



# 2021 Virtual Teen Aviation Camp Application

## Air Force Youth Programs

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/guardian relative to the youth's participation in programs. **Disclosure:** Disclosure of requested information is mandatory.

Please select your camp session choice from the drop down box below

Session Choice:

**All applications must be submitted by a Parent/Guardian no later than 14 April 2021.**

**Please send applications to the AF Camps workflow box: AFSVC.SVPY.Camps@us.af.mil**

**Please submit application as a PDF attachment. We do not have the capability to access shared documents or cloud-based files.**

YOUTH PARTICIPANT INFORMATION			
First Name:	Middle Name:	Last Name:	Male Female
Date of Birth (DD - MON - YEAR):		School Year 2020/2021 Grade:	Adult Shirt Size:
Have you previously attended an AF Residential Camp?		Yes	No
If Yes, which camp?		Year:	
SPONSOR (PARENT/GUARDIAN INFORMATION)			
Sponsor First Name	Sponsor Last Name	E-Mail	Commercial Phone
Sponsor's CURRENT Status (Please check only one and see information sheet for priority)			
Active Duty Air Force		Other Active Duty (assigned to or living/working on AF/AF-led JB)	
AFR or ANG (Active Duty or Full-Time Training Status)		AFR or ANG	
Civilian (APF/NAF assigned to/working on AF/AF-led JB)		Air Force Retiree	
Deployed in support of contingency operation (min 30 calendar days) within the past 6 months			Yes No
Location:		Dates of Deployment:	
Sponsor Installation	Sponsor Unit	Sponsor Government E-Mail	
Second Parent/Guardian Information			
First Name	Last Name	E-Mail	Commercial Phone
PARENT/GUARDIAN ENDORSEMENT			
To the best of my knowledge all of the information stated herein this document is true and accurate.			
Parent/Guardian Signature			Date