



**U.S. NAVAL
SEA CADET CORPS**
CHART YOUR COURSE

Welcome Aboard for 2018-19 Winter Small Boat Sailing Training!

This training is a “Day Camp” style training, meaning that cadets will arrive in the morning and go home in the evening.

This training will be held in and around the Schooner Bill of Rights, a 137-foot long (spared length) Gloucester schooner that was launched in March of 1971. As a class, the schooners were said to be "tough enough to outfight anything they could not outrun and fast enough to outrun anything they could not outfight.”

Cadets will learn about sailing small craft, using 12-foot sailboats provided by the South Bayfront Sailing Association. This will be a combined training for both Navy League cadets (ages 10 – 13) and Sea Cadets (ages 14 – 18).

Location and Dates

LOCATION: Chula Vista Marina, Chula Vista, CA

TRAINING DATES:

December 31, 2018 – January 4, 2019

Training will begin each day at 9 AM and conclude at 5PM. Cadets may be dropped off as early as 7 AM and must be picked up by 6 PM each evening.

How to Register

1. Have your unit register you on Magellan. Once we see the registration, we will confirm.
2. Within 48 hours of confirmation, you **MUST** do the following to be approved:
 - a. Submit the Additional Information Form on our website, www.nscpsw.org. Please be aware that there are separate forms for NLCC and NSCC.
 - b. Pay for training at our online store. Click [here](#) for the NSCC store and [here](#) for the NLCC store.
 - c. Submit the Medical Supplemental Form, if you will be taking meds at training (attached at the end of this letter).
 - d. Submit the ADA Accommodation Form, if you will need an accommodation at training.

Go to page 2 (or click [here](#)) for more information.

ALL THE OTHER STUFF YOU NEED TO KNOW

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- **TRAINING OBJECTIVES AND EXPECTATIONS** – page 3
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- **DURING TRAINING** – page 4

REGISTERING FOR TRAINING

To get an APPROVED slot at the training, you **must**:

a. Have your unit's training officer register you on the MAGELLAN system. We will confirm upon initial entry into Magellan if space is available but must receive the following **within 48 hours** or registration will revert to Submitted status:

- 1) Payment of fees made at our website (Registration Step 4).
- 2) Completion of the ADDITIONAL INFORMATION FORM at our website (Registration Step 3).
- 3) Submission of Medical Supplemental Form and/or Request for Accommodation, if either are needed.

NO ORDERS WILL BE APPROVED UNTIL ALL 3 PARTS ARE COMPLETE!!!

b. Have your unit upload a copy of your completed and signed NSCTNG001 to MAGELLAN. The original should be placed in your service record, which you will bring to training.

c. If you will be taking any medication, scan/email (or upload to MAGELLAN) a copy of the Page 7/8 Medical Supplemental Form. Your unit's officers will help with this. **We will not approve your space until your meds have been approved as appropriate for this training.**

d. Send us any ADA Request for Accommodation well in advance for review, subject to approval. An approved Request for Accommodation at the home unit **does not automatically apply at the training.** Your request must be approved before we can approve you in your training.

PAYMENT: Payment for training fees can be made at our website, www.nscpcpsw.org. Click on NSCC or NLCC Training (as appropriate) and then follow Step 4 to connect to the appropriate online store.

Important! Please include the following information as a note when completing your payment: Cadet first and last names and the name of the unit they belong to. Parents often have last names that are different from the cadet's and we need this information in order to properly apply your payment. For this reason, we encourage you to complete payment on a computer, not a phone, so that you don't miss this important step. Please submit one payment at a time with the requested information.

In accordance with NSCC regulations, training deposits are **non-refundable**.

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REPORTING

REQUIRED DRESS: All attendees will be required to wear a shirt, shorts or long pants (as desired), closed-toe shoes, socks, and a wide-brimmed hat. We also recommend that you bring sunscreen as the sun can be quite strong on the water.

REPORTING TIMES: All attendees should be onsite by 8:00 AM, although drop-offs may be as early as 7:45 AM. Activities for the day will conclude around 5 PM and all attendees must be picked up by 6 PM.

WHAT TO BRING: In your possession should be your service record and valid ID. Lunch and snacks will be provided.

