

DEPARTMENT OF AIR FORCE



**YOUTH PROGRAMS**

Keesler AFB

# YOUTH PROGRAMS INSTRUCTIONAL REGISTRATION PACKET

Keesler AFB  
Biloxi, MS

## CHECKLIST

Please complete the following documents.

- AF Form 88
- Instructional Parent Contract
- Additional Information Form
- Credit Card Billing Information
- Copy of current immunization records, including Influenza vaccination
- Current Sport Physical\*

\*Children 4 years of age and younger and those not participating in a sport are not required to have a current sport physical.

### Asthma / Allergy Information-If Applicable

- Completed Asthma/ Allergy Action Plan
- AF Form 1055
- Medication Carry Wavier

Please return the above documents to the Youth Center, Bldg. 6801. If you have any questions, please contact the Youth Center at 228-377-4116.

Thank you

-Youth Programs Staff



# KEESLER YOUTH PROGRAMS

## INSTRUCTIONAL CLASS/ INSTRUCTIONAL SPORTS CONTRACT



PLEASE PRINT CLEARLY

<b>Child's Name:</b>	<b>Child's DOB:</b>
<b>Sponsor's Name:</b>	<b>Home Phone Number:</b>
<b>Class(es)/Sport:</b>	

The following are important program requirements; please initial on the line to the left of each number to indicate that you have read and understand each statement.

       **1. PARENTAL SUPERVISION:** All children under the age of 5 years old enrolled in an instructional class **MUST** have a parent/guardian or sibling (over the age of 16 years old) in the building/at the field at all times. **Children under the age of 5 years old may not be left unattended at the Youth Center or at the practice fields at any time.**

       **2. CLASS INSTRUCTORS:** All Youth Center instructors are independent contractors and undergo local and national background checks and are required to attend annual training in accordance with AFI 34-144 for Youth Programs. Each instructor is responsible for notifying students of their class schedules, which include monthly calendars and cancellations. Instructors may elect substitutes to teach classes in the event the independent contractor is ill or on leave of absence. The substitute instructor will have undergone all the required background checks and required training in accordance with AFI-34-144 for Youth Programs. Instructors will notify students and parents prior to class in the event a substitute will be conducting class in their absence.

       **3. CLASS FEES:** Class fees must be paid in full no later than the 5th business day of each month. A late fee of \$10.00 will be assessed, per household, on the 6th business day of each month if payment has not been received. If payment has not been received by the close of business of the 10<sup>th</sup> business day of the month, the student will be dropped from the class roster, no exceptions.

       **4. REINSTATEMENT FEE:** If a student is dropped from a class for nonpayment the sponsor has the option to re-enroll the student by paying a reinstatement fee of \$25.00 in addition to the class fee and late fee. If the student is removed for non-compliance with paperwork, the \$25.00 reinstatement fee will be assessed along with the full price for the class. The student may continue with the class provided the student's place in the class has not been filled, otherwise they will be subject to be placed back on any waitlists that may exist for the class.

       **5. AUTOMATIC PAYMENTS:** For your convenience, we offer an automatic payment program for instructional class fees.

       **6. CREDIT POLICY:** All Youth Programs facilities are required to maintain valid credit card information on file for all program participants regardless of your automatic payment/non-automatic payment status.

       **7. LATE PICK UP FEE:** There will be a five minute grace period. The late pickup fee will be \$2.00 per minute/per child following the five minute grace period.

       **8. CLASS CANCELLATION/MAKE-UP CLASSES:** If a class is canceled due to weather, facility unavailability, power outage, instructor illness or emergency; classes will be rescheduled or class fees may be pro-rated. Make-up classes will be scheduled for the same day/time during the 5th week of the month should you not already be having class that week. Your instructor will proceed with instructions regarding these matters. Classes will not be pro-rated until it has been discussed between the instructor and Youth Center Staff.

