DEFY Youth Application

Coordinator Use Only

Date Recieved:

Number:

For Official Use Only - Privacy Sensitive

Any misuse or unauthorized disclosure may result in both civil and criminal penalties

Please type or print legibly - To be completed by Parent or Guardian

Youth's Name		Age	Gender Male	E Female
Address				
Email Address				
Name of Youth's School				Grade
Father's Name				
Address (If different than youth's address)				
Work Phone	Home Phone	Cell Phone		
Email Address				
Mother's Name				
Address (If different than youth's and/or father's address)				
Work Phone	Home Phone	Cell Phone		
Email Address				
Legal Guardian's Name				
Address (If different than youth's address)				
Work Phone	Home Phone	Cell Phone		
Email Address				
T-Shirt Size				
Adult XLarge Adult Large Adult Medium Adult Small Youth Large Youth Medium Youth Small				
Has youth previously attended DEFY? Yes No Site Location:				
(Military Sponsor) I certify that I am not subject to PCS orders until:				

DEFY Youth Application (CONTINUED)

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As a condition of his/her acceptance into the DEFY program I hereby certify that:

- 1. I am the parent/legal guardian of the youth applicant named above.
- 2. I understand that the program will involve rigorous physical, recreational, and outdoor activities (including, but not limited to, swimming, hiking, running, physical exercise, rock climbing walls, etc.), as well as trips that may include travel via public and private transportation. I fully understand and accept the risks involved in the activities and transportation scheduled for DEFY.
- 3. I understand that Public Affairs personnel and other media representatives (radio, television, etc.) may be present during DEFY sponsored activities. I hereby give permission to the DEFY Program, military media, and/ or civilian media to copyright, use, release and publish any sound recording, picture, or video image of my child taken during these DEFY sponsored activities for any lawful purpose.
- 4. It is my responsibility to attend scheduled DEFY orientation to learn about program activities involving my child. I understand that I am responsible for understanding program activities and having my child prepared to participate in them.
- 5. I agree to indemnify and hold harmless the Drug Education For Youth (DEFY) Program; its agents, employees and officers; and the chaperons, leaders, organizers, and sponsors; and persons transporting my child to and/or from this activity, and the U.S. Government for any and all liability for injuries sustained, arising, and out of or in the course of the program caused by negligence of others outside the hosting military facility, DEFY staff, Department of the Navy, and the U.S. Government.

I have read and understand this application and its conditions. I agree to all terms and conditions contained herein my child has my permission to fully participate in all DEFY program activities and trips (unless otherwise specified and arranged with DEFY Local Program Coordinator) and to travel on public and private transportation provided by the DEFY program to and from activities and trips. By my signature, I agree to make the youth applicant available for the Phase I Summer Leadership Camp and the Phase II School-Year Mentoring Component. I also agree to participate in any and all program measures of effectiveness studies, surveys, and questionnaires to further improve the quality of the DEFY Program.

Signature

Date