



**US Air Force Youth Programs
Residential Camp Application Form**



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 Grade:	Age on 31 May 19:	Sponsor's Status (Check One):	
		AD assigned/living/working on AF/AF-led JB	
Have you previously attended and AF residential camp?		AD Air Force	Air National Guard AF
Yes No		Air Force Reserve	Civilian (APF/NAF) assigned to/working on AF/AF-led JB
Has your parent/guardian been deployed within the last 6 months?		Retired Air Force	
Yes No			
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:			