

# CADET TRAINING RECORD INFORMATION SHEET

LAST NAME

FIRST NAME

MIDDLE NAME

ADDRESS

CITY, STATE, ZIP CODE

HOME PHONE NUMBER

DATE OF BIRTH (MM/DD/YYYY)

PLACE OF BIRTH (CITY/STATE)

CITIZENSHIP (COUNTRY)

MIDDLE SCHOOL ATTENDED

DATE OF ENROLLMENT (NEW CADETS ONLY)

CONTACT PHONE NUMBERS

PARENT/GUARDIAN NAME #1

RELATIONSHIP

WORK NUMBER

CELL NUMBER

PARENT/GUARDIAN NAME #1

RELATIONSHIP

WORK NUMBER

CELL NUMBER

OTHER CONTACT PHONE NUMBERS

NAME

RELATIONSHIP

WORK NUMBER

CELL NUMBER

CADET'S CELLPHONE NUMBER: \_\_\_\_\_

PERSONAL INFORMATION (REQUIRED)

HEIGHT (FT/ IN)

WEIGHT

EYE COLOR

HAIR COLOR

GLASSES (YORN)

HEARING DEVICES  
(YORN)

UPDATE: \_\_\_\_\_

MARINE CORPS JUNIOR RESERVE OFFICER TRAINING CORPS (MCJROTC)  
STANDARD RELEASE FORM

Date \_\_\_\_\_

I, \_\_\_\_\_, the parent/legal guardian of

\_\_\_\_\_ a member of the MCJROTC, in consideration of his/her membership in the program, do hereby release from any and all claims, demands, actions, or causes of action, due to death, injury, or illness, the government of the United States and all its officers, representatives, and agents acting officially and also the local, regional and national Marine Corps officials of the United States

I hereby authorize personnel of the Department of Defense, Armed Forces, Public Health Service or civilian physicians to render such medical and dental care as may be necessary and medically indicated in the case of my son/daughter/ward during his/her period of training, as is deemed necessary by a qualified practitioner

I understand that care at a medical facility for non-military dependents will normally be rendered on a temporary (emergency) basis only, if further care is indicated, the patient will be transferred to non-military care as soon as possible. Emergency care provided to cadets who are not military dependents at a military medical facility may be subject to reimbursement, and I may be billed for the care provided. For Navy Medical Department facilities, such care is authorized by NAVMEDCOMINST 6320.38

His/her physician/dentist is \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone Number \_\_\_\_\_ Dentist's Name: \_\_\_\_\_

\_\_\_\_\_ Dentist's Phone Number: \_\_\_\_\_

Medical/Dental Insurance Information\*

Medical Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Dental Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

\* INSURANCE INFORMATION IS NOT REQUIRED, BUT MAY BE NEEDED TO OBTAIN NON-EMERGENCY CARE.

Signature of Parent/Guardian \_\_\_\_\_

Street Address \_\_\_\_\_

Telephone. ( \_\_\_\_\_ ) \_\_\_\_\_

PRIVACY ACT NOTIFICATION

Under the authority of 5 U.S.C. Sec. 301, the information regarding your child's/ward's health, medical condition, and treatment is requested in order to verify any need to administer medication and to enable medical/dental personnel to diagnose and treat any emergency condition which may arise during training. Pursuant to the Privacy Act, 5 U.S.C. Sec 552, the requested information will not be divulged without your written authorization to anyone other than MCJROTC personnel involved with administration of MCJROTC activities and medical/dental personnel requiring the information in order to effectively treat any medical/dental problem which may arise. Disclosure is voluntary; however, failure to provide the requested information will preclude your child's/ward's participation in the program.



Is the cadet required to take medication **prescribed by a physician**? If so, indicate the medication by name and the disorder it is intended to treat.

Medication name	Disorder treated by the medication

Is the cadet current on all immunizations required by Tennessee state law for enrollment in public Schools?  
(Circle the appropriate answer)

YES

NO

Has the cadet had a school sports physical in the past calendar year?  
(Circle the appropriate answer)

YES

NO

To the best of my knowledge, my child:

\_\_\_\_ is physically qualified to fully participate in the MCJROTC program.

