



Event Registration

California National Guard – Child & Youth Program

Name of Child: _____ **Age:** _____ **Grade:** _____

Event: Culinary Arts Day Camp **Date of Activity:** _____ **TIME:** 0800

Parent /Guardian Name: _____ **Email:** _____

Emergency Contact Numbers: () ()

Address: _____ **City,** _____

Parent currently Deployed: YES NO

Parent's last deployment (month/year):

National Guard Members Unit:

Special Needs (list any special needs we need to be aware of):

Transportation: You will need to provide transportation to and from the Okinawa armory- (8450 Okinawa St. Sacramento CA 95828) for your children.

Release of Liability

By signing this form, I agree to allow my child (name listed above) to participate in the activity/event listed above to include transportation to and from the event. In addition, I release the National Guard Bureau, any National Guard Affiliates, and their employees and contractors, from any responsibility or liability regarding any possible injury/death that might occur to my child.

Parent or Legal Guardian:

Date:

Photo/Press Release

I understand that the National Guard Youth Program is developing photographic and multimedia materials, which will illustrate activities at the National Guard Youth Symposium. 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 National Guard Youth Symposium youth representatives, 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.

Signature of Youth:

Date:

Parent or Legal Guardian:

Date:

Authorization to Treat

I hereby give permission to medical personnel selected by **California National Guard Child and Youth Program** to order X-rays, routine tests, treatment and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by **California National Guard Child and Youth Program** to secure and administer treatment including hospitalization of the above named child.

Parent or Legal Guardian:

Date:

Medical Release

Complete the information below. If your child 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 has permission to administer his/her own medication. If "No", the following individual will dispense medication to my child:

Yes No Medics on staff have approval to administer medicine such as ibuprofen, and Tylenol to my child.

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

- Condition for which it is given: _____
- Exact name of medication: _____
- 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:

Date:

Medication Administration Record

Date	Medication	Dosage	Time	Administered by
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I, _____ a representative of the California National Guard Child and Youth Program, will uphold the following conduct and behavior standards:

I will be courteous and respectful towards others.

I agree to value and respect others' ideas regardless whether they are the same as my own.

I will actively participate in all activities during training sessions.

I will conduct myself in a professional manner at all times.

I will dress appropriately at all times. Revealing clothing or apparel featuring alcohol, tobacco, and other drug messages is prohibited. The State Youth Program Coordinator reserves the right to assess the meaning of appropriate.

I will conform to prescribed curfews during overnight sessions unless scheduled activities extend beyond this time.

I will not use any alcohol, tobacco, or other drugs or engage in any behavior of a sexual or violent nature at any time during the training/meetings.

I understand that I will forfeit my position in the Youth Program for any misconduct or repeated behavior I be required to leave.

Signature of Youth (Date)

Please submit this packet to Child and Youth Coordinator in charge of your event:

Jerica Lovett- jerica.e.lovett.ctr@us.armymil

Melanie Diaz- melanie.c.diaz.ctr@us.army.mil

Marisol Johnson- Marisol.s.johnson@us.army.mil