

**INTERNATIONAL FAMILY ORIENTATION PROGRAM (IFOP)
REGISTRATION FORM – VOLUNTEER**

(check one) Spouse Group _____ Children's Group _____

PLEASE USE FULL NAMES AS YOU WANT THEM TO APPEAR ON A CERTIFICATE

Volunteer's Full Name: _____

Address: _____ Phone Number: _____

The following information is required for base entry: (if you already have base access, please disregard)

Driver's License (DL) Number: _____ DL State of issue: _____ Date of Birth: _____

Children participating in IFOP: USE FULL NAMES AS YOU WANT TO APPEAR ON CERTIFICATE

1. Child's Full Name: _____ **Nickname:** _____

Date of Birth: _____ This upcoming school year, Entering Grade: _____

Are there any medical difficulties we should know about? If yes, please provide information on back of form.

No Yes

Is your child allergic to any foods? No Yes Explain _____

2. Child's Full Name: _____ **Nickname:** _____

Date of Birth: _____ This upcoming school year, Entering Grade: _____

Are there any medical difficulties we should know about? If yes, please provide information on back of form.

No Yes

Is your child allergic to any foods? No Yes Explain _____

3. Child's Full Name: _____ **Nickname:** _____

Date of Birth: _____ This upcoming school year, Entering Grade: _____

Are there any medical difficulties we should know about? If yes, please provide information on back of form.

No Yes

Is your child allergic to any foods? No Yes Explain _____

(IF YOU HAVE MORE THAN 3 CHILDREN USE THE BACK OF THIS SHEET TO WRITE IN THE INFORMATION)

My child has my permission to participate in the IFOP program at Maxwell AFB including swimming, bowling, and other activities, both on and off base. I understand that the United States Government, Maxwell AFB civilian and/or military employees and volunteer workers are not responsible for injuries which may occur during these activities.

(Parent's Signature)

(Date)