

CO/XO Candidate? \_\_\_\_\_ If yes, what justification? \_\_\_\_\_

**CADET DATA/CHECKLIST FORM WITH CADET STATEMENT OF AGREEMENT  
LEADERSHIP ACADEMY**

**DEADLINE FOR PAPERWORK AND PAYMENT IS**

**20 April 2018**

UNIT/SCHOOL \_\_\_\_\_ CADET NAME \_\_\_\_\_

M or F (CIRCLE ONE) BIRTHDATE \_\_\_\_\_ (MONTH/DAY/YEAR)  
(LAST NAME) (FIRST NAME) (MI)

24 HOUR RECALL NUMBER FOR CADET'S PARENTS/GUARDIAN:

(Include Area Code)

HOME # \_\_\_\_\_ CELL # \_\_\_\_\_ WORK # \_\_\_\_\_

RECALL NUMBER FOR SNSI/NSI: \_\_\_\_\_ (CELL)

MUST BE AVAILABLE TO PICK UP YOUR CADET - ALL WEEK

CIRCLE ONE FOR T-SHIRT AND ONE FOR SHORT SIZE

T-shirt size S M L XL XXL Short size: S M L XL XXL

PAPERWORK ATTACHED (Check Boxes)

CADET DATA/CHECKLIST FORM INCLUDING STATEMENT OF AGREEMENT W/SNSI ENDORSEMENT

HEALTH RISK SCREENING FACTOR SHEET

JROTC STANDARD RELEASE FORM (CNET 5800-4) (SIGNED W/INSURANCE INFO)

INDEMNITY AGREEMENT

PHYSICAL/MEDICAL EXAM (date must cover LA)

**Cadet Statement of Agreement:**

I understand that leadership lessons include personal responsibility. Hence, agree that I will observe or fulfill each of the following stipulations in conjunction with my attendance at the Area TWELVE Leadership Academy. This packet includes the following required papers: Cadet Data/Checklist Form with Cadet Statement of Agreement, NJROTC Health Risk Screening Questionnaire, Current Physical Certification, and NJROTC Standard Release Form (CNET 5800-4).

-Upon arrival at the Academy, have in my possession all required articles of uniforms and equipment as listed on the required items checklist which is available on the Area 12 Public Site and provided to me by the SNSI.

- Report to the Academy with a regulation haircut/hairstyle, without wearing make-up, and not use cosmetics during the training cycle.

- Report to the Academy properly hydrated, wearing (modest) unit PT gear and in good physical condition.

- I understand that not meeting any of the listed requirements may result in my early dismissal from the Academy with a resultant personal expense for transportation home.

- As a Leadership Academy participant, I will provide a tuition fee of \$320.00 for one week.

- **If I fail to have a regulation hairstyle/cut, I will get back in the car and go home with no refund.**

\_\_\_\_\_  
(Cadet Signature and Date)

\_\_\_\_\_  
(Parent/Guardian Signature and Date)

**FIRST ENDORSEMENT:**

From: Senior Naval Science Instructor, \_\_\_\_\_ High School, I certify that all of the basic requirements for attendance at the Leadership Academy have been briefed to the above cadet and he/she meets all of the requirements for attendance. I understand that should my cadet fail the PRT or any other requirement, they will be sent home and it will be the unit SNSI's responsibility to pick them up from LA and return them to their home.

\_\_\_\_\_  
(SNSI Signature and Date)

Cadet Enclosure (1)

**CADRE DATA/CHECKLIST WITH CADRE STATEMENT OF AGREEMENT**

**DEADLINE FOR PAPERWORK AND PAYMENT IS**

**5 April 2018**

UNIT/SCHOOL \_\_\_\_\_ CADET NAME \_\_\_\_\_

M or F (CIRCLE ONE) BIRTHDATE \_\_\_\_\_ (MONTH/DAY/YEAR) (LAST NAME) (FIRST NAME) (MI)

24 HOUR RECALL NUMBER FOR CADET'S PARENTS/GUARDIAN:

(Include Area Code)

HOME # \_\_\_\_\_ CELL # \_\_\_\_\_ WORK # \_\_\_\_\_

RECALL NUMBER FOR SNSI/NSI: \_\_\_\_\_ (CELL)

MUST BE AVAILABLE TO PICK UP YOUR CADET – ALL WEEK

CIRCLE ONE FOR T-SHIRT AND ONE FOR SHORT SIZE

T-shirt size S M L XL XXL

Short size: S M L XL XXL

PAPERWORK ATTACHED (Check Boxes)

CADRE DATA/CHECKLIST FORM INCLUDING STATEMENT OF AGREEMENT W/SNSI ENDORSEMENT

HEALTH RISK SCREENING FACTOR SHEET

JROTC STANDARD RELEASE FORM (CNET 5800-4) (SIGNED W/INSURANCE INFO)

INDEMNITY AGREEMENT

PHYSICAL/MEDICAL EXAM (date must cover LA)

**Cadet Statement of Agreement:**

I understand that leadership lessons include personal responsibility. Hence, agree that I will observe or fulfill each of the following stipulations in conjunction with my attendance at the Area TWELVE Leadership Academy. This packet includes the following required papers: Cadre Data/Checklist Form with Cadet Statement of Agreement, NJROTC Health Risk Screening Questionnaire, Current Physical Certification, and NJROTC Standard Release Form (CNET 5800-4).

