



## 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's/guardian relative to the youth's participation in programs. Disclosure: Disclosure of requested information is mandatory.

Please select your first and second camp choices from the drop down boxes below.

**First Choice:** 

**Second Choice:** 

PARTICIPANT INFORMATION					
First Name:		Last Name:			Male
					Female
Installation:			Name you wish to be called:		Adult Shirt Size:
Current Age on			Sponsor's Status (Check One): AD assigned/living/working on AF/AF-led JB		
Grade:	31 May 19:				
Have you previously attended and AF residential camp Yes No		tial camp?	AD Air Force	Air National Guard AF Civilian (APF/NAF) assigned	
Has your parent/guardian been deployed within the last 6 month		e last 6 months?	Air Force Reserve		
Yes	No	e last o montilis.	Retired Air Force	to/working on AF/AF-led JB	
Parent/Guardian Information					
Sponsor Name:		Phone:			
Parent/Guardian Name:		Phone:			
Additional Emergency Contact					
Contact Name:		Phone:			
PARENT/GUARDIAN ENDORSEMENT					
To the best of my knowledge all of the information stated herein this document is true and accurate.					
Signature of Parent/Guardian			Date		
Parent E-Mail Address for all correspondence:					