



MILITARY INTELLIGENCE READINESS COMMAND TEEN RESILIENCE PROGRAM



Please E-mail your completed registration forms NLT 1 April 2015 to:
usarmy.usarc.mirc.mbx.hq-family-programs@mail.mil

Family Programs is excited to announce our new MIRC Teen Resilience Program using the Comprehensive Soldier & Family Fitness (CSF2) Teen Curriculum!

The goal of the Teen Curriculum is to translate the skills that we currently teach Soldiers and Spouses and provide these skills to our military youth. This will provide Army Reserve Families with a common language around resilience and performance skills. This curriculum will focus on valuable skills to assist teens in managing adversity and challenge.

The training is open to military teens in 9th-12th grade living within the commuting area of Ft. Belvoir. The priority will be MIRC Teens, then Army Reserve Teens, and finally, Active Duty Teens and other Military Teens. The sessions will take place at the Mosby Reserve Center, 8831 John J. Kingman Drive, Ft. Belvoir, VA 22060. We will be able to accept 30 teens to participate in this 7-session program, and please note, you must commit to participating in the entire 7-session curriculum.

The session dates are below:

- 26 April 2015 - Session 1 of 7 - Goal Setting and Activating Event, Thoughts, Consequences
- 30 May 2015 - Session 2 of 7 - Hunt the Good Stuff and Energy Management
- 20 June 2015 - Session 3 of 7 - Avoid Thinking Traps and Detect Icebergs
- 25 July 2015 - Session 4 of 7 - Problem Solving and Put It in Perspective
- 29 August 2015 - Session 5 of 7 - Mental Games and Real-Time Resilience
- 26 September 2015 - Session 6 of 7 - Identifying Character Strengths in Self and Others and Character Strengths/Challenges in Leadership
- 17 October 2015 - Session 7 of 7 - Assertive Communications and Effective Praise and Active Constructive Responding

Please select the appropriate status/eligibility from the list below:

- Teen Dependent of MIRC Soldier/Civilian (Priority 1)
- Teen Dependent of Army Reserve Soldier/Civilian/Retiree (Priority 2)
- Teen Dependent of Active Duty Soldier/Civilian/Retiree or other Military (Priority 3)

Required Registration Forms:

- Teen Resilience Cover Letter (this document)
- Parent Consent Form
- ARCYSS Registration Form

I acknowledge that I am enrolling in 7 sessions of Teen Resilience Training. I am making a commitment to participate in the full 7-session curriculum that will take place one weekend a month between April and October 2015 on the dates listed above.

Participant Signature _____ Date _____

Print Name _____

Parent/Guardian Signature _____ Date _____

Print Name _____

2 February 2015

Dear Parents,

Throughout the course of the 7 session Teen Resilience Curriculum, April – October 2015, your child will have the opportunity to participate in a program of skills based training to increase their individual resilience and performance, called Resilience and Performance Training for Teens. This program is targeted for adolescents, and is based upon a state of the art adult program delivered to U.S. Army Soldiers and their spouses.

When faced with stress and/or adversity, resilience is the key factor in mental, emotional, and behavioral ability to cope with and recover from the experience, achieve positive outcomes, adapt to change, stay healthy, and grow from the experience. Performance enhancement engages the mental, emotional, physical skills, learning skills and health that generate optimal human performance, empowering individuals to perform at their best when it matters most.

The Army's Comprehensive Soldier & Family Fitness (CSF2) team has been delivering performance enhancement, and resilience skills based training to Soldiers and spouses since 2010, with significant positive results in improving the lives of countless individuals. Technical reports on the outcomes of this adult training can be found at <http://csf2.army.mil/metrics-evaluation.html>. Highlights from the outcomes of these technical reports include the following data points:

- Individuals who are trained on resilience skills demonstrate higher levels of resilience post training than their counterparts who do not participate in resilience training.
- Resilience and psychological health are linked to important behavioral outcomes, such as individual self assessments of emotional and social health, and reductions in depression, anxiety related illnesses, and substance abuse.

