



US Air Force Youth Programs - 2017 Science, Technology, Engineering, and Mathematics (STEM) Youth Camp Application (Joint Base Andrews)



Privacy Act of 1974

Authority: Title 10, United States Code, Section 8013

Principal Purposes: To obtain youth and family program eligibility and background information for proper assignment of the individual into activities and workshops; to contact participant's parents/guardians in the event of an accident or illness; obtain sponsor consent for access to emergency medical care.

Routine Uses: To provide information to medical personnel in the absence of a parent; to notify the parents in case of emergency, to contact the youth's parent/guardian relative to the youth's participation in programs.

Disclosure: Disclosure of requested information is mandatory.

*This applies to all pages in the Air Force Youth Programs Camp registration package.



LIVE GREEN: Applications must be submitted in original digital format and digitally signed.

Participant Information (Please print or type the following information.)			
First Name:	Last Name:	Male: Female:	Day Camp Option: Yes No
Grade this Fall:	Installation:	Sponsor's Status (Check One):	
Parent e-mail address for all correspondence:		AD assigned to AF / AF-led JB	
Adult T-shirt size: XS S M L XL XXL		Retired Air Force DoD Civilian (APF/NAF)	
		Air Force Reserve Air National Guard	
Parent/Guardian Information		Additional Emergency Contact	
Sponsor Name:	Parent/Guardian Name:	Contact Name:	2 nd Contact Name:
Contact #:	Contact #:	Phone #: Relationship:	Phone #: Relationship:
MEDICAL			
I hereby authorize my child to receive emergency medical treatment whenever it is deemed necessary at any U.S. Military Medical Facility or any other medical facility when a U.S. Military Medical Facility is not available.			
Health Insurance:		Policy Number:	
1. List any medical conditions, allergies, and medications to ensure camp staff awareness. All medications must be prescribed by a physician and have written directions for administration (number of times per day, amount of medication to be administered, etc). Provide the instructions below to supplement those indicated on the prescription bottle. Indicate any medications which require special storage:			
2. List special dietary or physical accommodation requirements: (e.g. vegan, vegetarian)			
Additional Notes:			
I understand and to the best of my knowledge all of the information stated herein this document is true and accurate.			
<hr/> Signature of Parent/Guardian			



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WAIVER

In consideration of my child's participation, **I hereby release and hold harmless** the Armed Services and/or any of their employees, instructors or agents, **from any and all present and future claims, actions, or suits**, for any property damage, personal injury, or wrongful death, arising as a result of my child engaging in any Air Force Youth Programs Camp activities or any activities incidental thereto, whatever, whenever, or however the same may occur. **I also hereby voluntarily waive the right to pursue any and all such claims, actions, or suits** that may be made by me, my family, estate, heirs, or assigns.

I am expressly aware that the Air Force Youth Programs camps' schedule of events will include classroom activities, instruction, tours, recreational programs, group outings and some potentially high risk outdoor experiences. Inherent in these activities is the possibility of certain physical risk that can cause injury. I understand that participation will require travel to and from the program site. I also understand that the program will require travel to and from the various locations within the area. My child is voluntarily participating in this activity with knowledge of the potential risk and potential injury involved and I hereby agree to accept any and all inherent risk of property damage, personal injury, or death.

I understand that this waiver is intended to be as broad and inclusive as permitted and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect.

I have read this form and fully understand that by signing this form, I am giving up legal rights and/or remedies which may be available to me against the United States Armed Forces, its employees, instructors and agents.

I understand and to the best of my knowledge all of the information stated herein this document is true and accurate.

Name of Participant (please print)

Signature of Parent/Guardian

YOUTH CODE of ETHICS (must be reviewed/understood by youth/teen applicant)

- I will be courteous and respectful towards others and their ideas.
- I will attend and actively participate in all sessions and activities during the program.
- I will conduct myself in a professional manner at all times.
- I will not use alcohol, tobacco, or drugs as I will be a role model representing my installation and the Air Force.
- I will use technology and social media responsibly and respectfully.
- I will follow guidance provided by all Air Force Youth Development staff.
- I understand that if I am required to return home because of misbehavior any additional cost (e.g. airfare, taxi) incurred are the responsibility of myself and my parents.

Signature of Youth/Teen: _____

My child and I understand and hereby agree to abide by the above Code of Ethics.

I consent to print / online publication; use of photographs and video; and information contained in this application form by the USAF.

Signature of Parent/Guardian: _____

VERIFICATION of ELIGIBILITY

YP Directors, designees or Guard/ Reserve Representatives serve as Verification Officials. Please conduct a final verification of the youth/teen's eligibility for participation in AF Youth Programs Camps. For verifying eligibility it is recommended to use the ID card.

I have confirmed that this youth is eligible through his/her affiliation with the Air Force.

Name /Position of Verification Official

Phone #

Signature of Verification Official



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NAME:

INSTALLATION:

Essay Option: In 200 words or less, explain what you have discovered or created with Science, Technology, Engineering, and Math (STEM).

Video Submission Option: Submit a video of something you've discovered or created with STEM. If you choose to submit a video, enter the YouTube link here:

Application Submission:

Please mark the Camp you would like to attend. Youth Program staff submit all applications as indicated for the specified camp below. Applications must be saved as the following: FOUO_17_STEM_name of installation_YOUTH_last_first.

Andrews AFB (13 - 18 Aug 17) Email: usaf.jbanafw.afdw-staff.mbx.11-fss-youth@mail.mil