

**MARINE & FAMILY PROGRAMS  
MCCS IWAKUNI, JAPAN**



**YOUTH & TEEN REGISTRATION PACKET**

**Please complete ONE packet PER child.**

The Youth & Teen Program (Y&TP) is an affiliate of the Boy's and Girls' Club of America and offer BGCA related activities. Y&TP provide a positive, alternate support environment that enhances social, emotional and developmental learning for success in life. Youth & Teen activities are open to youth ages 10-18 who are enrolled in primary or secondary school. There are no registration fees associated with this program.

The Teen Center is a unique space for teens ages 13-18 to enjoy an inclusive place to socialize, engage in diverse activities, and have a safe place to express themselves. The center houses a gaming room with online gaming and arcade-style games, a Café to provide a place for patrons to play board games, read, or complete homework while enjoying a variety of beverages and snacks, and a theatre room for watching movies or just relaxing with friends.

**You must complete all required document and attach immunization records or exemption form to finalize registration.**

The required documents for registration are listed below:

1. USMC Child & Youth Programs Registration Form (NAVMC 1750/5)
2. Statement of Special Needs, Medical or Developmental Conditions
3. Immunization Record (or Exemption Form)
4. IAT (if Applicable)

Please submit your completed packet to the Youth & Teen Center at Crossroads Bldg. 410, 1F. or email at [OMBIwakuni.YouthandTeenCenter@usmc-mccs.org](mailto:OMBIwakuni.YouthandTeenCenter@usmc-mccs.org).

*Please contact the Youth Center at 253-6099 or Teen Center at 253-5368 if you have further questions!*

**USMC CHILD AND YOUTH PROGRAMS  
REGISTRATION FORM**

OMB No. 0703-0068

OMB Approval Expires  
09/30/2025**PRIVACY ACT STATEMENT**

In accordance with the Privacy Act of 1974 (Public Law 93-579), this notice informs you of the purpose for collection of information on this form. Please read it before completing the form.

**AUTHORITY:** 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; DoD Instruction 6060.02, Child Development Programs; DoD Instruction 6060.4, Youth Programs; OPNAVINST 1700.9 series; Marine Corps Order 1710.30, Marine Corps Child and Youth Programs (CYP); and [SORN NM01754-3](#).

**PURPOSE:** Information provided is used by Children and Youth Programs (CYP) for purposes of patron registration in CYP programs and activities and parent/guardian and emergency contacts.

**ROUTINE USES:** Information will be accessed by CYP personnel with a need to know to meet the purpose. Information is not routinely disclosed outside of DoD. Any release of information contained in this system of records outside of DoD will be compatible with the purposes for which the information is collected and maintained. A complete list and explanation of the applicable routine uses are published in the authorizing SORNs available at: <https://dpcl.dod.mil/Privacy/SORNsIndex/DODwide-SORN-Article-View/Article/570428/nm01754-3/>.

**DISCLOSURE:** Information is voluntary; however, failure to provide information may adversely impact individuals from participation in CYP activities.

**RECORD MANAGEMENT:** This form shall be managed in accordance with record schedule 1000-39, "Family Support Programs (Temporary)" of SECNAV M-5210.1.

The public reporting burden for this collection of information, OMB No. 0703-0068, is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at [whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil](mailto:whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PLEASE DO NOT RETURN YOUR RESPONSE TO THE ABOVE ADDRESS.** Responses should be sent to your Regional Director.

**INSTRUCTIONS FOR COMPLETING NAVMC 1750/5****GENERAL**

This form is completed by the parent/legal guardian or custodian, or Agent acting pursuant to a power of attorney. Information provided is used by Child and Youth Programs (CYP) for purposes of participant registration in CYP programs and activities. At least annually or when the information is outdated a new form will be completed, signed, and dated.

**SPONSOR INFORMATION**

Items 1-3. Self-explanatory.

Item 4. Indicate Sponsor's status in the military.

Item 5. If applicable, indicate Sponsor's military grade, otherwise type "N/A".

Item 6. Indicate branch Sponsor is affiliated with.

Items 7-10. Self-explanatory.

