
CADET INFORMATION

STATEMENT REQUIRED BY PRIVACY ACT OF 1974

1. **AUTHORITY:** Title 10, U.S. Code 2102

2. **PRINCIPAL PURPOSE(S):** To gather information, emergency points of contact, and statement of the physical condition of JROTC cadets attending JCLC.

3. **ROUTINE USES:** Normal Personnel Actions--Disclosures of information may be provided to proper authorities in actions regarding medical treatment, legal actions, investigation of accidents, and preparation of statistics and training records resulting from JCLC.

4. **MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION:** Disclosure is voluntary. Failure of cadet to complete form will disqualify JROTC cadet from participating in JCLC.

1. **Cadet:** _____ M / F
(Rank, Last Name, First, MI) (Gender)

2. _____
(Last 4 of SSN) (Name of School)

3. I will attend JCLC during () First Cycle or () Second cycle

4. **Parent or Guardian** _____
(Name and Address)

5. Telephone: _____ Other: _____

6. **Family Doctor:** _____
(Name and Address)

7. Telephone: _____ Other: _____

8. **Dentist:** _____
(Name and Address)

9. Telephone: _____ Other: _____

NOTE: IF PARENT OR GUARDIAN CANNOT BE CONTACTED, PLEASE LIST ONE OTHER PERSON TO CONTACT IN CASE OF AN EMERGENCY.

10. **Emergency Contact:** _____
(Name and Address)

11. Telephone: _____ Other: _____

STATE OF PHYSICAL CONDITION

(_____) _____
Initials

To the best of my knowledge, my son/daughter/ward is in good physical condition. Participation in JCLC, in my opinion, will not have an adverse effect on his/her health and well-being. I will inform the JCLC Commander of any changes.

(_____) _____
Initials

My son/daughter/ward has a history of (identify illnesses; Heart disease, Asthma, Overweight, Sinus, Rheumatic Fever, Ear Infection, Headaches, or any other ailments)

_____ ,

and is on _____ medication. He/she is allergic to the

following medication: _____.

NOTE: Students that are found to have previous history of any type illness, past injury, and/or symptoms of suspected medical ailment, will be returned home if treatment is needed or desired.

DENTAL RECORDS

I acknowledge my dental records contain detail profiles and/or x-rays of sufficient detail for identification.

I (do) (do not) have a dentist or dental records.

(Signature of Cadet/Parent/Guardian)

(Signature of Cadet/Parent/Guardian)

CONSENT TO MEDICAL TREATMENT
STATEMENT REQUIRED BY PRIVACY ACT OF 1974

(1) AUTHORITY: TITLE 10, U.S. CODE 2102.

(2) PRINCIPAL PURPOSES: A statement authorizing medical care in civilian or government medical facilities while attending or traveling to or from JCLC.

(3) ROUTINE USES: Normal personnel actions: Disclosure of information may be provided to proper authorities in actions regarding medical treatment, legal actions as a result of injury or death, and investigation of accident resulting from JCLC.

(4) MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION: Voluntary. Failure to complete form will disqualify JROTC cadet from participating in specific voluntary training exercises.

I _____, consent to be treated in an Army Hospital, or any other government or civilian medical facility, near or enroute to _____,
(Installation, State)

while attending or traveling to or from JCLC from _____.
(MM/YY)

This consent encompasses all procedures and treatments as are found to be necessary or desirable, in the judgment of the professional staff of any of the above-named medical facilities. I understand that this consent is of a general nature and accordingly list the following exceptions to this consent (if no exceptions write "No Exceptions") _____, _____.

I (am) (am not) on medication. (List type, if on medication)

I (am) (am not) allergic to medication. (List type, if allergic)

It is understood that this consent can be withdrawn in writing or orally at anytime.

Signature of Witness

Signature of Cadet

Print Name of Witness

_____ SSN _____
Print Name of Cadet (Last 4)

PARENT OR GUARDIAN: (When cadet is a minor or unable to give consent), I _____

_____, parent/guardian of _____ have read and understood the above consent to treatment and hereby expressly consent to the above-described treatment.

