



# OSAN YOUTH PROGRAMS

## SUMMER 2021 REGISTRATION FORM

**\*\* FORM MUST BE TURNED INTO YOUTH PROGRAMS  
BEFORE THE INDIVIDUAL MAY PARTICIPATE IN THE EVENT \*\***

<p>___ BOWLING TRIP 6/18 ~ \$15</p> <p>___ ART CAMP 6/21 – 6/25 ~ \$35/\$40</p> <p>___ ARTS &amp; CRAFTS CENTER TRIP 6/25 \$20/\$25</p> <p>___ PAINTBALL CAMP 6/28 – 7/1 ~ \$35/\$40</p> <p>___ FINANCE CAMP 7/6 – 7/8 ~ \$35/\$40</p> <p>___ LASER TAG TRIP 7/9 ~ \$25/\$30</p> <p>___ SOCCER CAMP 7/12 – 7/15 ~ \$35/\$40</p>	<p>___ COOKING CAMP 7/19 – 7/22 ~ \$35/\$40</p> <p>___ HUMPHREYS MUSEUM TRIP 7/23 ~ \$15</p> <p>___ VOLLEYBALL CAMP 7/26 – 7/29 ~ \$35/\$40</p> <p>___ SCAVENGER HUNT 7/30 ~ \$10</p> <p>___ STEM CAMP 8/3 – 8/5 ~ \$35/\$40</p> <p>___ BOWLING TRIP 8/6 ~ \$15</p> <p>___ KPOP DANCE CAMP 8/9 – 8/12 ~ \$35/\$40</p>
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**\*\* All camps/trips are subjected to cancellations and spaces are limited \*\***

<b>YOUTH'S NAME</b>	<b>YOUTH'S DATE OF BIRTH</b>	<b>YOUTH'S AGE</b>

<b>SPONSOR'S NAME &amp; RANK</b>	<b>SPOUSE'S NAME &amp; RANK</b>

<b>SPONSOR'S DUTY PHONE</b>		<b>SPOUSE'S DUTY PHONE</b>	
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<b>SPONSOR'S CELLPHONE</b>		<b>SPOUSE'S CELLPHONE</b>	
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<b>SPONSOR'S EMAIL</b>	
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<b>SPOUSE'S EMAIL</b>	
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<b>EMERGENCY CONTACT NAME AND PHONE</b> <i>(Someone other than the parent)</i>	
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**LIABILITY WAIVER/MEDICAL RELEASE**  
**\*\* Please read the following information carefully \*\***

I give my permission and approval for the above named child to participate in the program. I assume all risks and hazards incidental to such participation, including transportation to and from Youth Programs activities. I hereby waive and release the USAF organizers, supervisors, and persons transporting my child to and from activities for any claim out of any injury to my child.

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 participating in Osan AB Youth Programs sponsored activities. I understand that Osan Youth Programs, staff, volunteers, instructors, and coaches will not be held liable for any injury or accident to the above named child while participating in Osan Youth Programs.

I hereby consent to photographs and video taping of the named child to be taken for classroom use, staff training, parental programming, and publications of the 51<sup>st</sup> Support Squadron or the Osan Youth Programs.

<b>SIGNATURE</b>	
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<b>DATE</b>	
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