No cadet may report aboard without a complete service record with all signatures properly executed on all relevant portions of the NSCADM001 form (Cadet Application, Medical History, Medical Exam) and NSCTNG001 (Request for Orders). Also, a SUPPLEMENTAL HEALTH HISTORY (Page 7/8 of NSCADM001) form should be included if taking or using over-the-counter or prescription medications.

INDIVIDUALS SHOULD CARRY THEIR OWN SERVICE RECORD.

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INTERESTED IN STAFFING?

Officer inquiries should be directed to LT Rodger Morris at rodger.l.morris@gmail.com. Please contact us to have a conversation prior to applying for the training.

Upon notification that you have a confirmed billet on the staff, you'll receive separate instructions with details for your arrival and other useful information.

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TRAINING OBJECTIVES AND EXPECTATIONS

TRAINING OBJECTIVES: Our objectives and purpose for offering this training evolution are:

- To provide training in a specific subject(s) for those Cadets attending training.
- To provide professional training to NSCC Officers and NSCC Staff Cadets so as to allow them the opportunity to utilize their abilities in a supervised military environment.
- To promote the highest level of training that is consistent with NLCC/NSCC National Goals with an atmosphere of respect, support, and esprit de corps.

SAFETY: Safety is our #1 priority. The success of this evolution depends on the safety of all personnel. This will be accomplished by the following methods:

- Accountability – This is achieved by knowing where our people are at all times and what they are doing. Each individual will act in a responsible manner.
- By always being alert to possible hazards and taking appropriate action to prevent possible harm to any personnel under our care.

• By making safety everyone's responsibility, from the cadet to the Commanding Officer. If any person feels their safety is about to be compromised, that person will bring it to the attention of the chain of command.

CODE OF CONDUCT/HAZING/FRATERNIZATION: Please review the attached CODE OF CONDUCT. This code will be the basis for a quality training experience. Furthermore, there is a **ZERO TOLERANCE** for hazing and/or fraternization. This includes bullying, use of foul language, and any negative behavior that takes away from a safe and positive training environment.

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PREPARING FOR TRAINING

CADET PREPARATION: All cadets need to understand that this is a TRAINING evolution. Each individual will be asked to do things that are challenging and different from "the way I've always done it."

MEDICAL RESTRICTIONS: Trainees with pre-existing medical conditions that will affect a safe training environment cannot be allowed to participate. While we want cadets to complete their training, safety is our first concern.

Medications prescribed or over-the-counter **are** permitted. **If your cadet will need to take ANY medications during the day, a Supplemental Medical History (Page 7/8) which is included in this packet must be completed and approved prior to registering for training.** Please bring medications in the original container and place them in a baggie and include a copy of this form, which **MUST** be signed by a medical professional if any of the medications are prescription. **Discontinued use of required medication is not advised.**

The final determination of participation in training due to a medical condition lies with the Commanding Officer, based on NSCC Regulations.

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DURING TRAINING

NO CELL PHONES ALLOWED FOR ANY CADETS. Cell phones may not be used during the training day. Using cell phones during training without authorization will be grounds for dismissal.

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QUESTIONS/CONCERNS: Your unit CO is the first person who may be able to answer questions or concerns. They have been sent a copy of this information letter. If you still have questions, please e-mail to question@nscpsw.org.

We look forward to your cadet having a positive training experience. Welcome Aboard!

LCDR Vahan Manoogian, NSCC
Commanding Officer
srd@nscpsw.org

LTJG Rodger Morris, NSCC
Small Boat Sailing Training OIC
rodger.l.morris@gmail.com

Attachments:

- a) Code of Conduct
- b) Standing Orders
- c) Medical History Supplemental for Training Authorization, Consent and Release



UNITED STATES NAVAL SEA CADET CORPS
Headquarters & Service Company
Summer Training Command
Marine Corps Base, Camp Pendleton, CA

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CODE OF CONDUCT

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So that this command and all its personnel may effectively work together as a team in a safe environment conducive to learning and esprit de corps, we have established the following Code of Conduct. It will govern all our behavior, from the Commanding Officer to the most junior Cadet. All personnel, cadets, and staff:

1. Will conduct themselves in a professional and military manner so as to bring credit to themselves, their home unit, the United States Naval Sea Cadet Corps, and the United States Navy.
2. Will not use vulgar, profane, humiliating, or racially/ ethnically slanted language or address to one another.
3. Will not threaten, or attempt to do bodily harm to one another.
4. Will not take, obtain, or withhold by any means, the property, money, or other articles of value from another.
5. Will not introduce with the intent to use, sell, transfer, or distribute any amount of illicit drugs or paraphernalia, alcoholic beverages, or tobacco products.
6. Will not engage in collection, soliciting, or distributing funds of any kind except as authorized by the command.
7. Will not willfully damage or destroy any government or personal property.
8. Will refrain from physical contact, hand-passed notes, or romantic interludes that are prejudicial to good order and discipline.
9. Will speak to or about each other in a respectful manner. There is to be no arguing, gossiping, backbiting, teasing, or other language deemed unacceptable.

Failure to abide by this Code of Conduct and other guidelines established by the Commanding Officer may result in disciplinary action, extra military instruction (EMI) or dismissal from training.

All reported violations of this Code of Conduct will be investigated. Accusations determined to be knowingly false will carry the same penalty as the violation itself. Summer Training Command, Camp Pendleton, CA is *not* the place to joke around. Don't forget where you are and what you're here for.

This command has a ZERO TOLERANCE policy concerning hazing, sexual harassment, and fraternization. This includes bullying, use of foul language, and any negative behavior that takes away from a safe and positive training environment. Transportation costs for anyone dismissed from training rest with the parents or home unit.

V. Manoogian, LCDR, NSCC
Commanding Officer

U. S. NAVAL SEA CADET CORPS
PACIFIC SOUTHWEST REGION

Standing Orders

These orders are to remain in effect for the duration of the training unless modified by competent authority. Failure to obey them will be regarded as a breach of discipline and will subject you to disciplinary action.

1. All cadets will rise at reveille. You will rise promptly and put on the uniform of the day. You will clean and square away your company area in preparation for morning inspection. You will be ready for muster at the appropriate time. Staff Cadets and Officers will rise 10 minutes prior to trainees.
2. You will be present at every muster and in the proper uniform of the day unless excused by the proper authority.
3. You will maintain proper military bearing at all times and observe all military customs and courtesies.
4. You will stand all assigned watches in a military and seamanlike manner.
5. You will not leave the assigned training area or berthing area without the approval of proper authority.
6. You will observe the chain of command. You will initiate requests and reports by addressing your squad leader.
7. You will at all times display due regard for the health, welfare, and safety of yourself and your shipmates.
8. You will not pretend to be ill or injured.
9. You will not embarrass or degrade another person.
10. There will be no smoking.
11. You will not fight or engage in skylarking.
12. The use of illegal or controlled substances is prohibited.
13. You will not leave any electrical appliances unattended while plugged into a circuit.
14. No trainee will be out of their bunks between lights out and reveille unless they are on watch, using the restroom (head) or with approval of proper authority. Staff Cadets will observe lights out one hour after trainees.
15. Staff will remain in uniform while in a duty status.
16. All trainees will respect and observe "out of bounds" notices and "off limits areas" throughout the barracks.
17. Trainees may not use phones.
18. You will not loiter on the quarterdeck. All trainees on the quarterdeck will be in the uniform of the day.
19. All meals will be eaten as a company unless excused by proper authority.
20. Forms of address:
 - *The Commanding Officer will be addressed as Captain, Skipper, or by rank and name.
 - *The Executive Officer will be addressed as Commander or by rank and name.
 - *All other officers will be addressed by rank and name. (EX: LCDR O'Riley, Ensign Collins, Instructor Gorman)
 - *Chief Petty Officers will be addressed as CHIEF.
 - *Company Commanders will be addressed as CC.
 - *Assistant Company Commanders will be addressed as ACC.
 - *All other staff cadets will be addressed by rank and name. (EX: Petty Officer Brown, Seaman Smith)
 - *Recruits will be addressed as Recruit (last name) (EX: Recruit Johnson)

NOTICE

This form, used as a supplement to the Report of Medical History, is **MANDATORY** for all Cadets who are currently taking medication and will report to training with prescription and/or non-prescription (over the counter) medications. Cadets may bring prescription and non-prescription medication to training as long as the medication is not for a contagious illness or physical condition that would normally preclude his/her full participation in rigorous physical activity. Medication must NOT have expired. This form is to be used in conjunction with the current report of Medical History when screening cadets prior to attending "ALL" trainings for those taking medications.