\_\_\_\_ may participate with the following limitations **(Requires a doctor's letter to substantiate limitations)**

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\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Daniel Boone High School  
Marine Corps JROTC  
1440 Suncrest Drive  
Gray, Tennessee 37615

MARINE CORPS JUNIOR ROTC AGREEMENT

STUDENT PLEDGE

I hereby submit my name for enrollment in the Marine Corps Junior ROTC program at Daniel Boone High School and if accepted. I pledge myself to strict conformity to all of the discipline, uniform, grooming, and academic requirements of the JROTC unit.

\_\_\_\_\_  
Student's Signature (In Ink)

PARENT'S ACCEPTANCE

I, \_\_\_\_\_, my child \_\_\_\_\_, do hereby accept \_\_\_\_\_  
(Student's Name Printed here)

enrolling as a member of the Marine Corps Junior ROTC for this scholastic year at Daniel Boone High School, and to their signing this agreement hereon.

Upon acceptance into the Marine Corps Junior ROTC program, the student will be issued all uniforms, textbooks, and other associated equipment. In consideration of these items being furnished them, the undersigned parent binds himself/herself for the safe keeping and return in good order and condition, reasonable wear excepted, of all such uniforms, textbooks and equipment, upon request by the MCJROTC Instructor Staff.

\_\_\_\_\_  
Parent / Guardian Signature (In Ink)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Student's Name (Printed)

## SUPPLEMENTAL AGREEMENT PERTAINING TO GROOMING AND CONDUCT

It is necessary to emphasize to parents and students that there are certain expectations for a student participating in the Marine Corps Junior ROTC Program at Daniel Boone High School. MCJROTC. Regulations require the student to adhere to military standards of appearance and grooming. We will teach the student the proper method of wearing the uniform and detail the grooming standards for participation in this program. Failure to comply will result in the student receiving a failing grade. The following rules are applicable to all cadets.

**Ear Rings:** Male cadets are not allowed to wear earrings on uniform days. Female cadets are allowed to wear one Gold Post type earring in each ear lobe while in uniform. Note: No earrings may be worn with the Camouflage Uniform.

**Haircuts:** Males: Hair shall be cut evenly graduated from zero (no hair) to no more than 2 inches on top! Hair should NOT be blocked in the back. It shall be combed neatly when in uniform. No "racing stripes", "designs", "Tuffs", "Braids", nor "Bowl cuts" are authorized.

Females: Hair should not touch the collar of the uniform. If hair is too long to be worn straight it must be put up in a French braid type style. Only metal bobby pins may be used. No Scrunchies or hair barrettes. Pony Tails are not authorized.

**Facial Hair:** Mustaches may be worn as long as they conform to military standards. Neither beards nor sideburns are authorized! All cadets will be clean-shaven every Day!

**Physical Fitness:** Friday is generally Physical Fitness Day! It is expected that you dress out in the appropriate gear. PT Shorts and T-Shirt or Sweat Pants and Sweatshirts are the standard as designated. Failure to dress out will result in a grade of zero for that date.

**Uniforms:** Uniform is to be worn on each Tuesday, unless otherwise designated by the JROTC Staff. It is to be worn to and from school and will be worn all day. (The student is still required to dress out for Wellness classes on uniform days!)

**Piercing:** With the exception of single post / pearl earrings permitted for wear by female cadets no other visible body piercing are permitted at Daniel Boone High School (To include tongue rings/studs, nose studs / post). New piercings will not be an excuse to wear unauthorized placed jewelry.

I understand the requirements for my student's participation in the JROTC Program at Daniel Boone High School. By our signature below, we agree to all of the provisions listed above.

\_\_\_\_\_  
PARENT'S NAME (PRINTED)

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
STUDENT'S NAME (PRINTED)

\_\_\_\_\_  
STUDENT'S SIGNATURE

# Uniform Contract / Agreement

To receive uniforms from the Daniel Boone High School Marine Corps Junior Reserve Officer's Training Corps I must agree to the following terms:


1. It is understood that the uniform articles are the property of the United States Marine Corps and are on loan to Daniel Boone High School for use with the MCJROTC program.
2. It is understood that I / we will be held responsible for same, from the time of issue until directed to return them for inventory, storage or other reasons.
3. I / we understand that I / we will be responsible for replacement of articles, at my own expense at current government price, if lost, or if damaged or worn beyond reasonable degree indicating there has been a carelessness or negligence; otherwise, the articles will be replaced in-kind by the U.S. Marine Corps.
4. It is understood that the uniform will be worn only by the cadet during school hours or proceeding to and/or from school and on the occasion of ceremony or commitments as authorized by the Senior Marine Instructor.
5. I / we agree to maintain the uniforms in proper condition and appearance at all times and prevent damage to them.
6. I / we understand the uniform or parts thereof will not be worn with civilian attire, used for farm work, hunting, fishing, etc...
7. Uniform Clothing fee:
  - a. Uniforms issued to cadets of the Junior ROTC are either new or properly sanitized used ones. All tailoring costs necessary to properly fit the cadet are paid for by government-appropriated funds.
  - b. Federal health regulations require that all items of uniform clothing issued to cadets be properly sanitized by commercial laundry or dry cleaning process.
  - c. The cleaning/laundry of uniforms while in the possession of cadets must be paid for by the parents/guardians of the cadet.
  - d. Uniforms recovered at the end of the school year or when a cadet disenrolls for any reason must be properly sanitized by commercial process prior to storage and subsequent reissue to others
  - e. A \$20.00 uniform cleaning deposit (Cash Only) must be collected prior to uniform issue. This deposit will be returned at the end of the year when uniforms are turned in, by the prescribed date, properly cleaned and pressed. This will ensure that all uniforms have been properly sanitized, cleaned or laundered prior to reissue to another cadet.
8. I / we understand that at the end of the year all uniforms and parts must be returned to the MCJROTC. These uniforms **must be** cleaned and pressed and returned, on hangers, with the cleaners tags still attached.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian's Signature

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
SMI / MI Signature for Issue Authorization

\_\_\_\_\_  
Date

APPENDIX C

PARENTAL CONSENT FOR MARKSMANSHIP TRAINING

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I, the undersigned parent/guardian of \_\_\_\_\_  
(Cadet's full name)

request he/she be permitted to participate in MCJROTC marksmanship training. I grant my consent with full knowledge that the training will involve the firing of air rifles. I understand that all training will be conducted under the direct supervision of the MCJROTC staff and under conditions approved by the Washington County Department of Education and the Principal of Daniel Boone High School.

I am aware that I may make arrangements with the MCJROTC staff (477-1612) to visit the range facilities and acquaint myself with all procedures and safety measure in effect.

Printed Name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Home Address \_\_\_\_\_

Telephone Number (Home) \_\_\_\_\_

Telephone Number (Work) \_\_\_\_\_

Date \_\_\_\_\_



## Photo/Digital Release Form

### PLEASE READ CAREFULLY AND SIGN APPROPRIATE STATEMENT

I hereby **give** permission to the Washington County Department of Education, with respect to photographs, films, slides or digital images of

(student's name) \_\_\_\_\_

(school) \_\_\_\_\_

(a) To use, reuse, publish, and republish the same in whole or part, individual or in conjunction with other photographs or images for the purpose of, but not limited to the use of such on the Washington County Schools Internet sites, to include the Marine Corps JROTC Web page, instructional related activities, and public relations documents.

(b) To use the student's name in conjunction with the aforementioned sites if Washington County School so chooses. I hereby release and discharge the Washington County Department of Education and its board members from any and all claims and demands arising out of or in connection with the use of such photographs, films, slides or digital images including, but not limited to, any claim for defamation or invasion of privacy.

Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

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I **do not give** Washington County Department of Education permission with respect to photographs, films, slides, or digital images of

(student's name) \_\_\_\_\_

(school) Daniel Boone High School \_\_\_\_\_

Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_



**UNITED STATES MARINE CORPS**

JUNRESERVE a=FICER Nil\BcaPS  
DANA s::D\EHJ rom\_  
#40 SU\CREST DRIVE  
ffil\Y, TEN\JESSEE 37615-9740

IN REPLY REFER TO  
**M98184**  
**1 July 2011**

Cadet's Name: \_\_\_\_\_

Parents.

Throughout the academic year there may be an occasional need for the MCJROTC instructors to contact the parents of the MCJROTC cadets. We would appreciate you to provide us with either a home email address or a work email address where we could be confident that you would be in receipt of our email within a day.

Mothers email address \_\_\_\_\_ Home

Fathers email address \_\_\_\_\_ Home

Mothers email address \_\_\_\_\_ Work

Fathers email address \_\_\_\_\_ Work

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Opt Out:

I **do not** wish to receive any e-mail information concerning my cadet or the MCJROTC Program.

Parent's Name: \_\_\_\_\_

Cadet's Name: \_\_\_\_\_