

U.S. NAVAL SEA CADET CORPS U.S. NAVY LEAGUE CADET CORPS	CADET APPLICATION MEMBER INFORMATION	FOR OFFICIAL USE ONLY
INSTRUCTIONS		
1. Please print or type only with black ink. 2. Fill in all blocks that apply; for those that do not, enter "Not Applicable" or "N/A" 3. Endorsement of all agreements and releases is required to continue the enrollment process. 4. Application should be reviewed on a regular basis to ensure currency of information. 5. A new application must be completed upon transfer from the NLCC to the NSCC.		
1. APPLICANT INFORMATION		
1a. Last Name	1b. First Name	1c. Middle Name
		1d. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
1e. Home Address	1f. City	1g. State
		1h. Zip Code + 4
1j. Date of Birth (DD MMM YY)	1k. Primary Phone	1l. E-Mail Address
1m. Full-time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes grade:</i>	1n. School Name & Address	1o. GPA (OPT)
1p. Has the applicant ever been charged OR convicted of a criminal offense? (use an additional sheet if necessary) <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes please explain:</i>		
1q. Citizenship <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Legal Resident - Registration Number:	1r. Referred/Recruited by (Cadet Name, if applicable)	
2. APPLICANT PROMISE		
<i>I promise to serve faithfully, honor our flag, abide by Naval Sea Cadet Corps Regulations, carry out the orders of the officers appointed over me, and so conduct myself as to be a credit to myself, my unit, the U.S. Naval Sea Cadet Corps, the Navy, the Coast Guard, and my country. So help me God.</i>		
2a. Applicant Signature		2b. Date (DD MMM YY)
3. PRIMARY PARENT/LEGAL GUARDIAN INFORMATION (will be listed as next of kin and first contact in case of an emergency)		
3a. Name	3b. Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other:	
3c. Address	3d. City	3e. State
		3f. Zip Code + 4
3g. Primary Phone	3h. Alternate Phone	3i. E-Mail Address
4. SECONDARY PARENT/LEGAL GUARDIAN CONTACT INFORMATION		
4a. Name	4b. Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other:	
4c. Address	4d. City	4e. State
		4f. Zip Code + 4
4g. Primary Phone	4h. Alternate Phone	4i. E-Mail Address
5. EMERGENCY CONTACT INFORMATION (will be contacted in case primary or secondary contacts are unreachable in case of an emergency)		
5a. Name	5b. Relationship <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Family Friend	
5c. Address	5d. City	5e. State
		5f. Zip Code + 4
5g. Primary Phone	5h. Alternate Phone	5i. E-Mail Address
6. DEMOGRAPHICS		
6a. Ethnicity <input type="checkbox"/> White (Non-Hispanic) <input type="checkbox"/> Black (Non-Hispanic) <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American/Alaskan Eskimo <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Decline to State		
6b. Community Profile <input type="checkbox"/> Inner City <input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural <input type="checkbox"/> Other <input type="checkbox"/> Decline to State		

CONSENT AND RELEASE OF LIABILITY BY PARENT/GUARDIAN

8. PARENT/LEGAL GUARDIAN AGREEMENT & CONFIRMATION

I hereby consent to my child/ward enrolling in the U.S. Naval Sea Cadet Corps (USNSCC). I understand that the USNSCC is organized along military lines, that USNSCC regulations govern my child's/ward's membership, and that violation of said regulations may result in my child's/ward's discharge from the USNSCC. I will ensure that my child/ward abides by all regulations and lawful orders from superior officers and cadets. I certify that, to the best of my knowledge, he/she is physically and mentally fit to take part in vigorous activities, I have disclosed all physical/medical/disability limitations, and he/she is not suffering from any communicable disease. I further agree to be responsible for the value of any uniforms and/or equipment loaned him/her, reasonable wear and tear expected. I understand that such uniforms or equipment shall remain the property of the USNSCC while on loan, and I agree to return them when my child/ward ceases to serve as a cadet, or at any other time upon request of a USNSCC officer or other authorized agent. I have been briefed on the USNSCC medical insurance plan. I am aware this is an accident/illness "excess" policy and that the limit of the policy is a total of \$25,000 for all accidental benefits/\$5,000 for illness with no deductible. I understand that my personal medical insurance is the primary policy, but in the event that I do not have insurance and/or the USNSCC policy limits are exhausted, I understand that I am responsible for all medical payments above \$25,000 for accidents/\$5,000 for illnesses. I also understand that payment of enrollment fees will be required ANNUALLY, and payment of uniform fees may be required upon enrollment. I agree, on my child/ward's behalf, that he/she will be bound by all USNSCC regulations, policies, and amendments thereto that govern his/her membership and conduct; I further waive any right to challenge in any way any determination made by the USNSCC regarding my child's/ward's continuance of membership in the USNSCC should he/she violate said regulations.

