

<b>U.S. NAVAL SEA CADET CORPS</b> <b>U.S. NAVY LEAGUE CADET CORPS</b>	<b>CADET APPLICATION</b> <b>MEMBER INFORMATION</b>	<i>FOR OFFICIAL USE ONLY</i>
<b>INSTRUCTIONS</b>		
<ol style="list-style-type: none"> <li>1. Please print or type only with black ink.</li> <li>2. Fill in all blocks that apply; for those that do not, enter "Not Applicable" or "N/A"</li> <li>3. Endorsement of all agreements and releases is required to continue the enrollment process.</li> <li>4. Application should be reviewed on a regular basis to ensure currency of information.</li> <li>5. A new application must be completed upon transfer from the NLCC to the NSCC.</li> </ol>		
<b>1. APPLICANT INFORMATION</b>		
<b>1a.</b> Last Name	<b>1b.</b> First Name	<b>1c.</b> Middle Name
<b>1d.</b> Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		
<b>1e.</b> Home Address	<b>1f.</b> City	<b>1g.</b> State
<b>1h.</b> Zip Code + 4		
<b>1j.</b> Date of Birth (DD MMM YY)	<b>1k.</b> Primary Phone	<b>1l.</b> E-Mail Address
<b>1m.</b> Full-time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes grade:</i>	<b>1n.</b> School Name & City	
<b>1o.</b> GPA		
<b>1p.</b> Has the applicant ever been charged <b>OR</b> convicted of a criminal offense? <i>(use an additional sheet if necessary)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes please explain:</i>		
<b>1q.</b> Citizenship <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Legal Resident - Registration Number:	<b>1r.</b> Referred/Recruited by (Cadet Name, if applicable)	
<b>2. APPLICANT PROMISE</b>  <i><b>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.</b></i>		
<b>2a.</b> Applicant Signature		<b>2b.</b> Date (DD MMM YY)
<b>3. PRIMARY PARENT/LEGAL GUARDIAN INFORMATION</b> <i>(will be listed as next of kin and first contact in case of an emergency)</i>		
<b>3a.</b> Name	<b>3b.</b> Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other:	
<b>3c.</b> Address	<b>3d.</b> City	<b>3e.</b> State
<b>3f.</b> Zip Code + 4		
<b>3g.</b> Primary Phone	<b>3h.</b> Alternate Phone	<b>3i.</b> E-Mail Address
<b>4. SECONDARY PARENT/LEGAL GUARDIAN CONTACT INFORMATION</b>		
<b>4a.</b> Name	<b>4b.</b> Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other:	
<b>4c.</b> Address	<b>4d.</b> City	<b>4e.</b> State
<b>4f.</b> Zip Code + 4		
<b>4g.</b> Primary Phone	<b>4h.</b> Alternate Phone	<b>4i.</b> E-Mail Address
<b>5. EMERGENCY CONTACT INFORMATION</b> <i>(will be contacted in case primary or secondary contacts are unreachable in case of an emergency)</i>		
<b>5a.</b> Name	<b>5b.</b> Relationship <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Family Friend	
<b>5c.</b> Address	<b>5d.</b> City	<b>5e.</b> State
<b>5f.</b> Zip Code + 4		
<b>5g.</b> Primary Phone	<b>5h.</b> Alternate Phone	<b>5i.</b> E-Mail Address
<b>6. DEMOGRAPHICS</b>		
<b>6a.</b> 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		
<b>6b.</b> 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)

#### UNIT USE – DO NOT WRITE BELOW THIS LINE

ENROLLMENT	DATE	DISENROLLMENT	DATE	Unit Name and Drill Location/Address
Cadet Application and Agreement		ID Card Returned		
Report of Medical History		Uniforms Returned		
Report of Medical Examination		Reason for Disenrollment		
Fees Collected				