

# Military Adventure Camp

## APPLICATION AND ENROLLMENT AGREEMENT



CADET IDENTIFICATION DATA			
NAME (Last, First, Middle)			GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
HOME ADDRESS (Street, City, State, Zip Code)		EMAIL ADDRESS	
HOME PHONE NUMBER	CELL PHONE NUMBER	DATE OF BIRTH (YYYY/MM/DD)	SOCIAL SECURITY NUMBER
SCOUTING <input type="checkbox"/> YES <input type="checkbox"/> NO # OF YEARS _____ TROOP # _____ RANK _____ <input type="checkbox"/> BOY SCOUT <input type="checkbox"/> SEA SCOUT <input type="checkbox"/> EXPLORER <input type="checkbox"/> VENTURER		MILITARY CADET <input type="checkbox"/> YES <input type="checkbox"/> NO # OF YEARS _____ RANK _____ <input type="checkbox"/> USAC <input type="checkbox"/> JROTC <input type="checkbox"/> CAP <input type="checkbox"/> NSCC <input type="checkbox"/> YOUNG MARINES	
SCOUTMASTER/ADVISOR _____		COMMANDER _____	
TELEPHONE # _____		TELEPHONE # _____	
PLACE OF BIRTH	NATION OF CITIZENSHIP	RELIGIOUS PREFERENCE	
NAME OF SCHOOL		GRADE	CURRENT GPA
SCHOOL ADDRESS (Street, City, State, Zip Code)		GUIDANCE COUNSELOR'S NAME	SCHOOL PHONE NUMBER
HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU TAKING ANY PRESCRIBED MEDICATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER ATTENDED SUMMER SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU TAKING ANY OVER-THE-COUNTER MEDICATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER BEEN SUSPENDED OR EXPELLED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes to any of these questions, please explain:			
CUSTODIAL PARENT / GUARDIAN INFORMATION			
NAME (Last, First, Middle)		RELATIONSHIP	
HOME ADDRESS (Street, City, State, Zip Code)		EMPLOYER/OCCUPATION	
HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER	EMAIL ADDRESS
NAME (Last, First, Middle)		RELATIONSHIP	
HOME ADDRESS (Street, City, State, Zip Code)		EMPLOYER/OCCUPATION	
HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER	EMAIL ADDRESS
NAME (Last, First, Middle)		RELATIONSHIP	
HOME ADDRESS (Street, City, State, Zip Code)		EMPLOYER/OCCUPATION	
HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER	EMAIL ADDRESS

**CADET AGREEMENT**

I hereby apply for enrollment in the Military Adventure Camp (MAC), a program of the U.S. Army Cadet Corps, Inc. (USAC), of my own free will and desire. If accepted, I agree to abide by the rules and regulations governing the administration and discipline of MAC and USAC.	Initials
I understand uniforms and equipment issued on loan to me remain the sole property of the United States Government, MAC or USAC. I agree to take proper care of the property and upon discharge I will return all issued property prior to departure from the National Cadet Training Center (NCTC).	
I understand I am accountable to the Cadet Code of Discipline and will be held responsible for any actions which bring discredit upon myself, MAC, USAC or my country.	
I understand USAC maintains a zero tolerance policy regarding the use or possession of illegal drugs (including prescription and over-the-counter medications not prescribed or authorized by a licensed health care provider), alcohol, tobacco, tobacco containing products and huffing. The use or possession of illegal drugs, alcohol, tobacco, tobacco containing products or huffing at any time will result in my immediate discharge from MAC.	
I further understand USAC maintains a zero tolerance policy regarding the possession of prescription or over-the-counter medications. All approved prescription and over-the-counter medications must be surrendered to a Medical Department Representative upon arrival at the NCTC. Certain fast acting inhalers may remain in the possession of the Cadet if approved by USAC's Director of Health Services, upon the recommendation of a licensed health care provider. The improper use or possession of prescription or over-the-counter medications at any time will result in my immediate discharge from MAC.	