8a. Signature of Parent/Legal Guardian

8b. Date (DD MMM YY)

8c. Signature of Witness (Unit CO or other designated officer)

9. STANDARD RELEASE

I, being the parent/legal guardian of a member of the USNSCC, in consideration of his/her acceptance and continuance of membership in the USNSCC, hereby release from any and all claims, demands, actions, or causes of action due to death, injury or illness the following: (1) the government of the United States of America and all its departments and agencies; (2) any jurisdiction (state, county, city, town, district or other political subdivision) where official USNSCC activities take place; (3) the Navy League of the United States; (4) any organization or association, public or private, that sponsors USNSCC activities; (5) the USNSCC; (6) all officers, representatives, and agents, acting officially or otherwise of the previously mentioned, jurisdictions, organizations, and associations.

I hereby acknowledge that I have received and reviewed the AIG Blanket Special Risk Insurance Binder (Policy SRG 9152960) and the Cincinnati Indemnity Company Liability Policy Certificate (Policy ENP0059849, et. al.) for the U.S. Naval Sea Cadet Corps & affiliated councils within the USA and its territories or possessions.

I hereby consent to the examination and treatment of my child/ward by the medical facilities of the Department of Defense (DOD), U.S. Coast Guard (USCG), National Oceanographic and Atmospheric Administration (NOAA), U.S. Public Health Service (USPHS), or civilian physicians/medical facilities to determine physical status for participation in the USNSCC. I further authorize, as may be required, treatment in said facilities in the event of any illness or accident arising aboard DOD, USCG, or NOAA facilities or vessels, or during other authorized USNSCC activities. This consent includes any medical, anesthesia, or surgical treatment or hospital services rendered under the general and/or special instructions of the attending physician or other physicians assigned his/her care. This consent does not include major surgery unless, in the medical opinion of two physicians, it is reasonably necessary to save life, or where second opinions are similarly impracticable the concurring opinions of other physicians may be excused.

I also grant permission for my child/ward to be transported as a passenger in military aircraft, vessels and vehicles.

I consent to my child/ward being videotaped and/or photographed and to permit the reproduction and/or publication of same, or of any other videotapes or photographs by any photographic facility of the Department of Defense/Coast Guard or by the Navy League of the United States, its regional organization or local councils, or other sponsoring organization, or by the USNSCC or its divisions, or to their use in connection with educational programs or activities of the said organizations, and I further assign to the said organizations all right, title and interest in the above described videotape recordings or photographs for any further use.

This standard release shall remain in effect for the duration of my child/ward's membership in the USNSCC. I also give my permission for facsimiles of this release to be made, and when presented by an authorized official of the USNSCC, DOD, USCG, NOAA shall be considered as valid as the original signed by me.

9a. Cadet Full Name

9b. USNSCC ID Number

9c. Parent/Guardian Name (Print or Type)

9d. Parent/Guardian Signature

9e. Date (DD MMM YY)

9f. Name of Witness (Unit CO or other Designated Officer - Print or Type)

9g. Signature of Witness (Unit CO or Designated Officer)

9h. Date (DD MMM YY)

Courtney A Schroeter LT

UNIT USE - DO NOT WRITE BELOW THIS LINE

ENROLLMENT	DATE	DIENROLLMENT	DATE	Unit Name and Drill Location/Address AKRON BATTALION AKRON NOSC 5986 W AIRPORT DRIVE GREEN OH 44720
Cadet Application and Agreement		ID Card Returned		
Report of Medical History		Uniforms Returned		
Report of Medical Examination		Reason for Disenrollment		
Fees Collected				

NOTICE

THIS DOCUMENT IS AN AUTHORIZATION, CONSENT AND RELEASE FORM. Upon enrollment, the information requested below is required to provide a medical provider an accurate history of illnesses and injuries that may affect the applicant's ability to perform the strenuous physical exercise and exposure to living and working environments that are a part of the NSCC/NLCC training program. Also this information will be provided to a medical provider in case of injury or illness while participating in NSCC/NLCC activities. If taking medications at time of enrollment, list in Block 9.