THE INFORMATION YOU PROVIDE MUST BE ACCURATE AND COMPLETE. If the cadet is taking prescription medications, a qualified medical provider must endorse this document in Section 10, confirming the accuracy of the prescription information provided. Medical provider signature for OTC medications is NOT REQUIRED; parent signature is sufficient for OTC medications.

Commanding Officers of Training Contingents (COTC) and Senior Escort Officers (SEO) retain the obligation and right to deny acceptance for training to any Cadet if upon review of the Report of Medical History and this document, it is determined that the Cadet is not physically and/or medically qualified (without ADA accommodation). This includes a determination that they do not have sufficient or qualified personnel to administer required medications. Parents/Legal Guardians should be consulted before making these type determinations.

1. PERSONNEL INFORMATION

1a. Last Name	1b. First Name	1c. MI	1d. USNSCC ID Number
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2. TRAINING INFORMATION

2a. Training Code	2b. Training Start Date	2c. Training End Date	2d. Training Days 0	2e. Training Location
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3. PACKAGING AND LABELING REQUIREMENTS

3a. Prescription Medication <ul style="list-style-type: none"> Must be in the original container from the pharmacy or manufacturer. Must have a complete prescription label attached to the container. The container will only contain the medication it is labeled for. The Cadet must be the person prescribed the medication and his or her name must appear on the prescription label. 	3b. Non-Prescription Medication (Over the Counter) <ul style="list-style-type: none"> Must be in the original container from the manufacturer. Must have a complete manufacturer's label attached to the container identifying the contents and directions for use. The container will only contain the medication it is labeled for.
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4. PRESCRIPTION OR NON-PRESCRIPTION MEDICATION *(Use additional documents if more than three medications are provided)*

4a. Name of Medication	4b. Strength	4c. Total Quantity Required	4d. Total Quantity Sent
4e. Storage (Use Block 7, if necessary) <input type="checkbox"/> Refrigerate <input type="checkbox"/> Child-Proof Cap <input type="checkbox"/> Other:	4f. Frequency and Dosage (check one) <input type="checkbox"/> As needed, as labeled <input type="checkbox"/> On schedule, as labeled <input type="checkbox"/> Other: See Block 4l and/or Block 7		
4g. Prescribing Provider Name	4h. Prescribing Provider Phone Number	4i. Prescribing Provider Phone Number (alternate)	
4j. Reason for medication <i>(Describe in detail if necessary)</i>			
4k. Relevant side effects to be observed if any: <i>(Such as reactions to food, dehydration, sun sensitivity, hives, other medication restrictions, decreased balance/motor skills, hyperactivity, concentration, drowsiness, lethargy, etc.)</i>			
4l. List any other important information about this medication since access to medical information or facilities could be delayed due to training activities or location.			
4m. Expected effects if medication is not taken as directed.			

5. PRESCRIPTION OR NON-PRESCRIPTION MEDICATIONS *(Use additional documents if more than three medications are provided)*

5a. Name of Medication	5b. Strength	5c. Total Quantity Required	5d. Total Quantity Sent
5e. Storage (Use Block 7, if necessary) <input type="checkbox"/> Refrigerate <input type="checkbox"/> Child-Proof Cap <input type="checkbox"/> Other:	5f. Frequency and Dosage (check one) <input type="checkbox"/> As needed, as labeled <input type="checkbox"/> On schedule, as labeled <input type="checkbox"/> Other: See Block 5l and/or Block 7		
5g. Prescribing Provider Name	5h. Prescribing Provider Phone Number	5i. Prescribing Provider Phone Number (alternate)	
5j. Reason for medication <i>(Describe in detail if necessary)</i>			
5k. Relevant side effects to be observed if any: <i>(Such as reactions to food, dehydration, sun sensitivity, hives, other medication restrictions, decreased balance/motor skills, hyperactivity, concentration, drowsiness, lethargy, etc.)</i>			
5l. List any other important information about this medication since access to medical information or facilities could be delayed due to training activities or location.			
5m. Expected effects if medication is not taken as directed.			