SIGNATURE OF CADET APPLICANT	DATE
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**CUSTODIAL PARENT / GUARDIAN AGREEMENTS**

I, being the custodial parent, legal guardian or managing conservator of the applicant indicated above, do hereby consent to my child/ward enrolling in the Military Adventure Camp (MAC), a program of the U.S. Army Cadet Corps, Inc. (USAC). I further consent to the Commanding General, USAC, or his authorized representative, to act <i>in loco parentis</i> in my absence for those matters relating to my child's/ward's health, welfare and safety, as well as the necessary execution of such release and participatory documents related to training, community and recreational events.	Initials
I understand that USAC is not a branch of the military and my child/ward is under no obligation to enlist in the Armed Forces at any time.	
I understand my child/ward will be participating in vigorous physical activities, including, but not limited to, direct body contact through martial arts, self defense training, pugil sticks, baton and Red Man suit training. These activities, by their very nature, are classified as contact sports and there exists a possibility of receiving sprains, bumps, bruises, cuts and abrasions. <i>*Please note: Not all activities are part of all programs and from time-to-time may not be available for reasons beyond our control.</i>	
I further understand my child/ward will be participating in high-adventure training, including, but not limited to, rappelling, obstacle course, confidence course, leadership reaction course, high and low ropes course, marksmanship training, paintball and/or air soft activities. These activities, by their very nature, are high-impact, physically vigorous and have inherent risks. <i>*Please note: Not all activities are part of all programs and from time-to-time may not be available for reasons beyond our control.</i>	
I hereby grant permission for my child/ward to be transported as a passenger, in and by, federal, state, county and city government, as well as corporate, commercial or privately-owned and/or operated vehicles, vessels, rail or aircraft.	
I hereby consent to my child's/ward's name, likeness, videos, pictures or voice to be used by MAC and USAC, or the news media. I am aware that my child/ward may be asked a variety of questions, and the contents of the interview may be published or aired for public view. I understand that my child/ward will be under the supervision of a MAC or USAC employee or agent during interviews and/or photography sessions. I hereby indemnify MAC and USAC respecting any liability for the use of my child's/ward's name, likeness, videos, pictures and/or voice, and against any claim arising out of my child's/ward's acts or statements during an interview, photography session or other print or broadcast media.	
I fully understand the provisions of the USAC accident insurance plan and acknowledge it does not cover illness unless medically related and incidental to a covered accident resulting from participation in MAC and its related activities. I do hereby agree to pay any deductible required by the aforementioned plan. I understand my personal insurance is the primary provider, with the USAC coverage as the secondary. In the event I do not have insurance coverage, the USAC coverage will become the primary coverage, and I will be responsible for the cost of medication, transportation and any services and/or procedures not covered by USAC's accident insurance plan.	
I certify to the best of my knowledge and belief, my child/ward is mentally and physically fit to take part in vigorous activities; is not suffering from any communicable diseases; does not have any pre-existing cardiovascular or orthopedic conditions or complaints; has no allergies or hypersensitivity to medication, insect bites, bee stings or food; does not have a history of asthma, diabetes, epilepsy, seizures, convulsions, head injuries requiring hospitalization, periods of loss of consciousness, chronic motion sickness, sleep walking or bed wetting since age eight; and is not currently on any prescription or over-the-counter medication, including inhalers, except as indicated above and approved by the USAC's Director of Health Services.	
I consent to the treatment of my child/ward by any available and qualified medical facility of the United States Government, or any civilian physician, physician assistant or nurse practitioner, or civilian medical facility as may be required in the event of illness or injury arising from participation in MAC and its related activities. This consent includes, but is not limited to, any medical, anesthesia or surgical treatment, or hospital services rendered under the general and/or special instructions of the attending physician, physician assistant or nurse practitioner, or other physicians, physician assistants or nurse practitioners assigned to his/her case.	
I understand medical care provided at a military medical facility for non-military dependents will normally be rendered on an emergency basis only; if further care is required, the patient will be transferred to non-military care as soon as possible. Emergency care provided to Cadets at a military medical facility who are not military dependents may be subject to reimbursement and I may be billed for the care provided.	

I hereby give permission to MAC and USAC personnel to administer basic first aid and over-the-counter medication (in proper dosage and frequency), as may be reasonably necessary, to my child/ward. I further give permission to MAC and USAC personnel to administer those prescription medications provided by me, and prescribed by a licensed health care provider. I also give permission to MAC and USAC personnel to administer those medications prescribed by a licensed health care provider incident to treatment received during MAC. I understand MAC and USAC accepts no responsibility for the administration or possible allergic reaction of prescribed and/or over-the-counter medications.