THE INFORMATION YOU PROVIDE MUST BE ACCURATE AND COMPLETE. You are encouraged to consult your private medical provider regarding past illnesses. Proof of immunization for polio, measles, mumps, rubella, hepatitis B, pertussis and tetanus plus diphtheria and Menactra vaccine for Meningitis must be attached.

After enrollment, use this form to screen cadets for continued medical fitness before sending to Orientation, Recruit, Advanced and/or other trainings. Commanding Officers (CO) and Commanding Officers of Training Contingents (COTC) retain the obligation to deny acceptance for enrollment or training to any cadet if upon review of this form, it is determined that the cadet is not physically/medically qualified for participation unless Medical Condition and/or disability accommodation per ADA guidelines has been requested and approved.

1. UNIT INFORMATION

1a. Unit Name AKRON BATTALION	1b. Region AKR 098
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2. PERSONAL INFORMATION

2a. Last Name		2b. First Name		2c. MI	2d. USNSCC ID Number
2e. Age	2f. Date of Birth (DD MMM YY)	2g. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		2h. Parent/Guardian Name	
2i. Home Address		2j. City		2k. State	2l. Zip Code + 4
2m. Primary Phone		2n. Alternate Phone		2o. Date of Last Physical Examination (DD MMM YY)	

3. MEDICAL PROVIDER/INSURANCE INFORMATION

3a. Medical Insurance Provider Name	3b. Medical Insurance Policy Number
3c. Medical Insurance Provider Address	3d. Medical Insurance Provider Phone
3e. Medical Provider Name	3f. Medical Provider Phone Number

4. MEDICAL HISTORY (Mark each item "YES" or "NO" Every item marked YES must be fully explained in block 9; explain treatment to return cadet to medically fit for NSCC)

HAVE YOU EVER HAD OR DO YOU NOW HAVE ANY OF THE FOLLOWING CONDITIONS:	YES	NO		YES	NO
4a. Tuberculosis or live with someone with tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	4n. Head injury or concussion	<input type="checkbox"/>	<input type="checkbox"/>
4b. Chronic or recurrent abdominal or stomach pain	<input type="checkbox"/>	<input type="checkbox"/>	4o. Seizures, convulsions, epilepsy, or fits	<input type="checkbox"/>	<input type="checkbox"/>
4c. Asthma or breathing problems related to exercise, pollen, etc.	<input type="checkbox"/>	<input type="checkbox"/>	4p. Car, train, sea, and/or air sickness	<input type="checkbox"/>	<input type="checkbox"/>
4d. Been prescribed or use an inhaler	<input type="checkbox"/>	<input type="checkbox"/>	4q. A period of unconsciousness	<input type="checkbox"/>	<input type="checkbox"/>
4e. Loss of vision in either eye	<input type="checkbox"/>	<input type="checkbox"/>	4r. Heart trouble or murmur	<input type="checkbox"/>	<input type="checkbox"/>
4f. Loss of hearing or wear a hearing aid	<input type="checkbox"/>	<input type="checkbox"/>	4s. Received counseling for emotional or behavior disorder	<input type="checkbox"/>	<input type="checkbox"/>
4g. Impaired use of arms, legs, hands, feet	<input type="checkbox"/>	<input type="checkbox"/>	4t. Eating disorder (bulimia, anorexia)	<input type="checkbox"/>	<input type="checkbox"/>
4h. Knee problems	<input type="checkbox"/>	<input type="checkbox"/>	4u. Sleepwalking	<input type="checkbox"/>	<input type="checkbox"/>
4i. Broken bones(s) (cracked or fractured)	<input type="checkbox"/>	<input type="checkbox"/>	4v. Bedwetting	<input type="checkbox"/>	<input type="checkbox"/>
4j. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	4w. Been hospitalized (if yes, why, when, where)	<input type="checkbox"/>	<input type="checkbox"/>
4k. Anemia (including sickle cell)	<input type="checkbox"/>	<input type="checkbox"/>	4x. Any illness or injury not mentioned above (if yes, explain)	<input type="checkbox"/>	<input type="checkbox"/>
4l. Dizziness or fainting spells (including after exercise)	<input type="checkbox"/>	<input type="checkbox"/>	4y. Advised to avoid certain physical activities (if yes, explain)	<input type="checkbox"/>	<input type="checkbox"/>
4m. Frequent or severe headaches	<input type="checkbox"/>	<input type="checkbox"/>	4z. FEMALES ONLY: At what age did you begin menstrual cycle		

REPORT OF MEDICAL HISTORY

5. IMMUNIZATION RECORDS (attach copy of immunization record to this form)

5a. Date of last tetanus or booster	5b. Date of Menactra Vaccine for Meningitis	5c. Date of negative PPD or Medical Provider Clearance for TB
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6. ALLERGIES (Mark each item "YES" or "NO". Every item marked yes must be fully explained in Block 9.)

