That Hawaii Army National Guard Child and Youth Program will be hosting its Annual State Youth Symposium from April 21-23/2017 Location: TBD

Teens ages 12 to 18 will work to help create new program ideas for the next fiscal year along with a community service project. Teens will also participate in team building exercises and freshen up on a little MRT. 40 Hours of community service will be given to each participant who attends the event.

Lodging, meals and transportation will be provided by CYS.

Cost to attend the event is $35.00, Please contact Lead Coordinator Michelle Nieves at michelle.k.nieves.ctr@mail.mil for more information or to sign up today.

SIGN UP NOW!! ONLY 24 SLOTS AVAILABLE!!

Deadline for submission April 14/2017
DATA REQUIRED BY THE PRIVACY ACT OF 1974; AUTHORITY: 5 USC 3013, 10 USC 3013. PRINCIPAL PURPOSE: Identification of participants in the 2013 Hawaii National Guard Youth Training. ROUTINE USES: Used to record information pertaining to attendees at the 2013 Hawaii National Guard Youth Training. DISCLOSURE: Disclosure is voluntary. When possible, complete electronically. Please provide your current mailing address and e-mail address. If completing for someone else, please ensure correct spelling.

YOUTH’S NAME:_____________________________________________________________

Date of Birth:_________________ Gender:_____

Social Security #:______________________( MUST HAVE FOR DTS ORDERS)

Home Mailing Address:

Army or Air Guard Dependent? [ ] Army Guard [ ] Air Guard

FIRST TIMER (never attended a Youth Training Event before) [ ] YES

Age requirements: 12 years to 17 years (18 if you are still in High School)

GUARD MEMBER PARENT’S

Name:_____________________________________________________________

Unit:__________________________________ Rank: ______________

Mailing Address:_____________________________________________________________

Phone # home:_________________work:_________________ cell: ____________

Email Address:_____________________________________________________________

EMERGENCY CONTACT:

Name:________________________________________________________________

Address:________________________________________________________________

Phone:________________________________________________________________

Relationship to Youth:_____________________________________________________

For neighbor island youths only:

Closest relative living on Oahu:____________________________________________

Phone # home:_________________work:_________________ cell: ____________

Address:________________________________________________________________

For neighbor island participants, youths will NOT be accompanied on commercial aircraft by a designated Family Program representative.
Application Fee: Non-Refundable $35.00 for all Youth Participant

Application Fee Covers the Cost of:
- Lunch after the Community Service Project
- Snacks for the duration of the Symposium
- Additional supplies not funded by Child and Youth Services

PAYMENT:
Cash is preferred however you may send a check payable to "Michelle Nieves" please add in the memo area "CYS YOUTH SYMPOSIUM"

MAILING ADDRESS:
CYS Director Michelle Nieves
4354 Pahoa Avenue #10275 Honolulu HI 96816.
If you have any questions call (808) 672-1439 (Oahu).

IMPORTANT: Application Form MUST be SIGNED and returned with the attached Health and Release Forms and Application Fee.

PARENT/GUARDIAN SIGNATURE:___________________________________________________

DATE:__________________
HING FAMILY PROGRAM YOUTH TRAINING 2017 HEALTH HISTORY

MY CHILD’S INFORMATION IS ALREADY ON FILE WITH THE CYS LEAD COORDINATOR

Youth’s Name: ________________________________________________________________
Date of Birth ___________________ Age ______
Sponsor / Parent’s Name: ______________________________________________________
Home Address: __________________________________________________________________
Telephone #: Day: ___________________ Night: ________________________________
If Sponsor/Parent named above is not available in the event of an emergency, notify:
Name: ___________________________ Relationship: ____________________________
Telephone: _______________________
Family Physician: __________________________________________________________
Telephone: _______________________
Personal health/accident insurance carrier: ______________________________________
Policy No. ______________________

Please be advised that there will not be a licensed health care provider at this event. Youth over the age of 12 are being asked to administer their own medication. This includes aspirin and ibuprofen and or any other medication deemed necessary. Should an emergency arise your child will be taken to the nearest emergency facility (Queens Hospital) for treatment and you will be notified immediately. CYS is requesting your signature below to acknowledge that you are fully aware of the situation surrounding the event.

I acknowledge that no licensed health care provider will be at the 2016 Hawaii National Guard State Youth Symposium. And fully understand that my child will have to administer his/her own medication.

