

INSTRUCTIONS: PLEASE PRINT OR TYPE ONLY FILL IN ALL BLOCKS THAT APPLY, THOSE THAT DO NOT, ENTER "NOT APPLICABLE" OR N/A

1. APPLICANT INFORMATION

1a. Last Name		1b. First Name		1c. Middle Name		1d. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
1e. Home Address			1f. City		1g. State	1h. Zip Code + 4	
1i. Social Security Number	1j. Date of Birth (DD MMM YY)	1k. Home Phone		1l. E-Mail Address			
1m. Full-time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes grade:</i>		1n. School Name & City				1o. GPA	
1p. Has the applicant ever been charged OR 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>							
1r. Citizenship <input type="checkbox"/> U.S. Citizen <i>(NSCC Regulations, Chapter Six, Paragraph 0610.1, U.S. Citizenship Required)</i>				1s. Referred/Recruited by			

2. APPLICANT AGREEMENT AND CONFIRMATION

I agree to be governed by the regulations for administration of the NSCC/NLCC; and to obey all lawful orders, to attend drills regularly, and to take proper care of any uniforms or equipment entrusted to me. I also commit to being drug, alcohol, and gang free while I am a member of the NSCC/NLCC.

2a. Applicant Signature	2b. Date (DD MMM YY)
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3. PRIMARY PARENT/LEGAL GUARDIAN INFORMATION *(will be listed as next of kin and first contact in case of an emergency)*

3a. Name		3b. Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other:					
3c. Address			3d. City		3e. State	3f. Zip Code + 4	
3g. Day Phone		3h. Evening Phone		3i. E-Mail Address			

4. SECONDARY PARENT/LEGAL GUARDIAN CONTACT INFORMATION

4a. Name		4b. Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other:					
4c. Address			4d. City		4e. State	4f. Zip Code + 4	
4g. Day Phone		4h. Evening Phone		4i. E-Mail Address			

5. EMERGENCY CONTACT INFORMATION *(will be contacted in case primary or secondary contacts are unreachable in case of an emergency)*

5a. Name		5b. Relationship <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Family Friend					
5c. Address			5d. City		5e. State	5. Zip Code + 4	
5g. Day Phone		5h. Evening Phone		5i. E-Mail Address			

6. MEDICAL INFORMATION

6a. Medical Insurance Provider Name				6a. Medical Insurance Policy Number			
6c. Medical Insurance Provider Address				6d. Medical Insurance Provider Phone			

7. DEMOGRAPHICS

7a. 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							
7b. 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							

CADET APPLICATION

8. PARENT/LEGAL GUARDIAN AGREEMENT & CONFIRMATION

I hereby consent to my child/ward enrolling in the Naval Sea Cadet Corps (NSCC)/Navy League Cadet Corps (NLCC). I understand that the NSCC/NLCC is organized along military lines and that NSCC/NLCC regulations govern my child's/ward's membership and that violation of regulations may result in my child's/ward's discharge from the NSCC/NLCC. 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 or if not, 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 Naval Sea Cadet Corps 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 Naval Sea Cadet officer or other authorized agent I have been briefed on the NSCC 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 NSCC policy limits are exhausted, I understand that I am responsible for all medical payment 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 to be bound by all NSCC regulations, policies, and amendments thereof that govern my child's/ward's membership and conduct; I further waive any right to challenge in any way any determination made by the NSCC/NLCC regarding my child's/ward's continuance of membership in the NSCC/NLCC 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 U.S. Naval Sea Cadet Corps (NSCC)/U.S. Navy League Cadet Corps (NLCC), in consideration of his/her acceptance and continuance of membership in the NSCC/NLCC, I 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 NSCC/NLCC activities take place; (3) the Navy League of the United States; (4) any organization or association, public or private, that sponsors NSCC/NLCC activities; (5) the NSCC/NLCC; (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 Nationwide Life Insurance Company Specified Hazard Group Insurance Certificate for the United States Naval Sea Cadet Corps (NSCC) (Policy 502-95-21736).

I consent to the examination of my son/daughter/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 NSCC/NLCC. 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 NSCC/NLCC 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 son/daughter/ward to be transported as a passenger in military aircraft, vessels and vehicles.

I consent to the taking of any records of my son/daughter/ward through photographic, cinematic, and digital media, and to the reproduction and/or publication of same by any photographic facility of the NSCC/NLCC, DOD, USCG, NOAA, NLUS, sponsoring organizations, media/press, and the subordinate agencies/units/organizations of said organizations. I consent to the use of said records in connection with education programs or activities of the said organizations. I further assign to the said organizations all right and title to and interest in above described records for any further use of them that may be in the area of motion pictures, video tapes, publicity photos, publication via digital media such as the Internet, etc.

This standard release shall remain in effect for the duration of my son's/daughter's/ward's membership in the NSCC/NLCC. I also give my permission for facsimiles of this release to be made, and when presented by an authorized official of the NSCC/NLCC, DOD, USCG, NOAA shall be considered as valid as the original signed by me.

9a. Cadet Full Name

9b. Social Security Number

9c. Parent/Guardian Name (Print of 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 & Location
Cadet Application (NSCADM 001)		ID Card Returned		
Medical History (NSCADM 020)		Uniforms Returned		
Medical Exam (NSCADM 021)		NRTCs Returned		
Enrollment Fees Collected		Deposit Refunded		
Uniform Fees Collected		NSCADM 009 to NHQ		
Uniforms Issued		Reason for Disenrollment		
Enrollment (NSCADM 007) to NHQ				