Based upon these outcomes, Soldiers and their spouses have requested that the CSF2 team translate the training delivered to adults for adolescents, providing families with a common language and approach to resilience (increasing self-awareness, self-regulation, optimism, mental agility, identifying strengths of character, and connection), and performance enhancement (energy management and goal setting). During this training, students will be encouraged to “bring home” what they have learned and to discuss and practice skills with their family; we ask parents to participate in these conversations so that your entire family can share in this learning experience.

The CSF2 Teen curriculum will be delivered to your child over the course of 7 sessions from April – October 2015. Your parental permission is required in order for your teen to participate in this training. Please contact Ms. Anette Ellis, MIRC Family Programs Director, at usarmy.usarc.mirc.mbx.hq-family-programs@mail.mil for additional information about this program. Your signature below, granting your consent, must be received by **1 April 2015**.

PARENTAL CONSENT OF CSF2 TEEN DELIVERY AT
THE MILITARY INTELLIGENCE READINESS COMMAND

I, _____, grant my parental consent for _____ to participate in the CSF2 Resilience and Performance Training for Teens Curriculum.

Signature

Date



Child, Youth & School Services

Day Program Registration Form



THIS FORM MUST BE COMPLETED BY PARENT/GUARDIAN

INSTRUCTIONS: Please provide requested information for determining appropriate supervision and support for the Army Reserve CYSS activity or event listed. **A parent or guardian must sign.** If the participant is a person with a disability and requires accommodations to participate in this activity, please contact the AR Family Programs office during business hours at least 7 days prior to the event to discuss accommodations.

Data Required by the Privacy Act of 1974 Authority: Title 10, United States Code, section 3012.

Principal Purpose (s): To provide child and family program eligibility and background information; sponsor consent for access to emergency medical care, and media release

Routine Uses: Information is provided to the attending medical staff/physician when it is necessary for a youth to be taken to a medical facility by someone other than the parent.

Disclosure: Disclosure of requested information is voluntary. However, if information is not provided, individuals may not be allowed to participate in Army Reserve Child, Youth & School Services (CYSS) Events. In accordance with Army regulations 608-10 & 215-1, Morale, Welfare, and Recreation Activities and Nonappropriated Fund Instrumentalities, the information provided on this form will be used in case of a medical emergency.

Event Name		Event Date		Drop Off Time Range		Pick-Up Time Range	
On-Site POC Name / Contact Information							
Participant's Name		Grade	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Current Age	Birth Date	Participant's Cell Phone	
Mailing Address			City			State	Zip
Parent/Guardian Information Who has Primary Custody of the Participant?							
Sponsor's Name (Army Reserve Soldier)		Address (if different than Participant)		<input type="checkbox"/> Select if Address is the same as the Participant			
Cell Phone		Home Phone			Work Phone		
Has Sponsor been deployed in the last <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> 18 months		<input type="checkbox"/> AGR <input type="checkbox"/> TPU		<input type="checkbox"/> WW		<input type="checkbox"/> Surviving child of Fallen Soldier	
2nd Parent/Guardian Name		Address (if different than Participant)		<input type="checkbox"/> Select if Address is the same as the Participant			
Cell Phone		Home Phone			Work Phone		
Emergency Contact Information Where can you be reached in the event of an emergency?							
Location		Phone			Alternate Phone		
If you cannot be reached, who should be notified?							
Cell Phone		Home Phone			Work Phone		
Medical Information Are your youth's immunizations up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of most recent tetanus shot: (month/year)							
Please check yes or no. If yes, explain. (Include another sheet if needed.)							
Does the participant have any chronic health problems/illness, such as seizures, asthma, diabetes, or others? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Does the participant presently have an acute illness? <input type="checkbox"/> Yes <input type="checkbox"/> No			Has the participant been treated recently for any kind of medical problem? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Does the participant wear contact lenses, glasses or orthodontic appliances? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Does the participant have any allergies to medications or local anesthetics? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Are there any physical restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Has the participant had any injuries, fractures or surgeries for any conditions that may limit participation? <input type="checkbox"/> Yes <input type="checkbox"/> No							
IF YES, is the participant under any follow-up care from an injury or surgical procedure?							
Activities encouraged or limited by physician				Specify any other medical conditions			
Please tell us anything about your youth that you feel might be helpful or necessary for us to know in order to improve his/her experience.							