Item 10a. Name of cell phone carrier.

**SPOUSE / GUARDIAN INFORMATION**

Items 11-20a. Please follow instructions for items 1-10a above as it relates to the spouse / guardian.

**CHILD / YOUTH INFORMATION**

Items 21-23. Self-explanatory. There are three sections provided on the form if the family is registering multiple participants. Please fill in one section for each participant.

Item 24. Answer Yes if use of video and photographs are allowed. Otherwise, answer No.

Answer Yes if participant is allowed to attend field trips. Otherwise, answer No.

Answer Yes if you received the Parent Handbook. Otherwise, answer No.

Answer Yes if participant is allowed to use computers and internet. Otherwise, answer No.

Answer Yes if you are aware of the DoD Priority Supplanting Policy. Otherwise, answer No.

**LOCAL EMERGENCY CONTACT / RELEASE DESIGNEES**

Items 25-28. Self-explanatory. These individuals will be contacted when the parents/guardians are unavailable and also have permission to depart the premises with the participant. There are three rows for multiple emergency contacts/release designees. Fill out one row for each emergency contact/release designee.

Item 29. Provide the relationship that the emergency contact/release designee has with the participant.

Items 30-31. Self-explanatory.

SPONSOR INFORMATION				
1. Name (First MI Last):				
2. Address:				
3. Command/Unit/Employer:				
4. Military Status:	5. Military Grade:	6. Branch:	7. Email:	
8. Home Phone:		9. Work Phone:		
10. Cell Phone:		10a. Cell Carrier:		
SPOUSE / GUARDIAN INFORMATION				
11. Name (First MI Last):				
12. Address:				
13. Command/Unit/Employer:				
13a. Full-time Student Post-Secondary Institution? <input type="radio"/> Yes <input type="radio"/> No				
14. Military Status:	15. Military Grade:	16. Branch:	17. Email:	
18. Home Phone:		19. Work Phone:		
20. Cell Phone:		20a. Cell Carrier:		
CHILD / YOUTH INFORMATION				
21. Child 1 First and Last Name:			Nick Name:	
Gender:	Birthdate:		School Grade (K-12 or N/A):	
Program Enrollment:	<input type="radio"/> Full Day	<input type="radio"/> Part Day	<input type="radio"/> Hourly	<input type="radio"/> Family Child Care
	<input type="radio"/> School Age Care (AF)	<input type="radio"/> Summer Camp	<input type="radio"/> Youth and Teen Program	<input type="radio"/> School Age Care (BF/AF)
			<input type="radio"/> Other:	<input type="radio"/> School Age Care (BF)
22. Child 2 First and Last Name:			Nick Name:	
Gender:	Birthdate:		School Grade (K-12 or N/A):	
Program Enrollment:	<input type="radio"/> Full Day	<input type="radio"/> Part Day	<input type="radio"/> Hourly	<input type="radio"/> Family Child Care
	<input type="radio"/> School Age Care (AF)	<input type="radio"/> Summer Camp	<input type="radio"/> Youth and Teen Program	<input type="radio"/> School Age Care (BF/AF)
			<input type="radio"/> Other:	<input type="radio"/> School Age Care (BF)
23. Child 3 First and Last Name:			Nick Name:	
Gender:	Birthdate:		School Grade (K-12 or N/A):	
Program Enrollment:	<input type="radio"/> Full Day	<input type="radio"/> Part Day	<input type="radio"/> Hourly	<input type="radio"/> Family Child Care
	<input type="radio"/> School Age Care (AF)	<input type="radio"/> Summer Camp	<input type="radio"/> Youth and Teen Program	<input type="radio"/> School Age Care (BF/AF)
			<input type="radio"/> Other:	<input type="radio"/> School Age Care (BF)
24. Please answer the following questions by marking either Yes or No:				
I allow use of video and photographs of my child within the CYP program.		<input type="radio"/> Yes <input type="radio"/> No	I give my permission for child to use supervised computers and internet.	
I approve my child/youth to attend field trips.		<input type="radio"/> Yes <input type="radio"/> No	I am aware of the DoD Priority Supplanting Policy	
I have received a copy or was given the website on where to get a "Parent Handbook".		<input type="radio"/> Yes <input type="radio"/> No		
LOCAL EMERGENCY CONTACT / RELEASE DESIGNEES (minimum of three contacts required)				
25. Name (First MI Last)	26. Address	27. Home Phone	28. Cell Phone	29. Relation to Child
30. Parent/Guardian Signature:			31. Date:	



