility for the named youth at any given time. This agreement will be renewed annually.

I desire to have the youth listed above attend Misawa Youth Sports and/or Instructional Programs on a regular basis and understand and agree to the following conditions listed below.

Please read and initial the following agreement items:

_____ 1. **Hours of Operation:** All programs are closed on weekends, Federal Holidays and PACAF Family Days.

- Youth Sports and Instructional Office: 1100-1700; DSN 226-3220
- Sports/Instructional Programs: Times vary based on class and practice schedules.

_____ 2. **Enrollment:** All youth must have a completed AF Form 88, Air Force Youth Programs Registration, current shot record and current health physical (Sports only) at the time of registration. It is the responsibility of the sponsor to ensure all emergency contact, duty/home phone, and shot record information are current and complete. Youth who are not current on immunizations and do not have an immunization waiver on file will be denied participation.

- Current health physicals are defined as a physical that will be current throughout the entire sport season. (Example: Soccer Season is from August to October, if a physical expires in September, a new physical is needed at time of registration.)

_____ 3. **Student Absence:** Please do let us know when your child will be out for extended absences- such as sickness, emergency leave, or if you are PCSing.

- *Please* inform the coach/instructor if you will be missing any class/practice.
- Refunds will not be given for student absences.

_____ 4. **Withdrawal Notification:** Parents withdrawing their youth and therefore terminating this contract will be required to submit a withdrawal notification form at least two weeks prior to the withdrawal. Failure to provide a full two week notice may require payment of fees for the notification period. All applicable fees must be paid before cancellation of agreement becomes final.

- *Instructional Programs* are charged monthly. Refunds for classes may be processed in cases of instructor absences, building closures, or other unforeseen events which do not allow instructors to schedule makeup classes within a session. To withdraw from the session we require notice before the 20th of the month or you will incur a $25 cancellation fee. No refund will be given once payment has been processed for the month.
- *Sports Programs* are charged at the time of registration. Refunds will not be given once the first week of practices has occurred.

_____ 5. **Special Needs Youth:** Parents are required to inform Youth Programs of any special needs (allergies, physical limitations, behavior problems, etc.) concerning the youth, prior to enrolling in Sports/ Instructional Programs. The youth's developmental and/or medical requirements must be reviewed by the Child and Youth Programs (CYP) Medical Advisor. The Program will work with the family to determine if an Inclusion Action Team (IAT) meeting is needed. The IAT include: the CYP Medical Advisor, the Medical Group Exceptional Family Member representative, the Flight Chief, the Training and Curriculum Specialist, and Youth Program Director to determine if reasonable accommodations can be met.

_____ 6. **Parent Involvement/Communication**: Parents are strongly encouraged to attend the Parent Advisory Board (PAB). The PAB primary function is to enhance parent participation and education, develop an annual parent involvement plan, and work together to improve programming and support of the Youth Programs.

_____ 7. **Legal Custody:** In the event of a custodial disagreement, Youth Programs Staff can only deny access to a youth from their guardian if a court order is on file. It is in the best interest of the youth to resolve all of these conflicts prior to program attendance.

_____ 8. **Releasing of Youth:** Youth 8 years of age and under, will **NOT** be allowed to sign themselves out of the classes/practices/games. Youth will only be released to parents/ guardians and individuals listed on the AF Form 88 to include the child's sibling who must be 16 years of age or older. The Youth Programs staff reserve the right to ask any individual picking up a youth for picture identification. Youth 9 years of age and older can sign themselves in and out of programs.

- *Instructional Program:* Youth 8 and under require a parent/guardian to be on site at time of instruction.

_____ 9. **Fees** All fees are due by 1700 on the first of every month.

- Sports fees are per season and are due at time of registration for the desired season.

- Discounts for both sports and instructional programs will be given to youth who are actively enrolled in the Youth Center or Teen Center programs.

_____ 10. **Auto-Pay:** You have the option to enroll in Auto Pay but a credit card must be kept on file for every family. If enrolled in Auto Pay, Chase Payment Orbital online system will automatically charge your credit card per your selected payment schedule. If your payment declines, you will be required to make your payment in person by 1700 the day payment is due. Fees not paid by 1700 on your payment schedule date will be charged an additional $5 per day per family late fee. Please note: If your account is in arrears on the third business day of your payment schedule, your first sergeant or commander may be contacted.

_____ 11. **If NOT enrolled in Auto Pay**, payments will be made at the front desk, on your selected payment schedule. Fees not paid by 1700 on your payment schedule date will be charged to the credit card on file. If your payment declines, and you do not make your payment on the scheduled date your account will be charged an additional $5 per day per family late fee. Please Note: If your account is in arrears on the third business day of your payment schedule, your first sergeant or commander will be contacted.

_____ 12. **Personal Belongings:** Youth Programs is not responsible for any damaged or lost items. There are lost and found areas at all locations for sports and instructional. Please ask your coach or instructor if you are missing an item. Items will be held for a reasonable length of time, monthly unclaimed items are donated to the Misawa Thrift Store. Labeled items are much easier to return.