\_\_\_ **9. MUTUAL CONTRACT OBLIGATIONS:** Once a sponsor pays the monthly class fee and the instructor has taught the first class, a mutual contract obligation is in effect. Class payments are collected for a participant to have a slot in class. Missed classes due to family commitments or similar circumstances will not be refunded or pro-rated. Refund requests will be accepted with proper documentation for illness, injury, or emergency leave lasting 2 weeks or more when accompanied by a doctor's statement or emergency leave orders. In these cases, class positions may be held for a maximum of one month at the discretion of Youth Center staff and instructors.

\_\_\_ **10. TERMINATION POLICY:** Should you decide to remove your child from a class a **TWO WEEK** written notice is required. Patrons will be charged for two weeks if notice is not provided prior to last class. Termination forms can be obtained at the Youth Center front desk.

\_\_\_ **11. LIABILITY WAIVER/MEDICAL RELEASE:** I hereby authorize any military or civilian health care facility to render emergency care to my minor child in the event of injury relating to participation in Keesler Youth Programs sponsored activities. I understand that Keesler Youth Programs and its staff and contract instructors will not be held liable for any injury or accident to the above named child while participating in classes.

\_\_\_ **12. UPDATE OF INFORMATION:** I understand that my child's information and paperwork must be updated either annually or as needed. All AF Form 88's must be updated within the month of January every year, regardless of when the previous AF 88 was filled out. Additionally, contracts, sports physicals, vaccination records/waivers, etc. must be updated annually or as needed based on the original start date of your class and the dates of the medical information provided.

\_\_\_ **13. LOSS OF PRIVILEGES:** Any adverse behavior on the part of your child, their parent, or guardian will result in the suspension of your privileges from this program.

\_\_\_ **14. YOUTH CENTER EVACUATION PROCEDURES:** In the event the Youth Center is required to evacuate (fire drills, fire alarms, etc.) everyone must leave the building. Parents, Staff, Youth Center Visitors, and Students are required to evacuate and meet in the front of the Child Development Centers main entrance. Students in class will evacuate with their instructors and remain with them until directed by appropriate personnel (Fire Department, Youth Center Staff, etc.). Vehicles will not be allowed in or out of the parking lot until the Fire Department or other appropriate personnel, has given permission.

\_\_\_ **15. CONSENT TO PHOTOGRAPH:** In consideration of participation in Keesler Youth Programs the undersigned agrees that their likeness or the likeness of their child may be photographed or videotaped and that such images may be published in an outlet used to promote or publicize the program.

\_\_\_ **16. COVID PROTOCOL:** Youth Programs will continue to adhere to the current Public Health Covid-19 regulations. Instructors, Volunteers, Staff, and Parents are required to wear masks at all times while in the facility. It is not mandatory for youth to wear masks however it is highly encouraged. Parents are not permitted in the facility unless their child is under the age of five. Six feet social distancing is enforced when applicable.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Youth Center Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Credit Card Billing Information

*Note: We accept Visa and MasterCard only.*

Child's Name: \_\_\_\_\_

Cardholder's Name (As it appears on Credit Card): \_\_\_\_\_

Account Number: \_ \_ \_ \_ - \_ \_ \_ - \_ \_ \_ - \_ \_ \_

Expiration Date (MM/YY): \_\_\_\_\_ / \_\_\_\_\_

Payment Information: Payments will come out between the first and fifth of every month.

\_\_\_\_\_ I hereby authorize the Keesler Youth Center to automatically charge my credit.

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

This document contains personal data to the Privacy Act of 1974, 10USC 8012 & EO 9397. It requires safeguarding and disclosure only as authorized in AFL 33-332.

CONFIDENTIALITY APPLIES.



## Additional Information Form

Childs Name:	
Sponsor's Cell Phone:	Name: _____ Number: _____
Spouse's Cell Phone:	Name: _____ Number: _____
Child's School:	
Child's Grade:	
Sponsor's Email:	
Spouse's Email:	

**Additional Notes (i.e. which parent to contact first, etc.)**

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