__________________________________ _______________________________ _____________
Parent Signature Print Name Date

Check all items that apply, past or present, to your health history. Explain any “Yes” answers.

ALLERGIES: Food, medicines, insects, plants: Yes No
Explain: ________________________________________________________________

Please list ALL medications taken in the 30 days prior to arrival:

___________________________________________
List any medications to be taken on site:

___________________________________________
List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games:

___________________________________________
List equipment needed such as wheelchair, braces, glasses, contact lenses, etc.:

Immunizations: (Give date of last inoculation.)

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<tr>
<th>Tetanus toxoid:</th>
<th>Measles:</th>
<th>Polio:</th>
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<th>Diphtheria:</th>
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<th>Pertussis:</th>
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CONSENT AND HOLD HARMLESS AGREEMENT AND
RELEASE OF LIABILITY FORM for CHILD

This is an important document. Please read it carefully before you sign and return it.
If you have any questions about signing the document, please consult with your personal attorney.

The undersigned, parent(s) or legal guardian(s) of _____________________________, a minor child, do hereby consent to the participation of said child in the following activities of the Hawaii National Guard Family Program Youth Training, which may be in conjunction with other agencies, organizations or sponsors:

HAWAII NATIONAL GUARD CHILD AND YOUTH STATE YOUTH SYMPOSIUM
21-23 April 2017

LOCATION: TBD

I (we) understand the nature and scope of these activities.

Said child is to abide by all reasonable rules and requirements of appropriate cooperation and conduct. Upon violation, said child may be sent home at my (our) expense.

If there is illness or injury, I hereby consent to whatever medical treatment is deemed necessary by a licensed physician, surgeon or dentist for said child, and I agree to pay the expenses related hereto.

I (we) agree to not hold the United States of America, the State of Hawaii, the Hawaii National Guard, any other organization, agency or sponsor of these activities, or their officers, members, agents, employees, contractor’s or volunteers, responsible for any harm or injury, from any cause, which may befall said minor child related to or arising out of participation in these activities, and hereby release said entities and persons from liability relating hereto. I (we) further agree to indemnify and hold said entities and persons harmless from the claims for causes of action asserted by any other persons on behalf of said child, or in their own right, arising out of said participation. I (we) similarly agree to hold said entities and person harmless from the claims of other persons arising out of any acts of said minor child. I (we) agree that these conditions and agreements are binding on all (our) heirs, executors, administrators, representatives, assignees, and successors in action.

I (we) have read and fully understand the language above, and willingly and voluntarily agree to said terms and conditions of this agreement.

Signature of Parent/ Guardian: ____________________________________________

Date: ____________________
PACKING LIST

☑ BEDDING: Provided (You may bring an extra pillow if you want)

☑ TOILETRIES: soap, toothpaste, toothbrush, shampoo, deodorant, etc.

☑ CLOTHING: for the entire stay, sports clothes, swimsuit, jacket, rain gear, sweatshirt, hat (nothing with vulgar or derogative designs or wording) No washing machine is provided for youth’s use.

☑ APPROPRIATE SHOES: Walking, running, tennis shoes. Slippers for beach, pool, shower area. Closed shoes are highly recommended for both male & female. (Required for all activities)

☑ ADDITIONAL ITEMS: Sunscreen

Prohibited Items

☐ Do not bring pets or items considered contraband will be allowed at camp (i.e. alcoholic beverages, shaving cream, gas, flammable substances, knives, power tools, firearms, ammunition, explosives, or poisonous substances)

☐ Do not bring any money or valuables

☐ Do not bring any electrical devices (cell phones, mp3 players, iPad)

PHOTO/MEDIA RELEASE

By ☐ checking this box I agree to the following provision:

I understand that the Hawaii National Guard Family Program is developing photographic and multimedia materials which will illustrate activities of the Hawaii National Guard Teen Summit. I grant to the Hawaii National Guard, or any of its subordinate entities, the right to take, use, reproduce, assign, and/or distribute photographs, films, videotapes and sound recordings of the participant, for use in any such materials the Hawaii National Guard or the National Guard Bureau agencies plus bona fide civilian news media organizations may create, without any payment to or future approval by me. I concur that there shall be no payment for such use.

