

U.S. NAVAL SEA CADET CORPS U.S. NAVY LEAGUE CADET CORPS		REQUEST FOR TRAINING AUTHORITY (CADET)				
INSTRUCTIONS: 1. PREPARE THIS FORM IN DUPLICATE 2. FORWARD ORIGINAL PER TRAINING SCHEDULE 3. FILE A COPY TO SERVICE RECORD						
1a. Date (DD MMM YY)		1b. Unit Name				1c. Unit Code
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 Primary Phone		3c. Emergency Contact Alternate Phone	
4a. Training Name/Description		4b. Training Location	4c. Training Code	4d. Staff Cadet? <input type="checkbox"/> Yes <input type="checkbox"/> No	4e. Training Start Date	4f. No. Days
5a. Recruit Training/Orientation complete? <input type="checkbox"/> Yes <input type="checkbox"/> No	Year Completed	5b. Physical Fitness Test passed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Passed	The NSCC Physical Readiness Manual 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.		
6. STATEMENT OF UNDERSTANDING (MEDICAL & STANDARDS OF CONDUCT) 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 pre-existing 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 may not be 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 audit purposes or for statistical analysis. 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 two 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 and they will be returned home at my expense.						
7a. Medical Insurance Provider Name				7b. Medical Insurance Policy Number		
7c. Medical Insurance Provider Address				7d. Medical Insurance Provider Phone		
8. TRANSPORTATION NOTICE 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 OWN EXPENSE or at the expense of their PARENT/GUARDIAN, NSCC UNIT, OR UNIT SPONSOR .						
9. ENDORSEMENTS THIS FORM WILL NOT BE PROCESSED WITHOUT REQUIRED ENDORSEMENTS 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.						
Parent/Guardian (Print or Type)			Signature		Date (DD MMM YY)	
Commanding Officer (Print or Type)			Signature		Date (DD MMM YY)	
Commanding Officer's Primary Phone Number		Commanding Officer's Alternate Phone Number		Commanding Officer E-Mail Address		
10. COTC ENDORSEMENT/SIGNATURE						Date (DD MMM YY)