

U.S. NAVAL SEA CADET CORPS U.S. NAVY LEAGUE CADET CORPS		REQUEST FOR TRAINING AUTHORITY (CADET)				
<b>INSTRUCTIONS: 1. PREPARE THIS FORM IN DUPLICATE 2. FORWARD ORIGINAL PER TRAINING SCHEDULE 3. FILE A COPY TO SERVICE RECORD</b>						
1a. Date (DD MMM YY) 18 May 10		1b. Unit Name Central Iowa Division				1c. Region 07-2
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 Description NLCC Advanced Orientation		4b. Training Location Marshalltown, Iowa		4c. Tra Code ND-IA	4d. Training Start Date 13 Jun 10	4e. No. Days 07
5a. Recruit Training/Orientation complete? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Year Completed	5b. Physical Fitness Test Pass/Fail <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Passed	NSCC Advancement and Training Manual, Appendix 3, 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.		
<b>6. STATEMENT OF UNDERSTANDING (MEDICAL &amp; STANDARDS OF CONDUCT)</b> 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 preexisting 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 is not 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 use in audit or statistical purposes. 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 2 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 at my expense.						
7a. Medical Insurance Provider Name				7b. Medical Insurance Policy Number		
7c. Medical Insurance Provider Address				7d. Medical Insurance Provider Phone		
<b>8. TRANSPORTATION NOTICE</b> 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 <u>OWN EXPENSE</u> or at the expense of their <u>PARENT/GUARDIAN, NSCC UNIT, OR UNIT SPONSOR</u> .						
<b>9. ENDORSEMENTS</b> THIS FORM WILL NOT BE PROCESSED WITHOUT REQUIRED ENDORSEMENTS <b>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.</b>						
Parent/Guardian (Print or Type)		Signature			Date (DD MMM YY)	
Commanding Officer (Print of Type) LCDR Eric Goslinga, NSCC		Signature			Date (DD MMM YY)	
Commanding Officer Daytime Phone Number 641-844-8185		Commanding Officer E-Mail Address command@iowacadets.org				
10. COTC ENDORSEMENT/SIGNATURE						Date (DD MMM YY)