My youth has permission to self-administer emergency medications such as an inhaler or epi pen. <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, send the emergency medication in original packaging. ~Check the expiration date.~				
Please provide any additional information about medications.				
Physician and Dentist / Orthodontist Information				
Physician's Name		Telephone	Dentist / Orthodontist Name	Telephone
Address		Address		
Health Insurance				
Health Insurance Company Name		Policy Number (for TRICARE provide Sponsor's SSN)	Phone Number	
I have provided a copy of the front and back of the Insurance ID Card (required) YES <input type="checkbox"/> NO <input type="checkbox"/>				
<p>If the participant is under 18, parents/guardians must sign in the space provided. If you are over the age of 18, please sign for yourself. Participation in the Army Reserve event/activity will not be allowed without a signature. You must contact your Family Programs or event POC if there is a change in health status after submitting this form.</p> <p>1. I give my permission for the participant named on this form to attend the designated Army Reserve event/activity. He/She has permission to participate in all activities which may include swimming and other water sports under the supervision of lifeguard(s) and to take part in other scheduled activities such as physical/exercise and related activities under the supervision of instructors; subject to limitations noted herein.</p> <p>2. I hereby give permission to the medical staff person selected by the event/activity director to order X-rays, routine tests and treatment for my child (or for myself if I am a participant over 18 years old) as medically necessary. I understand that all attempts will be made to notify parents/guardians of any serious injury or illness to their child. If I cannot be reached in an emergency, I hereby give permission to the medical staff personnel to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for me/ or the participant named on this form. This form may be photocopied for use outside of the event/activity location.</p>				
Parent/Guardian Signature			Date	
<p><i>(provide a copy of the front of the Insurance ID card)</i></p>		<p><i>(provide a copy of the back of the Insurance ID card)</i></p>		
General Release for Photographs and Video				
Participant's Name				
<p>The U. S. Government has requested that I grant, release and discharge certain rights arising from the participation of a minor child over whom I exercise custody in a videotape or motion picture film, telecast, video recording, videodisc, or photograph, which is being made by or produced for the U. S. Government.</p> <p>This grant, release, and discharge of said rights to the U. S. Government is made freely and without expectation of compensation of any kind, in full cognizance of the risk inherent in the operational techniques employed in the production, including, but not limited to, the focusing of lights upon minor child, and in contemplation of the reliance by the U. S. Government upon the rights herein granted and released.</p> <p>The rights hereby granted and released to the U. S. Government by the minor child and/or the parents or lawful guardians of the child are as follows:</p> <p>a. To use the name, and the photographs, likenesses, acts, poses, plays, and appearances of said infant or minor child made in connection with the said production in any manner. To record, reproduce, amplify, simulate, filter or otherwise distort the child's voice and all instrumental, musical, and other sound effects produced by the child; and reproduce, duplicate, publish, exhibit, use or transmit the same or any parts thereof, by any means, in any manner and for any purpose whatsoever, and to use the same perpetually.</p> <p>b. To "double" or "dub" the voice of the minor child or the acts, poses, plays, and appearances of the minor child, and all instrumental, musical and/or other sound effects produced by the said minor child to such extent as may be desired by the U.S. Government.</p> <p>This grant and release will not be made the basis of a future claim of any kind against the U.S. Government. I release and discharge the U.S. Government from any cause of action arising from the participation of the minor child in the production.</p> <p>This grant, release, and discharge shall inure to the benefit of the U. S. Government, and its officers, agents, servants, and employees when acting in their official capacities; and to persons, firms or corporations contracting with the Government, and their heirs, executors, administrators, successors, or assigns, and to any other persons lawfully reproducing, distributing, exhibiting, or otherwise using the said production or any portion thereof.</p> <p>THE PERSON OR PERSONS GRANTING AND RELEASING THE RIGHTS set forth above are as follows:</p>				
Signature of Parent/Guardian			Date	