

**Iowa National Guard Child & Youth Program
Warrior and Family Services Branch
JFHQ A-1 RM 186
7105 NW 70th Avenue
Johnston, IA 50131**



Youth Release Forms

Location: _____

Youth's Name: _____ **Age:** _____
(Last) (First) (MI)

Address: _____
(Street) (City) (State) (Zip Code)

Telephone Number: () _____ **Emergency Contact #** _____

Date of Birth: _____ **Gender:** _____ M _____ F

Last Grade Completed K 1 2 3 4 5 6 7 8 9 10 11 12

NG Unit/Wing Representing: _____

Email Address: _____

If you do not wish to receive Youth Programming information by email, check this box.

By signing this form, I agree to allow my youth (name listed above) to participate in the activity/event listed above. In addition, I release the Iowa National Guard and its employees, contractors and volunteers from any responsibility or liability regarding any possible injury/death that might occur to my child. This release does not waive any statutory right conferred by act of congress or the Iowa General Assembly

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____ **Date** _____

Stan Stout
Lead Child and Youth Program Coordinator
O: 515.252.4040 C: 515.689.2617
Stanley.g.stout.mil@mail.mil

Chris Cox
Child and Youth Program Coordinator
O: 515.727.3064 C: 515.943.1751
Christopher.j.cox18.ctr@mail.mil

RELEASE FORMS

Iowa National Guard Child and Youth Program
Rev. 12 Sept 2012



PHOTO/PRESS RELEASE:

I understand the National Guard Youth Program is developing photographic and multimedia materials, which will illustrate events occurring throughout the year for the Iowa National Guard Youth Program. I grant the National Guard Youth Program and its associated staff and subordinate entities the right to take, use, reproduce, assign and/or distribute photographs, films, non-confidential information, videotapes and sound recordings of the Iowa National Guard Youth Program participants, for use in any such materials as the National Guard 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.

Parent or Legal Guardian Signature

Date

MEDICAL RELEASE:

Complete the information below. If your child/youth has allergies, medication needs or any other medical condition we need to be aware of, please let us know.

YES NO Medical condition or needs that require monitoring:

YES NO Allergies (Food, medicine, insects, etc.):

YES NO Currently taking medication (including prescription or over-the-counter medication

YES NO My child/youth has permission to administer his/her own medication. If "NO", the following individual will dispense all medication to my youth/teen:

In order to dispense medication we need to know the following:

Condition for which it is given: _____

Exact name of medication(s): _____

Dosage: _____

When it should be given: _____

NOTE: All medication must be in its original container to include any items (inhalers, spoons, cups, etc.) which will be needed to properly dispense the medication.

Parent or Legal Guardian Signature

Date

MEDICAL ADMINISTRATION RECORD:

DATE	MEDICATION	DOSAGE	TIME	ADMINISTERED BY

AUTHORIZATION TO TREAT:

I hereby give permission to medical personnel selected by _____ to provide for
(Parent/Guardian)
emergency medical treatment and necessary transportation for my youth/teen. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by _____ to secure
(Emergency Contact with number)
and administer treatment including hospitalization of the above mention youth/teen.

Parent or Legal Guardian

Date

Iowa National Guard Child and Youth Program
Code of Conduct

To ensure the Iowa National Guard Child and Youth Program (IA ARNG CYP) is a positive and enjoyable experience for all participants, it is necessary to establish and enforce high standards of behavior. Please read the following and sign below.

I, _____, a representative of the Iowa National Guard Child and Youth Program, will uphold the following conduct and behavior standards:

SECTION 1:

- a) I will be courteous and respectful towards others at all times.
- b) I agree to value and respect others' ideas, regardless of whether they are the same as my own.
- c) I agree to respect authority and comply with the requests of the Child and Youth Coordinator, Family Program Staff, Volunteers, Chaperones, event personnel and Guardsman while participating in all INGYP activities.
- d) I will take full responsibility for any damage to personal or public property due to my actions.
- e) I will actively, and without complaining, participate in all training sessions, activities, camps and retreats
- f) I will conduct myself in a professional manner at all times
- g) I will dress appropriately at all times. ***See Dress Code**
- h) I will acknowledge and follow times on schedules and agendas.

SECTION 2:

- a) I understand discrimination and/or bullying of any type will not be tolerated.
- b) I will not use alcohol, tobacco or other drugs or engage in any behavior of a sexual nature at any time during my participation in IA ARNG CYP sponsored events
- c) I understand, in the event overnight stays are required, I am not allowed in the room(s) of opposite sex attendees/delegates.

Consequences of a SECTION 1 violation include removal from training and/or removal from activities. Further disruption will warrant a parent/guardian phone call and a meeting with the Child and Youth Coordinators. If it is determined that a behavior warrants dismissal from activities/trainings entirely, parents/guardians will be notified and I (the youth representative) will be sent home, at the expense of the family, and all Government funds will be recovered from the family.

Violations of SECTION 2 will result in immediate dismissal from all IA ARNG CYP trainings and/or activities. Parents/Guardians will be notified and I (the youth representative) will be sent home immediately, at the expense of the family, and all Government funds will be recovered from the family.

Furthermore, as a representative of the Iowa National Guard Child and Youth Program, I understand I represent not only myself, but also the Youth Program, Child and Youth Coordinators, Volunteers, other delegates and families of my state. I pledge to uphold this commitment. I understand if I am not able to remain in good standing (as determined by the Child and Youth Coordinator or assigned adult) during all sponsored trainings/activities with the commitments set forth above, I will be required to leave:

Youth Representative Signature

Date

I have witnessed the pledge made by my son/daughter and will support him/her in carrying out the established expectations for participation in the Iowa National Guard Child and Youth Program. I understand if my son/daughter violates the codes of conduct, appropriate consequences will be administered, possibly including removal from all INGYP trainings/activities and it will be my responsibility to pick up my child.

Parent/Legal Guardian Signature

Date

DRESS CODE:

Trainings/Presentations: Nice jeans or khakis and IA ARNG CYP T-shirt (if applicable)
Program Events: Nice jeans, shorts or khakis, as well as appropriate shirt.

GENERAL GUIDELINES FOR DRESS CODE:

- a) Hair must be neat, clean and worn in a manner which does not interfere with vision or cause a disturbance
- b) No article of clothing (including hats) that pertains to or depicts the following will be acceptable:
 - Substances or activities illegal by law for minors; alcohol, drugs, tobacco and/or gambling
 - No profanity, suggestive, violent or other inappropriate language, no derogatory symbols
 - Racial or discriminatory symbols/remarks directed toward any ethnic group, gender, nationality, color, race or religion
- c) Sufficient underclothes must be worn appropriately and must not be exposed
- d) Tank tops, tube tops, spaghetti straps, thin straps, tops that expose the mid-rift, bust, excessive part of the back, are excessively tight or distracting are not permitted
- e) No spandex articles of clothing are allowed
- f) All pants/shorts must be worn fitted at the waist, with or without a belt
- g) All shorts and/skirts must be no shorter than six inches above the knee
- h) No distracting tattoos or piercing
- i) Hats, caps or other head coverings are not to be worn during trainings (unless deemed acceptable for medical and/or religious beliefs)

The Child and Youth Program Coordinator reserves the right to determine the meaning of appropriate.