

2014-2015 Kansas National Guard Military Support Group Information Sheet



Please fill this information sheet out, and return to school before military support group next month. This information is very important for justification for the program, so we may continue this group in the coming years.

Child's Name: _____

Grade: K 1st 2nd 3rd 4th 5th 6th 7th 8th 9th

Branch of the Military:

Army National Guard	Air National Guard	Army Active	Army Reserve
Air Force Active	Air Force Reserve	Navy Active	Navy Reserve
Marine Active	Marine Reserve	Coast Guard Active	Coast Guard Reserve

Agreement for Use of Photograph, Artwork and Name

I, the undersigned, agree to the following:

1. My child will be participating in the Kansas National Guard Child and Youth Program. I understand that photographs and videos may be taken of my child while participating in the youth activities. Additionally, I understand that my child may complete artwork while engaged in youth activities.
2. I give my permission for these photographs, videos, artwork and my name/child's name to be used for promotional or informational purposes. This could include publication in pamphlets, briefings, National Guard media publications, or other forms of publication deemed appropriate by the Kansas National Guard.

Signed: _____ Print Name: _____ Date: _____

Email: _____

- I would like to receive emails about Kansas National Guard Youth Program Events through email, less than twice a month.