

# AF Form 1181, *Air Force Youth Flight Program Patron Registration Instructions*

## One form per child – must be updated every 12 months

1. **CHILD'S NAME:** Child's name - Last Name, First Name, Middle Initial
2. **SPONSOR:** Sponsor - Last Name, First Name, Middle Initial
3. **SPOUSE:** Spouse, if applicable - Last Name, First Name, Middle Initial Spouse, if not applicable – NA
4. **FEES:** Filled out by CDC Staff
5. **HOME PHONE:** Area code and telephone number of the sponsor (XXX-XXX-XXXX)
6. **RANK/GRADE:** Sponsor's Rank/Grade
7. **RANK/GRADE:** Spouse's Rank/Grade, if applicable - if not applicable - NA
8. **DEROS/ID EXPIRES:** Sponsor's - DEROS/ID Expires (DD-MM-YYYY)
9. **ADDRESS:** Sponsor's home address, include the street number, city, state, and zip code  
(Physical Address)
10. **DUTY PHONE:** Sponsor's duty /work phone (XXX-XXX-XXXX)
11. **DUTY PHONE:** Spouse's duty/work phone, if applicable - if not applicable - NA
12. **BRANCH OF SERVICE:** Branch of service for sponsor
13. **MARITAL STATUS:** Marital status of the sponsor (indicate married, single, separated, divorced, widowed, or widower.
14. **ORGANIZATION:** Organization of the sponsor
15. **EMERGENCY CONTACT Name of child's emergency contact: - First Name, Last Name, The emergency contact must be someone in the local area and cannot be a parent(s).**
16. **EMERGENCY PHONE:** Area code and telephone number of the child's emergency contact (XXX-XXX-XXXX)
17. **SPONSOR'S SSN Sponsor's LAST 4 OF SSN (XXXX) LAST FOUR ONLY**
18. **SPOUSE'S SSN Spouse's LAST 4 OF SSN (XXXX) LAST FOUR ONLY, if applicable**
19. **HOSPITAL PHONE:** Area code and telephone number to the hospital or medical treatment facility where the child would be taken for treatment (XXX-XXX-XXXX)
20. **PHYSICIAN'S NAME:** Name of Child's Physician (First Name, Last Name)
21. **SEX (X One):** Indicate child's sex (male or female)
22. **DATE OF BIRTH (Day, Month, Year)** Child's date of birth (DD-MM-YYYY)
23. **I authorize emergency treatment for the children named hereon:** Print the child's full legal name – first name, middle name, and last name
24. **SIGNATURE:** Signature of child's sponsor/spouse (or guardian)
25. **DATE (YYYYMMDD):** Date form is completed (YYYY-MM-DD)
26. **SPECIAL INSTRUCTIONS:** Special instructions (if needed)
27. **SPECIAL NEEDS CARE:** Special needs care/chronic illnesses/allergies (if applicable)
28. **NAMES OF ADDITIONAL CHILDREN ENROLLED IN PROGRAM:** List sponsor/spouse's other children enrolled in program
29. **ADULTS AUTHORIZED TO SIGN CHILDREN IN/OUT:** List all (to include the emergency contact listed in block 15) authorized to sign child in/out of program (first name, last name) – parents do not need to list themselves
30. **AUTHORIZATION FOR FIELD TRIPS:** Signature of sponsor/parent (or guardian)
31. **PARENT SIGNATURE:** Signature of sponsor/parent (or guardian)

**VACCINE/DATE RECEIVED ARE NO LONGER USING THIS SECTION  
CURRENT FAMILY INCOME NO LONGER NEEDED – THE TFI CALCULATION IS USED NOW**