_____ 13. **Broken/Damaged Equipment:** I agree to pay for any damages to the Lunney Youth Center equipment caused by my child's negligence, misuse, abuse or carelessness. The responsible party will be responsible for the reasonable cost of repairing or replacing damaged or stolen equipment.

_____ 13. **Immunizations** are required by Air Force Policy AFI 34-144 and AFI 48-110. Each youth in care needs to have current immunizations as recommended by the America Academy of Pediatrics for children of their age, to include the annual flu shot. Please see Desk Staff for Waiver information if your youth has medical/religious reasons that prevents them from being immunized or receiving the flu shot. Immunization waiver must be submitted and approved prior to participating.

_____ 14. Youth Programs will not accept into care a youth who is/are exhibiting signs of illness, to include but not limited to: diarrhea that is causing "accidents," vomiting twice, elevated temperature 101 axillary degrees or higher accompanied by behavior changes, severe pain, or if the child does not feel well enough to participate in activities, or other symptoms the duty supervisor feels may require medical attention (as defined by The American Academy of Pediatrics Managing Infectious Diseases in Child Care and Schools, 4th edition).

_____ 15. **Allergies:** Youth with allergies and/or emergency medication must have additional paperwork filled out **PRIOR** to participating in the program. Please see the front desk for additional information and paperwork.

_____ 16. **Medication:** Medications are not administered during open recreation in Youth Programs. Emergency medication may be given during open recreation. Youth may self – carry their emergency medications. Parents must have turned in written permission, if youth 9 years and older may self-administer.

A trained YP staff will be present. AF Form 1055 will be documented and parents notified and will initial AF 1055

____ I **DO** give permission for my youth (ages 9+) to administer prescription medication to themselves while following the above protocols.

_____	_____	_____
PRINT NAME PARENT	SIGNATURE	DATE

____I **DO NOT** give permission for my youth (ages 9+) to administer prescription medication to themselves.

_____	_____	_____
PRINT NAME PARENT	SIGNATURE	DATE

____**NOT APPLICABLE** My youth is under the age of 9.

_____ 17. All disciplinary problems will be dealt with on an individual basis. If excess inappropriate behavior or disciplinary problems occur, the sponsor may be called to pick up the child from the program, in which case the child must be picked up within 30 minutes of notification. Refunds will not be given.

_____ 18. **Mandated Reporting:** Youth Programs personnel are mandated reporters of any suspicion of abuse or neglect. Suspected child abuse will be reported to our installation's Family Advocacy Program at 226-2123. Parents are asked to refrain from approaching Youth Programs staff concerning any reported abuse or neglect incident

_____ 19. **Harmful Substances:** IAW AFI 34-144, 6.12.1. Smoking, consuming alcohol, using tobacco products (including e-cigarettes) and/or using illegal/illicit drugs (including marijuana) are strictly prohibited in the sight or presence of children/youth participating in any CYP program or sponsored activity. This includes CYP activity areas and FCC homes.

_____ 20. **Accident/ Behavior Reports:** When a youth is injured/hurt in the program, an AF Form 1187 *Youth Flight Accident Report* will be filled out informing parents of the injury. Once the AF Form 1187 is filled out, parents will be notified by the front desk clerks, or managers in the program and ask to sign upon pick-up. If parents desire a copy of the report a FOIA request will have to be made at the FOIA office by parents. The process is the same for requesting a general FOIA request: Request via email- USAF.pentagon.saf-aa.mbx.haf-foia-workflow@mail.mil. The following information can be found on the FOIA.GOV webpage at the following link: https://www.foia.gov/report-makerequest.html

- If your youth is injured in the program, and you later decide to take your youth to the UCC, please inform the front desk as soon as possible, as there is additional paperwork the program is responsible for filling out.

Special Permissions

Please circle and initial your response.

_____ 21. I agree/disagree to allow photos of my child/youth to be taken and displayed at Youth Programs.

_____ 22. I agree/disagree to allow photos of my child/youth to be used on the Youth Programs Facebook Pages and in publications for the Youth Programs (i.e. Newsletter, Leisure Times, etc).

_____ 23. I agree/disagree to allow for photos and videos of my child/youth to be used for Public Affairs to include social media sites and AFN commercial/news spots.

_____ 24. I agree/disagree that my youth **will not** utilize the computers/internet without first going through the NetSmartz or Net Nanny, technology, and gaming course provided by the Youth Programs.

I have read and fully understood the terms outlined in this agreement and Misawa Youth Sports and Instructional Programs Guidelines. I agree to abide by all conditions and restrictions, and understand that any exceptions will be made on a case by case basis. If I do not meet the financial obligations as defined above, I authorize the Misawa Youth Misawa Youth Sports and Instructional Programs to process a Military Pay Order (MPO) against me for the fees owed. I further acknowledge that failure to comply with the terms of this agreement may result in termination of my youth's participation.

_____ _____

Sponsor's Signature Date

_____ _____

Accepted by (Center Staff) Date

I have received a Program Orientation outlining the policies and procedures of Misawa Youth Programs in Child and Youth Services on Misawa Air Base, Misawa, Japan. My orientation included an orientation with the Operations Clerk and the program manager.

_____ _____

Sponsor's Signature Date

_____ _____

Administrative Staff Date

_____ _____

Management Staff Date