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Appendix 3 (Cadet Information and Statement of Physical Condition) to Annex A (Registration Package) to OPOD 15-01

CADET INFORMATION

STATEMENT REQUIRED BY PRIVACY ACT OF 1974

- 1. **AUTHORITY:** Title 10, U.S. Code 2102.
- 2. **PRINCIPAL PURPOSE(S):** To gather information, emergency points of contact, and statement of the physical condition of JROTC Cadets attending the Raider Meet.
- 3. **ROUTINE USES:** Normal personnel actions disclosures of information may be provided to proper authorities in actions regarding medical treatment, legal actions, investigation of accidents, preparation of statistics and training records resulting from the Raider Meet.
- 4. **MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION:** Disclosure is voluntary. Failure of Cadet to complete form will disqualify JROTC Cadet from participating in the Raider Meet.

1. **Cadet:** _____
(Rank, Last Name, First Name, MI)

2. _____
(SSN) (Name of School)

3. **Parent or Guardian**

(Name and Address)

5. Telephone: _____ Other: _____

6. **Family Doctor:** _____
(Name and Address)

7. Telephone: _____ Other: _____

8. **Dentist:** _____
(Name and Address)

9. Telephone: _____ Other: _____

NOTE: IF PARENT OR GUARDIAN CANNOT BE CONTACTED, PLEASE LIST ONE OTHER PERSON TO CONTACT IN CASE OF AN EMERGENCY.

10. **Emergency Contact:** _____
(Name and Address)

11. Telephone: _____ Other: _____

STATE OF PHYSICAL CONDITION

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Initials

RAIDERS 2015-2016

To the best of my knowledge, my son/daughter/ward is in good physical condition. Participation in the Raider Meet in my opinion, will not have an adverse effect on his/her health and well being. I will inform the AI/SAI of any changes.

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RAIDERS 2015-2016

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Initials

My son/daughter/ward has a history of (identify illnesses; Heart disease, Asthma, Overweight, Sinus, Rheumatic Fever, Ear Infection, Headaches, or any other ailment) _____, and is on _____ medication. He/she is allergic to the following medication:

NOTE: Cadets who are found to have previous history of any type illness, past injury, and/or symptoms of suspected medical ailment, will be returned home if treatment is needed or desired.

DENTAL RECORDS

I acknowledge my dental records contain detail profiles and/or x-rays of sufficient detail for identification.

I (do) (do not) have a dentist or dental records.

(Signature of Cadet's Parent/Guardian)

(Signature of Cadet)

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Appendix 4 (Consent to Medical Treatment) to Annex A (Registration Package) to OPORD 15-01

CONSENT TO MEDICAL TREATMENT

STATEMENT REQUIRED BY PRIVACY ACT OF 1974

(1) AUTHORITY: TITLE 10, U.S. CODE 2102.

(2) PRINCIPAL PURPOSE: A statement authorizing medical care in civilian or government medical facilities while attending or traveling to or from the Raider Meet.

(3) ROUTINE USES: Normal personnel actions: Disclosure of information may be provided to proper authorities in actions regarding medical treatment, legal actions as a result of injury or death, and investigation of accident resulting from BRC.

(4) MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION: Voluntary. Failure to complete form will disqualify JROTC Cadet from participating in specific voluntary training exercises.

I _____, consent to be treated in an Army Hospital or any other government or civilian medical facility, near or en route to ANY JROTC RAIDER EVCT, VA/MD/DC, while attending or (Installation, State)

traveling to or from the Raider Meet

DURING SY 2015-2016

This consent encompasses all procedure and treatments as are found to be necessary or desirable, in the judgment of the professional staff of any of the above-named medical facilities. I understand that this consent is of a general nature and accordingly list the following exceptions to this consent (if no exceptions write "No Exceptions"):

I (am) (am not) on medication (list type, if on medication).

I (am) (am not) allergic to medication (list type, if allergic).

It is understood that this consent can be withdrawn in writing or orally at anytime.

Signature of Witness

Signature of Cadet

Print Name of Witness

SSN _____
Print Name of Cadet

PARENT OR GUARDIAN: (When Cadet is a minor or unable to give consent). I _____ parent/guardian of _____ have read and understood the above consent to treatment and hereby expressly consent to the above-described treatment.

Signature of Witness

Signature of Parent

CONVENANT NOT TO SUE
OFF-CAMPUS TRAINING AND PRACTICAL FIELD/HIGH RISK TRAINING

(1) AUTHORITY: Title 10, U.S. Code 23-1.

(2) PRINCIPAL PURPOSE(S): To release the U.S. Army, the host institution, and the state in which said institution is located from liability for injury; death, or damages for JROTC Cadets participating in voluntary off-campus training and practical field/high-risk training.

(3) ROUTINE USES: Normal personnel actions. Disclosures of information may be provided to proper authorities in actions regarding law enforcement, legal actions as a result of injury or death, and investigations of accidents resulting from such voluntary off-campus training and practical field/high-risk training.

(4) MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION: Voluntary. Failure to complete form will disqualify JROTC Cadet from participating in specific voluntary training exercises.

I _____ residing at _____
(Type or print full name) (Address) (City)

do hereby agree that in consideration for being allowed to participate in the Raider meet at Pocahontas State Park, conducted by DAI, Richmond, and ARMY/NAVY JROTC supervised activity, and whereas I am doing so entirely on my own initiative, risk, and responsibility; and being wholly aware of the risks adhering to this type of training, thereby RELEASE AND DISCHARGE FOREVER, the United States Army, the Commonwealth of Virginia and PATRICK HENRY JROTC and all of its officers, agents, and employees, acting officially or otherwise, from any and all claims demands, actions or causes of action, on account of myself or on account of any injury to me which may occur from any cause during said activity or continuances thereof, and I do further covenant and agree to hold the United States Army, Commonwealth of Virginia, PATRICK HENRY JROTC and all of its officers, agents, and employees, acting officially or otherwise, blameless for any and all damages which I may cause either intentionally or through my negligence.

Typed/Printed Name of Parent or Guardian,
If Participant is a Minor

Signature of Parent or Guardian, if
Participant is a Minor

Relationship to Cadet

Date

WITNESSED BY:

Age/Period Covered

Signature of Cadet