DO YOU NOW HAVE ANY OF THE FOLLOWING ALLERGIES:		YES	NO			YES	NO
6a. Bee or wasp sting		<input type="checkbox"/>	<input type="checkbox"/>	6e. Latex		<input type="checkbox"/>	<input type="checkbox"/>
6b. Hay Fever or seasonal allergies		<input type="checkbox"/>	<input type="checkbox"/>	6f. Any drug, e-mycin antibiotic, or sulfa allergies, list in Block 9		<input type="checkbox"/>	<input type="checkbox"/>
6c. Insect bites		<input type="checkbox"/>	<input type="checkbox"/>	6g. Other allergies, list in Block 9		<input type="checkbox"/>	<input type="checkbox"/>
6d. Iodine/seafood		<input type="checkbox"/>	<input type="checkbox"/>	6h. Food allergies, list in Block 9		<input type="checkbox"/>	<input type="checkbox"/>

7. OVER THE COUNTER MEDICATIONS (These medications may be administered by our staff when requested)

- | | |
|-------------------------|--|
| 1. Allergies: | Benadryl |
| 2. Colds: | Cough Medicine (Robitussin DM, Dimetapp, etc.), Throat/Cough Drops (Chloraseptic, Halls, etc.), Decongestant (Sudafed, etc.) |
| 3. Constipation: | Milk of Magnesia, Dulcolax, Ex-Lax, or Glycenn Suppository |
| 4. Cuts and Scraps: | Bacitracin ointment, Betadine, Neosporin ointment |
| 5. Diarrhea: | Pepto Bismol, Kaopectate, Imodium AD, etc. |
| 6. Headache | Tylenol or Ibuprofen (Motrin, Advil, Aleve) |
| 7. Indigestion: | Calcium Carbonate (Tums, Rolaids, etc.) |
| 8. Itch/Rash: | Cortisone Cream or Calamine Lotion |
| 9. Sea/Motion Sickness: | Dramamine, Bonine, etc. |
| 10. Sprains: | Acetaminophen (Tylenol) or Ibuprofen (Motrin, Advil, Aleve) |
| 11. Sunburn | Calamine Lotion, Topical Lidocaine Spray or Aloe Vera Gel |
| 12. Wounds: | Bacitracin ointments, Betadine, Neosporin Ointment |

*Other medications not listed above may be administered if so recommended by qualified medical staff.
Parents will be contacted directly when over the counter medications need to be administered during unit drills*

8. STATEMENT OF UNDERSTANDING AND CONSENT

BY INITIALING YOU CERTIFY YOUR UNDERSTANDING & CONSENT TO THE FOLLOWING PARAGRAPHS

Parent/Guardian
Initial Below

8a. I understand that all medications will be administered to the cadet based on dosing instructions on the medication bottle/package. In no instance will cadets be allowed to self-medicate with any over the counter medication.

8b. I understand and consent that these written instructions may be superseded if, in the opinion of a medical provider, not doing so would place the cadet in a medically compromised condition.

8c. I understand that if I do not want my child to be administered over the counter medications, or certain medications concurrent with other medications, I must specify those medications or write, "Do not medicate my child with any over the counter medications" in Block 9

9. REMARKS (please include comments as required by Blocks 4, 5, and/or 8. Also provide any other medical history that you or your physician deems important)

10. AUTHORIZATION AND RELEASE

I certify that, to the best of my knowledge, the information provided is true and accurate and I have disclosed all pertinent medical history. Furthermore, I authorize the Naval Sea Cadet Corps, its agents, officials, and training staff members, to dispense medication listed on this Authorization. I "Hold Harmless" the Naval Sea Cadet Corps from any and all liability, actions, or causes of action for damages or injury that may arise, directly or indirectly, from my child's use of medication while participating in Naval Sea Cadet Corps Activities. I understand that training staff members may not be medical professionals and that medication will be dispensed according to the manufacturer's instructions and/or the instructions I provided on this authorization.

10a. Parent/Guardian Name (Type or Print)	10b. Signature	10c. Date (DD MMM YY)
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