**CHILD & YOUTH PROGRAMS**  
**Statement of Special Needs, Medical or Developmental Conditions**

**Purpose:** To provide child and family program eligibility and background information; to assist with child's placement and obtain sponsor consent for access to emergency medical care; and to provide data required by EFMP. Policies shall be implemented to ensure that appropriate services are provided for children, youth and teens with special needs. Such policies shall meet the requirement of the Rehabilitation Acts and the Department of Defense Directive 1020.1, Non-Discrimination on the Basis of Handicap in Programs and Activities Assisted or Conducted by the Department of Defense.

**Routine Uses:** This information will be shared with members of the Inclusion Action Team (/AT) to assist with making an informed decision about your child's placement. Information is used for program admission to ensure staff training is pertinent to the child's needs. Information is furnished for the attending physician when it is necessary for a child to be taken to a medical facility by someone other than the parent.

**Disclosure:** Disclosure of information is voluntary; however, if information is not provided, individuals may not be allowed to participate in Child and Youth Programs. Please note any medication your child may take, or has taken consistently in the last six months.

Child/Youth Name (Last, First)	Sponsor Name	Date of Birth	Program (Select One)
			<input type="checkbox"/> Youth <input type="checkbox"/> Teen

**Please check (✓) if your child has any of the following:**

Asthma <i>Please indicate severity/triggers: _____</i>
Apnea
Autism (to include POD-nonspecific, Asperger's Syndrome, or any Pervasive Developmental Disorder)
Allergies (severity allergies to bee stings, severe environmental or severe food allergies; severe is defined as "life threatening conditions occur when contact with allergen is made")
Any chromosomal disorder (such as Down Syndrome, Velo-Cardio Facial Syndrome, X-chromosome disorders or a mutation of any chromosome)
Seizure Disorder <i>Please indicate type: _____</i>
Diabetes
(Infants Only) Prematurity, as defined as born before 36 weeks gestation
Developmental Disability (mental retardation)
Developmental Delay <i>Please check all that apply:</i> <input type="checkbox"/> communication or speech delay <input type="checkbox"/> emotional delay <input type="checkbox"/> motor/physical skill delay
Blood disorder (such as hemophilia) <i>Note: If child is HIV positive, do not indicate it on this form. To safe guard your child's confidentiality, you may choose to reveal your child's HIV status to the director. This will aid the program in providing services to safeguard you child's health.</i>
Attention Deficit Disorder with/without Hyperactivity (ADD/ADHD)
Severe Behavior Disorder (SBD)

Obsessive Compulsive Disorder (OCD)
Other mental health condition (such as paranoia or schizophrenia)
Hard of hearing or deaf
Blind
<i>(For toddlers, preschoolers and school-aged children)</i> Unable to walk, including children using a wheelchair
Suffered several physical trauma <i>(due to incidents such as, but not limited to, automobile accident, a severe fall, physical abuse)</i>
Suffered severe emotional trauma <i>(due to incidents such as, but not limited to, any type of abuse, death of a parent or sibling)</i>
Digestive Disorder Specify: _____
Respiratory Disorder Specify: _____
Chronic Heart Condition
Disorder of the spine or skeletal system <i>(such as scoliosis)</i>
Missing Limb
Other special needs or medical conditions not listed. Specify: _____
Routine Medications Specify: _____
Required special care or services Specify: _____
My child has NO special needs or diagnosed condition(s).

If your child has been identified with any special needs, are you currently enrolled in the Exceptional Family Member Program?  Yes  No

I have disclosed, to the best of my ability, any special needs, medical, or developmental conditions my child may have.

Sponsor's/Parent's Signature: _____ Date: _____
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