



"HOOAH" Day Application

Please Mail or deliver to: Taylor Youth Center
Bldg. 80 Texas Avenue
Fort Campbell, KY 42223



Applicant Information

Full Name: _____ Date: _____

Last First M.I.

Address: _____

Street Address Apartment/Unit #

City State ZIP Code

Phone: () E-mail Address: _____

Date available:

Are you a military dependent?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Is your parent or guardian currently deployed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will your parent or guardian be deploying soon?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?		

School Information

High School: _____

Year in school: _____ YES NO

Fall 2008: Are you a graduating Senior? YES NO

Sponsor Information

Name and Rank: _____ Relationship: _____ Phone: _____

Unit/employer: _____ : ()

Address: _____

Name and Rank: _____ Relationship: _____ Phone: _____

Unit/employer: _____ : ()

Address: _____

Disclaimer and Student Signature

Commitment pledge:

By signing this form, I pledge to attend all activities as scheduled and have a fun-filled day. I understand that if an emergency arises and I am not able to attend the date I am scheduled, I am to notify Michael Gorham at 270-956-2629 or Tayanette J. Williams at 270-798-9219 as soon as possible.

Signature: _____ Date: _____

Parent Signature

Medical consent statement.

- I consent by signing this application, for an authorized Child and Youth Services (CYS) representative to take care, medical or dental, in an emergency situation when the child's condition represents a serious or imminent threat to his/her life, health, or well-being*
- I understand that a conscientious effort will be made to notify me before such actions.*
- I will pay any expenses incurred.*
- Treatment at an Army medical facility may be provided without additional consent under provision of AR 40-3 paragraph 2-24b.*

Signature: _____ Date: _____