



GENERAL INFORMATION;

**REFUND POLICY: A PRO-RATED REFUND WILL BE GIVEN UNDER THE FOLLOWING CIRCUMSTANCES:**

- PERMANENT CHANGE OF STATION
- INJURY OR ILLNESS WHICH WOULD PREVENT FURTHER PARTICIPATION

ALL REQUESTS FOR REFUNDS MUST BE DONE IN WRITING ACCOMPANIED BY SUPPORTING DOCUMENTATION. PLEASE SUBMIT A COPY OF THE PCS ORDERS OR DOCTORS NOTE IN ORDER TO INITIATE THE REFUND PROCESS. A SERVICE FEE OF \$5.00 WILL BE CHARGED FOR ALL REFUNDS PROCESSED. APPROVED REFUND WILL BE SUBMITTED THROUGH THE FINANCIAL PERSONNEL MANAGEMENT DIVISION TO CENTRAL ACCOUNTING OFFICE (CAO) LOCATED IN TEXARKANA, TEXAS. REFUND CHECKS WILL BE MAILED TO THE CUSTOMER'S HOME BY CAO WITHIN 6 TO 8 WEEKS. AFTER THE SPORTS SEASON HAS BEGUN WITH LEAGUE PLAY, REFUNDS WILL NOT BE GRANTED.

UNIFORM/EQUIPMENT ISSUE AND TURN-IN: ALL PARENTS MUST SIGN FOR ALL UNIFORMS AND EQUIPMENT ISSUED BY YOUTH SERVICES. IT WILL BE THE RESPONSIBILITY OF THE PARENTS TO ENSURE ALL UNIFORMS AND EQUIPMENT ARE RETURNED IN A TIMELY MANNER

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

AUTHORITY: TITLE 10, UNITED STATES CODE, SECTION 3013.

PRINCIPAL PURPOSE(S): TO OBTAIN YOUTH AND FAMILY PROGRAM ELIGIBILITY AND BACKGROUND INFORMATION; FOR PROPER ASSIGNMENT OF INDIVIDUALS INTO ACTIVITIES, PROGRAMS, AND CLASSES; TO CONTACT PARTICIPANT'S HOME AND PARENTS IN THE EVENT OF ACCIDENT OR ILLNESS; TO 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 MAIL INFORMATION OF INTEREST TO THE PARTICIPANTS; TO CONTACT PARENTS WHEN SPORTS OR RECREATIONAL EQUIPMENT HAS NOT BEEN RETURNED TO Y.S.; TO CONTACT THE YOUTH OR THE YOUTH'S PARENTS RELATIVE TO THE YOUTH'S PARTICIPATION IN PROGRAMS.

DISCLOSURE: VOLUNTARY, HOWEVER, IF INFORMATION IS NOT PROVIDED, INDIVIDUALS MAY NOT BE ALLOWED TO PARTICIPATE IN Y.S. PROGRAMS.

**SPONSOR CONSENT**

I \_\_\_\_\_ (PARENT/GUARDIAN ) OF \_\_\_\_\_ GIVE CONSENT FOR AN AUTHORIZED Y.S. REPRESENTATIVE TO TAKE MY YOUTH FOR CARE, MEDICAL OR DENTAL, IN AN EMERGENCY SITUATION WHERE THE CONDITION OF THE YOUTH REPRESENTS A SERIOUS OR IMMINENT THREAT TO HER/HIS LIFE, HEALTH, OR WELL BEING. I UNDERSTAND THAT A CONSCIENTIOUS EFFORT WILL BE MADE TO NOTIFY ME PRIOR TO SUCH ACTION AND THE EXPENSE, IF ANY, WILL BE BORNE TO ME. TREATMENT AT AN ARMY MEDICAL FACILITY MAY BE PROVIDED WITHOUT ADDITIONAL CONSENT UNDER THE PROVISION OF AR 40-3, PARAGRAPH 2-24B.