

**MCCS YOUTH ACTIVITY PROGRAMS
MARINE CORPS BASE HAWAII KANEOHE BAY**

Registration Form

Sponsor Name:		Work Phone:		Rank:	
Spouse Name:		Work Phone:		Rank:	
Home Address:		Sponsor Cell Ph:			
		Spouse Cell Ph:			
Home Phone:		E-mail Address:			
1st Child's Name:		Date of Birth:		<input type="checkbox"/> Male	<input type="checkbox"/> Female
		T-Shirt Size:	Youth <input type="checkbox"/> Adult <input type="checkbox"/>	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> Lg <input type="checkbox"/> XLg	
2nd Child's Name:		Date of Birth:		<input type="checkbox"/> Male	<input type="checkbox"/> Female
		T-Shirt Size:	Youth <input type="checkbox"/> Adult <input type="checkbox"/>	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> Lg <input type="checkbox"/> XLg	
3rd Child's Name:		Date of Birth:		<input type="checkbox"/> Male	<input type="checkbox"/> Female
		T-Shirt Size:	Youth <input type="checkbox"/> Adult <input type="checkbox"/>	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> Lg <input type="checkbox"/> XLg	
4th Child's Name:		Date of Birth:		<input type="checkbox"/> Male	<input type="checkbox"/> Female
		T-Shirt Size:	Youth <input type="checkbox"/> Adult <input type="checkbox"/>	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> Lg <input type="checkbox"/> XLg	

Child Medical Information:

Special Needs: Does your child(ren) have any special needs? If yes, Please describe:

(1st Child): _____

(2nd Child): _____

(3rd Child): _____

(4th Child): _____

Medical Needs: Please list below any medical condition, medications, allergies, etc.

(1st Child): _____

(2nd Child): _____

(3rd Child): _____

(4th Child): _____

Emergency Contacts: (Other than parent/guardian)

These people may be called in an emergency to act on my behalf in the event that I cannot be reached.

Name:		Relationship:	
Home Phone:		Work/Cell Ph:	
Name:		Relationship:	
Home Phone:		Work/Cell Ph:	
Name:		Relationship:	
Home Phone:		Work/Cell Ph:	

In the event that my child exhibits signs of illness or injury, I understand the Youth Activity staff will contact me immediately so that I can obtain medical treatment for my child. In the event that I cannot be immediately contacted, I understand the Youth Activity Staff will contact one of my listed emergency contacts so that they can obtain medical treatment for my child. If contact cannot be made with listed emergency contacts, I appoint the Activity Supervisor and Medical Personnel at the Kaneohe Dispensary, Tripler Army Hospital or Preventive Medicine to obtain medical treatment deemed necessary by Medical Department personnel until I can be reached.

Parent/Guardian Signature: _____ **Date:** _____

MCBH MCCS School Age Care (SAC) Program

Computer Usage Rules/Parent Agreement Form

- Food and drinks are not allowed in the computer area.
- Downloading software, installing personal software, modification of existing software, or changing any control or desktop setting is prohibited
- Using another's login ID or password without permissions is prohibited
- Inappropriate or abusive language, such as swearing, is forbidden.
- Ordering of products on line without authorization from the program staff is prohibited
- Personal information about myself, family, friends and acquaintances will not be revealed at anytime.

The use of email and internet is a privilege, not a right. I, _____ realize that any inappropriate use of the computer system or its resources may result in revocation of those privileges.

Participant Signature

Date

I, _____, the parent/legal guardian of the minor listed above,

_____ give my permission

_____ DO NOT give my permission

for him/her to use MCCS Youth Activities' Computer system. I understand the usage may include access to computers services such as electronic mail and the Internet and that my child will only be allowed access during operational hours under the supervision of Youth Activities' Staff. I further understand that any misuse of the system or disregard for the rules outlined above may lead to my child's privileges being revoked. I recognize that while the center makes every effort to monitor usage, it is impossible to restrict access to all controversial materials. I understand that wireless internet access is available in the Teen Center. Although several sites have been blocked, children are held accountable for accessing unauthorized websites. I agree not to hold USMC, MCB Hawaii, MCCS, Children, Youth and Teen Programs or Youth Activities responsible for materials accessed on the network. Although some websites have been disabled, children are held accountable for accessing any unauthorized websites while at the facility and will result in the termination of computer privileges up to permanent suspension from the facility.