MEDICAL HISTORY SUPPLEMENTAL			
6. PRESCRIPTION OR NON-PRESCRIPTION MEDICATION <i>(Use additional documents if more than three medications are provided)</i>			
6a. Name of Medication	6b. Strength	6c. Total Quantity Required	6d. Total Quantity Required
6e. Storage (Use Block 7, if necessary) <input type="checkbox"/> Refrigerate <input type="checkbox"/> Child-Proof Cap <input type="checkbox"/> Other:		6f. Frequency and Dosage (check one) <input type="checkbox"/> As needed, as labeled <input type="checkbox"/> On schedule, as labeled <input type="checkbox"/> Other: See Block 6l and/or Block 7	
6g. Prescribing Provider Name	6h. Prescribing Provider Phone Number	6i. Prescribing Provider Phone Number (alternate)	
6j. Reason for medication <i>(Describe in detail if necessary)</i>			
6k. Relevant side effects to be observed if any: <i>(Such as reactions to food, dehydration, sun sensitivity, hives, other medication restrictions, decreased balance/motor skills, hyperactivity, concentration, drowsiness, lethargy, etc.)</i>			
6l. List any other important information about this medication since access to medical information or facilities could be delayed due to training activities or location.			
6m. Expected effects if medication is not taken as directed			
7. REMARKS (please include comments as required by Blocks 4, 5 and/or 6. Also provide any other medical history that you or your physician deems important)			
8. STATEMENT OF UNDERSTANDING AND CONSENT			Parent/Guardian Initial Below
8a. During the NSCC/NLCC training evolution, NSCC medical personnel on duty and/or assigned NSCC staff members have my permission to administer the medication listed in Block 4, Block 5 and/or Block 6. I understand that all medications provided to the NSCC training contingent staff, must be in the original medication bottle containing all of the information required by Block 4, 5, and/or 6.			
8b. I give consent to the NSCC staff to contact the medical provider as needed for clarification with regard to medications listed and the conditions for which the medication is prescribed. The medical provider has been notified that the NSCC is authorized to obtain medical/prescription information if necessary.			
8c. I understand that all medications will be collected at the beginning of training and administered to the Cadet based on dosing instructions on the medication bottle/package. In no instance will Cadets be allowed to self-medicate with any medication whether it is over the counter or prescription. I understand I must provide the required amount of medication needed for the entire duration of the training evolution.			
8d. I understand that the Commanding Officer of the Training Contingent (COTC), and/or National Headquarters (NHQ) retains the authority to not accept and/or terminate Cadet's training at any time due to medical/other reasons. If terminated, parent agrees to immediately pick up their son/daughter upon notification by the COTC and/or training staff.			
9. AUTHORIZATION AND RELEASE			
I certify that, to the best of my knowledge, the information provided is true and accurate and I have disclosed all pertinent medical history. Furthermore, I authorize the Naval Sea Cadet Corps, its agents, officials, and training staff members, to dispense medication listed on this authorization and I "Hold Harmless" the Naval Sea Cadet Corps from any and all liability, actions, or causes of action for damages or injury that may arise, directly or indirectly, from my child's use of medication while participating in Naval Sea Cadet Corps activities. I understand that training staff members may not be medical professionals and that medication will be dispensed according to the manufacturer's instructions and/or the instructions I provided on this authorization.			
9a. Name of Parent/Guardian (Type or Print)	9b. Signature		9c. Date (DD MMM YY)
10. ENDORSEMENTS			
I have reviewed the medical record of this cadet and certify that the medications listed on this form are true and correct as prescribed and that this cadet is physically able to attend the listed training evolution.			
10a. Name of Medical Provider (Type or Print)	10b. Signature		10c. Date (DD MMM YY)
I certify that I have reviewed the above information and the Cadet listed on this form is physically able to attend the listed training evolution.			
10d. Name of Commanding Officer (Type or Print)	10e. Signature		10f. Date (DD MMM YY)