

| U.S. NAVAL SEA CADET CORPS U.S. NAVY LEAGUE CADET CORPS | | REQUEST FOR TRAINING AUTHORITY (CADET) | | | | |
|---|---|--|-------------------------------------|---|--------------------------------------|----------------------------------|
| INSTRUCTIONS: 1. PREPARE THIS FORM IN DUPLICATE 2. FORWARD ORIGINAL PER TRAINING SCHEDULE 3. FILE A COPY TO SERVICE RECORD | | | | | | |
| 1a. Date (DD MMM YY) | | 1b. Unit Name | | | | 1c. Unit Code |
| 2a. Last Name | | 2b. First Name | | 2c. MI | 2d. Rate | 2e. Social Security Number |
| 2f. Exp. Date | 2g. Date of Birth | 2h. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | 2i. Home Phone | 2j. E-Mail Address | | |
| 2k. Parent/Guardian Name | | | | 2l. E-Mail Address (if different than above) | | |
| 2m. Home Address | | | 2n. City | | 2o. State | 2p. Zip Code +4 |
| 3a. Emergency Contact Name (other than Parent/Guardian) | | | 3b. Emergency Contact Daytime Phone | | 3c. Emergency Contact Evening Phone | |
| 4a. Training Code | 4b. Training Description | | 4c. Training Location | 4d. Staff Cadet? <input type="checkbox"/> Yes <input type="checkbox"/> No | 4e. Training Start Date | 4f. No. Days |
| 5a. Recruit Training/Orientation complete? <input type="checkbox"/> Yes <input type="checkbox"/> No | 5b. Physical Fitness Test passed? Year Completed | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Passed | The NSCC Physical Readiness Manual outlines minimum fitness standards for Recruit Training. Consult Training Schedule for training evolutions that have specific physical fitness requirements. Cadets who do not meet these minimums will be returned home at their expense. | | |
| 6. STATEMENT OF UNDERSTANDING (MEDICAL & STANDARDS OF CONDUCT) BY INITIALING YOU CERTIFY YOUR UNDERSTANDING & CONSENT TO THE FOLLOWING PARAGRAPHS: | | | | | | Parent/Guardian Initial Below |
| 6a. I have been advised and understand that the training requested by my son/daughter/ward is strenuous and both physically and mentally demanding. I certify that, to the best of my knowledge, my son/daughter/ward has no medical conditions or physical disabilities that would preclude him/her from participating in such training. I understand that should a disqualifying medical or physical condition arise prior to his/her departure for training, that the unit commanding officer will be notified immediately. Further, I understand authority for my son/daughter/ward to participate in the training requested will be cancelled. | | | | | | |
| 6b. I have been advised and understand that should my son/daughter/ward report for training with a pre-existing medical/physical condition that makes it impossible for him/her to participate in scheduled training activities, or should become either physically or medically disqualified during such training, he/she will be returned home at my expense. Further, I certify that my son/daughter/ward is not under a physician's care and I further understand that he/she may not be eligible to report for training if taking prescription drugs or medication. | | | | | | |
| 6c. I authorize any Health Care Provider, Insurance Company, Employer, Person, or Organization to release any information regarding medical, dental, alcohol or drug abuse history, treatment or benefits payable, including disability or employment related information concerning the patient to the Naval Sea Cadet Corps' Accident Insurance Provider, the Plan Administrator, or their employees and authorized agents for the purpose of validating and determining benefits payable. This data may be extracted for audit purposes or for statistical analysis. I understand that I or my authorized representative will receive a copy of this authorization upon request. | | | | | | |
| 6d. Cadets are responsible for maintaining the highest standards of conduct. Most service component berthing is two to a room and approaches Hotel/Motel standards. I have explained to my child that they are responsible for following ALL COTC instructions, and that improper conduct resulting from violation of instructions (i.e. sneaking out of rooms after-hours, lack of motivation, cheating, disobeying orders, etc.) will be cause for immediate dismissal from the training and they will be returned home at my expense. | | | | | | |
| 7a. Medical Insurance Provider Name | | | | 7b. Medical Insurance Policy Number | | |
| 7c. Medical Insurance Provider Address | | | | | 7d. Medical Insurance Provider Phone | |
| 8. TRANSPORTATION NOTICE The Department of the Navy no longer has the scheduling authority to support the Naval Sea Cadet Corps for air transportation needs. The NSCC Unit, Unit Sponsor, Council, or individual cadet family MUST provide for transportation to and from the training site. Transportation of NSCC personnel returned home for disciplinary reasons, illness, or at own request, will be at their OWN EXPENSE or at the expense of their PARENT/GUARDIAN, NSCC UNIT, OR UNIT SPONSOR. | | | | | | |
| 9. ENDORSEMENTS THIS FORM WILL NOT BE PROCESSED WITHOUT REQUIRED ENDORSEMENTS By endorsing this form you affirm that the cadet has received a Medical Screening (NSCADM020) and as a result is physically and medically qualified to attend the requested training and that all information provided, to the best of your knowledge, is truthful and accurate; and you consent to the above listed NSCC/NLCC training and all terms and conditions of the preceding paragraphs. NOTE: DEPOSITS ARE NON-REFUNDABLE. | | | | | | |
| Parent/Guardian (Print or Type) | | | Signature | | Date (DD MMM YY) | |
| Commanding Officer (Print or Type) | | | Signature | | Date (DD MMM YY) | |
| Commanding Officer's Daytime Phone Number | | | Commanding Officer E-Mail Address | | | |
| 10. COTC ENDORSEMENT/SIGNATURE | | | | | | Date (DD MMM YY) |