Parent/Legal Guardian Signature

Date

HOLD HARMLESS AGREEMENT
(Transportation waiver and release from liability)

Please read and sign (if under 18, parent or guardian must sign)

I, _____, understand that there are various risks involved with transportation by Marine Corps Community Services from including, but not limited to, injuries caused by the following: other vehicles; the absence of seat belts for passengers; the absence of professional drivers; equipment; road conditions; terrain; weather; and other participants.

In consideration of receiving the above described transportation, I hereby assume all risks associated with the transportation and shall indemnify, waive, release, and forever discharge the U.S. Government, the U.S. Marine Corps, MCB Hawaii, Marine Corps Community Services, Marine Corps Community Services employees, all Marine Corps Community Services sponsors and any other individuals or entities connected in any way this transportation from any and all claims for damages, death, personal injury or property damage and litigation costs/attorneys' fees, arising from or contributed to, in whole or in part, by any act, omission, fault or mistake of the above-named persons or entities and their employees or agents, resulting from the above described transportation. I understand that, in providing the above-described transportation, the U.S. Government is not acting as a common carrier for hire and does not bear liabilities attaching to that status. This hold harmless agreement shall be binding on my heirs and assigns and shall run in favor of the above-named persons or entities and any individuals in any way connected with aforementioned transportation.

I certify that I have read all the provisions of this hold harmless agreement form and fully understand all of the same. If any provisions contained in this hold harmless agreement form are held to be invalid, void or illegal by any court of competent jurisdiction, the same shall be deemed severable from the remainder of this hold harmless agreement form and shall in no way affect, impair or invalidate any other provision herein contained.

Name of person transported: _____

Signature: _____ Date: _____

(Parent of transported person if under 18)

Witness: _____

Address: _____

MCCS YOUTH ACTIVITY PROGRAMS MARINE CORPS BASE HAWAII at KANEOHE BAY
PARTICIPATION CONSENT AND LIABILITY RELEASE

As parent/guardian of the herein below named Minor Participant (hereinafter referred to as "Minor"), I grant my permission for him/her to participate in all Marine Corps Community Service (MCCS) Youth Activity Programs at Marine Corps Base (MCB) Hawaii at Kaneohe Bay (hereinafter called, "the Event"). I further grant my permission for Minor to participate in Field Trips associated with the Event to areas other than MCB Hawaii at Kaneohe Bay, using transportation provided by MCCS. In consideration for allowing Minor to participate the Event, I hereby take the following actions for myself, my executors, administrators, heirs, next of kin, successors and assigns, or anyone else who might claim or sue on behalf of Minor:

- (a) I acknowledge that the Program will test the Minor's physical and mental abilities and carries with it the potential for death, serious injury, and property loss;
- (b) I certify as follows: (1) that Minor is properly equipped for the Event, including equipment required by Event rules, and will at no time participate in the Event without it; (2) that Minor is physically fit and able to participate in the Event; has reported all unusual medical conditions to MCCS; and (3) that Minor has not been advised against participation in the Event by a qualified health professional.
- (c) I acknowledge as follows: (1) that Minor has read and understands all applicable Event Rules and agrees to abide by them; (2) that Minor will obey all posted Event safety signs and will obey instruction of Event instructors while participating in the event; (3) that Minor agrees to follow safe procedures and to avoid unnecessary hazardous situations; and (4) that Minor has received the instruction from Event instructor personnel necessary to participate in the event safely.
- (d) I agree that, prior to the Program, I will inspect the facilities, equipment, and areas to be used and, if I believe any are unsafe, I will immediately advise a person supervising the Event;
- (e) Minor and I assume all risks associated with the Program, including, but not limited to, death; concussion; neck/spinal trauma; broken bones; loss of teeth; loss of vision; sprains; strains; cuts; bruises; mental anguish; and trauma as a result of all physical contact accidentally or intentionally inflicted by other participants; falls; contact with equipment; wet floor; effects of weather including heat or humidity; defective equipment; the condition of the premises; Minor's personal fitness level; and Minor's lack of hydration.
- (f) In connection with the Program, I forever release, acquit and discharge from all known obligations, losses, damages, liabilities, injuries, claims, demands, actions, causes of action and expenses, including without limitation, attorney's fees and costs, the following persons or entities: United States Government; MCB Hawaii, MCCS, and all volunteers, officers, directors, employees, representatives and agents of the above;
- (g) In connection with the Program, I agree not to sue any of the persons or entities mentioned in paragraph (f) above for any of the claims, losses or liabilities that I have waived released and discharged therein;
- (h) In connection with the Program, I indemnify and hold harmless the persons or entities mentioned above in paragraph (f) above from any and all claims made or liabilities assessed against them as a result of my actions and the actions of other participants.
- (i) In connection with the Program, I hereby authorize emergency medical treatment for Minor in the Event of injury or illness. I also authorize trained health care providers, including, but not limited to physicians, nurses, nurse practitioners, and hospital corpsmen to administer routine and/or emergency medicines and treatments to Minor, as needed;
- (j) In connection with the Program, I grant permission to MCCS for the use of Minor's name and/or likeness relating to my participation in the event, and waive all rights to any future compensation to which Minor may otherwise be entitled as a result of the use of his/her name or likeness.

I certify that I have read all the provisions of this participation consent and liability release form and fully understand all of the same. I intend for this participation consent and liability release form to be effective during each of Minor's participations in the Program until it expires three years from the date of my signature below. If any provisions contained in this participation consent and liability release form are held to be invalid, void or illegal by any court of competent jurisdiction, the same shall be deemed severable from the remainder of this form and shall in no way affect, impair or invalidate any other provision herein contained.

Printed Name of Minor Participant _____

Signature of Participant's Parent or Guardian _____

Date: _____

*If your child would like privileges to use Video games at the Teen Center, this form must be signed and returned.

Video Game Rules/Parent Agreement Form

- Food and drinks are not allowed in the video game area.
- Youth must sign in/out for games consoles, games, and accessories. Signing up friends, reserving spots, or re-signing themselves up without signing out first is prohibited.
- A 30-minute time limit is strictly enforced.
- Youth is solely responsible for any equipment check out under his/her name.
- If any damage is found, Parent(s) will be notified and that household will be responsible for the replacement of damaged equipment.
- Teen Center must approve all games brought from home prior to the use of the game. No "M" rated games are allowed.
- Inappropriate or abusive language, such as swearing, is forbidden.
- Harassing, threatening, and obscene material while playing is forbidden.
- Any games brought from home are the youth's responsibility and Youth Activities, Teen Center will not be held accountable for lost, stolen, or damaged equipment.
- Only Teen Center staff is permitted to plug equipment in/out.
- Please keep the competition friendly, respect others when playing, and have fun!
- Games brought from home must be approved by the SAC Center Staff/Management prior to being played.

The use of video games is a privilege, not an entitlement. I, _____ realize that any inappropriate use of the video system or gaming equipment may result in revocation of those privileges.

Participant Signature

Date

I, _____, the parent/legal guardian of the minor listed above,

_____ give my permission

_____ DO NOT give my permission

for him/her to use MCCS Youth Activities' Video Games. I have read understand the rules listed above and have discussed all rules with my child. I further understand that any misuse of the system or disregard for the rules outlined above may lead to my child's privileges being revoked.

Parent/Legal Guardian Signature

Date