For and in consideration of my child's/ward's desire to participate in Military Cadet training, and having been accepted to participate in the Military Adventure Camp, a program of the U.S. Army Cadet Corps, Inc., for and on behalf of myself, my personal representatives, heirs and assigns, I hereby forever release, waive, discharge, acquit and agree to hold harmless, the federal, state, county and city government, its agents, servants, military personnel and civilian employees, acting in their official capacity or otherwise, and/or the Military Adventure Camp and the U.S. Army Cadet Corps, Inc., its directors, officers, agents, employees, instructors and volunteers, acting in their official capacity or otherwise, and associated personnel acting in their authorized and/or professional capacities or otherwise, from any and all liabilities, claims, demands, actions or causes of action of every nature and character whatsoever arising out of the death, injury or illness to my child/ward, occurring incident to his/her participation in MAC or occurring while traveling to, during or from said event, or any cause whatsoever, including any act, omission, negligence, misconduct, qualities of supplies or materials, services rendered of, or by, the federal, state, county and city government, its agents, servants, military personnel and civilian employees, acting in their official capacity or otherwise, and/or the Military Adventure Camp and the U.S. Army Cadet Corps, Inc., its directors, officers, agents, employees, instructors and volunteers, acting in their official capacity or otherwise, and associated personnel acting in their authorized and/or professional capacities or otherwise.

I agree to be responsible for the value of any uniforms and/or equipment that may be issued on loan to my child/ward, which will remain the sole property of the United States Government, MAC or USAC. I also agree to return issued property should my child/ward cease to serve as a Cadet prior to departure from the NCTC, or upon request of an official of the MAC or USAC.

I understand that if my child/ward is enrolled to attend the Cadet Ranger School (CRS) that they will be subject to an evaluation process to determine whether or not they will proceed with CRS. I am aware that if the evaluation process finds my child/ward unprepared for the challenge presented by CRS that they will participate in the Basic Leader Course + TACMAP(BLCT) which will provide them with an equal number of training days as their original enrollment into CRS. I understand that there will be no refund of the difference between the costs of CRS and BLCT.

I understand in the event my child/ward fails to attend MAC for any reason, or is voluntarily or involuntarily discharged from MAC, there will be no refund of deposits paid, or enrollment, training, equipment, medical and transportation fees.

I agree a photocopy of this agreement shall be as valid as the original.

**ENROLLMENT FEES**

I understand my child's/ward's enrollment in the Military Adventure Camp, a program of the United States Army Cadet Corps, Inc., is at the discretion of the Commanding General, U.S. Army Cadet Corps, based on my child's/ward's motivation to participate in Military Adventure Camp training. In consideration of the above, enrollment fees will include, at a minimum, the issue of the following items which may be retained by the Cadet:

- One Army Combat Uniform (blouse and trousers) – with patches, nametapes, boots, hat and other accessories
- One additional pair of Army Combat Uniform Trousers
- Five Army Cadet Physical Fitness Shirts
- Two pair of Army Cadet Physical Fitness Shorts
- Towels and washcloths, shower shoes and laundry supplies
- Books, manuals and other training materials

**PARENTAL CERTIFICATION**

I certify that the information contained herein is accurate and correct. As a condition of acceptance, I agree to support my child/ward's participation in the Military Adventure Camp, a program of the U.S. Army Cadet Corps, Inc. I certify that by initialing above, and signing below, I fully understand and agree to the terms, conditions, and contents of this application.

SIGNATURE OF CUSTODIAL PARENT/ LEGAL GUARDIAN

DATE

SIGNATURE OF CUSTODIAL PARENT/ LEGAL GUARDIAN

DATE

**NOTARY STATEMENT**

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_, ss.:

On \_\_\_\_\_, 20\_\_\_\_, before me \_\_\_\_\_

personally came \_\_\_\_\_, to me known, and known to me to be the individual(s) described in and who executed the forgoing Parental/Guardian Agreement and duly acknowledged to me that (he)(she)(they) executed the same.

SIGNATURE OF NOTARY PUBLIC

[SEAL]

My Commission Expires: \_\_\_\_\_