

CYS SCHOOL SUPPORT SERVICES PRESENTS:

SEE THE POINT!



FEATURES OF THIS TOUR OF WEST POINT INCLUDE:

- MORGAN FARM & THE ARMY MULES
- WEST POINT ARTS & CRAFTS CENTER
- THE WEST POINT BOWLING CENTER
- OUTDOOR RECREATION, AND MORE!
- THE MIDDLE SCHOOL TEEN CENTER
- PLUS, ENJOY A COMPLIMENTARY SLURPEE AT AAFES EXPRESS!
- WEST POINT MIDDLE SCHOOL

See back for permission slip. To register, call P&OS at (845) 938-4458 / 1362 / 3969. Space is limited. Register at least 48hrs before tour. Please pack a lunch and wear comfortable walking shoes & socks (for bowling). If desired, after tour, participants may remain at the MST for Open Gym until 4pm. Call (845) 938-2092 for more info.



UNITED STATES ARMY INSTALLATION
MANAGEMENT COMMAND
WESTPOINT.ARMYMWR.COM



CYS School Support Services Permission Slip Form

PARTICIPANT'S NAME: _____ GRADE ENTERING: _____

EVENT/DESTINATION: "SEE THE POINT" New Youth Tour of West Point

DATE OPTIONS: (circle one) July 21st | July 28th | August 4th | August 11th

TIME: 9:00am - 1:00pm Location: Meet & end at the MST Building (500 Washington Rd)

ELIGIBILITY: CYS registered youth entering 6th - 8th grade who are new to West Point

TRANSPORTATION: The CYS School Support Services Bus

- 1.) Do you authorize your child to walk home from this event? (circle one) Yes | No
- 2.) Does your child have any medical condition(s) (i.e. allergies, medications, etc.) which may affect their participation or which you feel CYS should be aware of? (indicate below)

3.) I, _____ Parent/Guardian of _____
give consent for an authorized Youth Services representatives(s) to take my child listed above for medical and/or dental care in an emergency situation where the child's condition represents a serious or imminent threat to his or her life, health, or well-being. I understand that a conscientious effort will be made to notify me prior to such action and the expense, if any, will be borne by me. Treatment at an Army medical facility may be provided without additional consent under the provision of AR 40-3, ¶12-24b.

(Printed Name of Parent/Guardian)

(Signature of Parent/Guardian)

Date: _____

Cellphone: _____

Home/Work Phone: _____

4. Emergency Contact (only if you cannot be reached first):

Cellphone: _____

Home/Work Phone: _____

Permission slips may be given to P&OS when registering, or scanned and emailed to michi.l.carl.naf@army.mil.

West Point CYS does not carry supplemental insurance to pay medical costs in the event that a child is injured while participating in our activities. Military dependents are authorized care from Keller Army Community Hospital or TRICARE. Those not authorized care from Keller, or parent(s)/guardian(s) who desire additional coverage, must make arrangements privately.