Signature of Witness

Signature of Parent

Print Name of Witness

_____ SSN _____
Print Name of Parent (Last 4)

COVENANT NOT TO SUE

OFF-CAMPUS TRAINING AND PRACTICAL FIELD/HIGH RISK TRAINING

(1) AUTHORITY: Title 10, U.S. Code 23-1.

(2) PRINCIPAL PURPOSE(S): To release the U.S. Government, the host institution and the state in which said institution is located from liability for injury; death, or damages for JROTC cadets participating in voluntary off-campus training programs, practical field, and high risk training.

(3) ROUTINE USES: Normal personnel actions. Disclosures of information may be provided to proper authorities in actions regarding law enforcement, legal actions as a result of injury or death, and investigations of accidents resulting from such voluntary off-campus training, practical field, and high-risk training.

(4) MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION: Voluntary. Failure to complete form will disqualify JROTC cadet from participating in specific voluntary training exercises.

I _____, residing at _____,

(Type or print full name)

(Address)

(City)

do hereby agree that in consideration for being allowed to participate in JCLC,

conducted by _____ Army JROTC detachment, and Army
(Name of JROTC Instructor Group)

supervised activity, and whereas I am doing so entirely on my own initiative, risk, and responsibility; and being fully aware of the risk adhering to this type of training, I hereby RELEASE AND DISCHARGE FOREVER, the United States Army, the State of _____ and _____ and all of its officers, agents, and employees, acting officially or _____ (Name of School)

from any and all claims demands, actions or causes of action, on account of myself OR on account of any injury to me which may occur from any cause during said activity or continuances thereof, and I do further covenant and agree to hold the said Government of the United States, State of _____, _____ and all of its officers, agents, and employees, acting officially or otherwise, blameless for any and all damages which I may cause either intentionally or thru my negligence.

Typed/Printed Name of Parent or Guardian if
Participant is a Minor

Signature of Parent or Guardian if
Participant is a Minor

Relationship to Cadet

Date

WITNESSED BY:

Age/Period Covered

Signature of Cadet

CSTS PROPERTY USE RELEASE
(Hold-Harmless Agreement)

Date(s) of training _____, 20__

KNOW ALL MEN BY THESE PRESENTS: Whereby, I the Parent/Guardian of _____ who is about to participate in a non-military activity on Camp Shelby, a Mississippi National Guard facility. and whereas this is being done with my permission, knowing the personal risk and responsibility; and in consideration of receiving free access to approved facilities and training areas from the Mississippi Military Department at Camp Shelby, MS, including any other use in conjunction with subject activities that may reasonably occur, commencing on or about the above date, I hereby release the Mississippi Army National Guard, the Mississippi Military Department, and the State of Mississippi, including their subdivisions, officers, personnel, employees, agents, and designees from all liability for any injuries or death that may result from this use, whether caused by negligence or otherwise.

It is understood that by using these facilities, the Military Department is not acting as a landlord or caretaker and does not bear the liabilities attached to that status.

It is understood that the use of the facilities is voluntary and are not under compulsion to do so.

It is understood that by accepting such use, there is no obligation towards the Mississippi Military Department, except as imposed by this release.

It is understood that this release not only binds the trainee, but also the family, heirs, assigns, administrators, and executors.

The terms "use and access", as used herein, are understood and agreed to include the use of facilities at Camp Shelby. It is further understood and agreed that this release extends to and includes negligence, faulty construction, and structural failure of the facilities thereof.

WITNESS MY SIGNATURE, this the _____ day of _____, 20__.

(Signature of Parent/Guardian)

(Printed Name of Parent/Guardian)

(Signature of Cadet)

(Printed Name of Cadet)

WATER TRAINING AGREEMENT

Water training is one of the events conducted at JROTC Cadet Leadership Challenge this year. Cadets will participate in a canoe exercise at Lake Walker, Camp Shelby, MS. Life jackets are required during the on-water phase of canoe training. This training will be on a voluntary basis. Cadets who choose to participate in this training must have this form signed by their parent/guardian.

_____ has my permission to participate in canoe training.

PARENTS SIGNATURE

DATE

WITNESS SIGNATURE

DATE