SIGNATURE OF PARENT OR GUARDIAN

DATE

TYPED OR PRINTED NAME OF CHILD

RELATIONSHIP OF SIGNATORY TO CHILD

PRIVACY ACT STATEMENT


PRINCIPAL PURPOSE: To prepare photographs for news stories written by military civilian news media reporters to recognize the achievements of participants, members of the Army and Air National Guard, and the Hawaii National Guard Family Program.

ROUTINE USE: Information may be disclosed to Hawaii National Guard and National Guard Bureau agencies plus bona fide civilian news media organizations, once published information is considered public domain.

DISCLOSURE IS VOLUNTARY: Releases of this nature are used, not only to recognize achievements of members, participants, and the Family Program but to act as a catalyst for enhancing public understanding of the military in general as a vital part of our free society.
Hawaii National Guard Youth Training Event

Code of Conduct

To ensure that the Hawaii National Guard Youth Training Event 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 Youth Training Event participant, will uphold the following conduct and behavior standards:

Section One:
• I will be courteous and respectful to others at all times.
• I agree to value and respect others’ ideas regardless of whether they are the same as my own.
• I agree to respect authority and comply with the requests of the facilitators, State Youth Coordinators, chaperones, event personnel, and National Guardsmen while attending the Event.
• I will take full responsibility for any damage to personal or public property due to my actions.
• I will actively participate in all sessions and activities during the Event.
• I will conduct myself in a professional manner at all times.
• I will dress appropriately at all times. See Dress Code
• I will be in my room at the prescribed curfew time unless scheduled activities extend beyond that time.
• I will take seriously the safety of myself as well as my fellow delegates.
• I will not take anything that does not belong to me.

Section Two:
• I understand discrimination of any type that will not be tolerated.
• I will not use alcohol, tobacco, or other drugs.
• I will not engage in any behavior of a sexual nature at any time during the Event.
• I will not engage in unsafe behavior at the event.
• I understand that I am only allowed in my room and common areas during the event.

Dress Code
For the entire stay, sports clothes, swimsuit, jacket, rain gear, sweatshirt, hat (nothing with vulgar or derogative designs or wording) T-shirts may be provided and must be worn. Shorts are appropriate but must be no shorter than six inches above the knee.

Pool-side: Bathing suits are required
• Boys: board shorts or swim short
• Girls: One piece or two piece with cover-up

General Guidelines:
1. Hair must be neat, clean and worn in a manner which does not interfere with vision or cause a disturbance.
2. No article of clothing (including off site hats) that pertains to or depicts the following will be acceptable: Substances or activities illegal by law for minors; alcohol, drugs, tobacco, gambling, no profane, suggestive or violent or other inappropriate language, no derogatory symbols; remarks directed to any ethnic group, gender, nationality, color, race or religion
3. Tank tops, tube tops, muscle shirts, spaghetti straps, thin straps, tops that expose the midriff, bust, excessive part of the back, are excessively tight or distracting are not permitted.
4. No spandex articles of clothing are allowed.
5. All pants must be worn fitted at the waist with or without a belt.
6. No distracting tattoos or piercings.
7. Hats, caps, or other head coverings are not to be worn during training. They are permitted for off-site activities.
NOTE: The Child & Youth State Program Coordinator & Staff reserve the right to determine the meaning of appropriate.

Consequences for a Section One violation include removal from training and/or removal from off-site activities. Further disruption will warrant a parent phone call by the State Family Program Director/Wing Family Program Coordinator. If it is determined a behavior warrants dismissal from the Training Event, parents will be notified and the youth representative will be sent home. Government funds will be recovered from the family.

Violations of Section Two will result in immediate dismissal from the Training Event. Parents will be notified and the youth representative will be sent home. Government funds will be recovered from the family.

As a youth participant at the 2016 Hawaii National Guard Teen Summit Event, I represent not only myself, but also the Hawaii National Guard Youths and I pledge to uphold this commitment. I understand if I am not able to remain in good standing during the Event and with the commitments set forth above, I will be required to leave:

__________________________________________________________
Youth Signature  Date

I have witnessed the pledge made by my son/daughter and will support him/her in carrying out the Teen Summit expectations. I understand if my son/daughter violates the codes of conduct appropriate consequences will be administered to include immediate dismissal from the 2016 Hawaii National Guard Youth Training Event.

__________________________________________________________
Parent/Legal Guardian Signature  Date