- Upon arrival at the Academy, have in my possession all required articles of uniforms and equipment as listed on the required items checklist which is available on the Area 12 Public Site and provided to me by the SNSI.
- Report to the Academy with a regulation haircut/hairstyle.
- Report to the Academy properly hydrated, wearing (modest) unit PT gear and in good physical condition.
- I understand that not meeting any of the listed requirements may result in my early dismissal from the Academy with a resultant personal expense for transportation home.
- As a Leadership Academy cadre, I will provide a tuition fee of \$260.00 for one week.
- As an LA Cadre, I am held to a higher standard. As such, if I fail to live up to these standards I may be dismissed and sent home with no refund.

\_\_\_\_\_  
(Cadre Signature and Date)

\_\_\_\_\_  
(Parent/Guardian Signature and Date)

**FIRST ENDORSEMENT:**

From: Senior Naval Science Instructor, \_\_\_\_\_ High School, I certify that all of the basic requirements for attendance at the Leadership Academy have been briefed to the above cadet and he/she meets all of the requirements for attendance. I understand that should my cadet fail the PRT or any other requirement, they will be sent home and it will be the unit SNSI's responsibility to pick them up from LA and return them to their home.

\_\_\_\_\_  
(SNSI Signature and Date)

Cadre Enclosure (1a)

# NJROTC HEALTH RISK SCREENING QUESTIONNAIRE

Cadet Name: \_\_\_\_\_ (Printed Name)

NJROTC Unit: \_\_\_\_\_ High School

Date of your most recent pre-participation sports physical examination \_\_\_\_\_

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## Part A – TO BE COMPLETED BY THE CADET AND PARENT/GUARDIAN

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Directions: Please answer Yes or No to the following questions: (Do not leave any questions blank)

1. Do you have difficulty doing strenuous (great effort) exercise? \_\_\_\_\_
2. Have you been told **NOT** to participate in long distance runs, such as a 1.5-mile-run? \_\_\_\_\_
3. Have you been told **NOT** to do curl-ups or push-ups by a physician or other medical professional? \_\_\_\_\_
4. Do you exercise less than three times per week for at least thirty minutes? \_\_\_\_\_
5. Have you had any broken bones or a serious accident in the last three months? \_\_\_\_\_
6. Do you use tobacco of any kind? \_\_\_\_\_
7. Have you experienced chest, neck, jaw or arm discomfort while doing physical activity? \_\_\_\_\_
8. Do you have asthma or are you using an inhaler to aid in breathing? \_\_\_\_\_
9. Do you experience any shortness of breath with relatively low levels of exercise or exertion? \_\_\_\_\_
10. In the last month have you felt any chest pain at rest? \_\_\_\_\_
11. Do you have any known cardiac (heart) disease? \_\_\_\_\_
12. Do you think you are overweight? \_\_\_\_\_
13. Do you have dizzy/fainting spells, frequent headaches, or frequent back pains? \_\_\_\_\_
14. Have you ever experienced dehydration after strenuous physical exercise? \_\_\_\_\_
15. Are you currently under treatment by a physician or other medical practitioner? \_\_\_\_\_
16. Has your mother or sister died without any explanation or suffered a heart attack before the age of 55? \_\_\_\_\_
17. Has your father or brother died without any explanation or suffered a heart attack before the age of 45? \_\_\_\_\_
18. Do you have high blood pressure or are you on blood pressure medication? \_\_\_\_\_
19. Has a doctor ever told you that you have high cholesterol or are you on cholesterol medication? \_\_\_\_\_
20. Do you have sugar diabetes? \_\_\_\_\_
21. Have you experienced episodes of rapid beating or fluttering of the heart? \_\_\_\_\_
22. Do you suffer from lower leg swelling of both legs? \_\_\_\_\_
23. Do you have difficulty breathing or have sudden breathing problems at night? \_\_\_\_\_
24. Do you have any personal history of metabolic disease (thyroid, renal, liver)? \_\_\_\_\_
25. Do you have a bone, joint, or muscle problem that prevents you from doing strenuous exercises? \_\_\_\_\_
26. Have you unintentionally lost/gained more than 10 percent of your body weight since your last PFT? \_\_\_\_\_
27. Have you ever been diagnosed with Sickle Cell Trait? \_\_\_\_\_
28. Do you have a current prescription for epinephrine (or “epi” pen) for situational use? \_\_\_\_\_
29. Do you have any food allergies that require a special menu or special accommodations? \_\_\_\_\_

If you answered yes to any question please continue to the second page.

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_____ Cadet Signature	_____ Date	_____ Parent/Guardian Signature	_____ Date
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Cadet Name: \_\_\_\_\_

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**Part B – TO BE COMPLETED BY A LICENSED MEDICAL PRACTITIONER**

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If any of the answers to the questions above were **YES**, request that the following section be completed and signed by a licensed medical doctor or registered school nurse:

Significant clinical history and/or current medication and treatment regimen of the above cadet: (Use reverse side if necessary)

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Recommended/released for participation in strenuous physical activities including the 1.5-mile-run? YES NO

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\_\_\_\_\_  
Signature of Medical Practitioner

\_\_\_\_\_  
Date

**NAVAL JUNIOR RESERVE OFFICERS TRAINING CORPS  
(NJROTC) STANDARD RELEASE FORM**

Date: \_\_\_\_\_ I, \_\_\_\_\_, being the legal parent/guardian of \_\_\_\_\_, a member of the Naval Junior Reserve Officers Training Corps, in consideration of the continuance of his/her membership in the Naval Junior Reserve Officers Training Corps and/or his/her acceptance for Naval Junior Reserve Officers Training Corps training, do hereby release from any and all claims, demands, actions, or causes of action, due to death, injury, or illness, the government of the United States and all its officers, representatives, and agents acting officially and also the local, regional, and national Navy Officials of the United States.

I hereby authorize personnel of the Department of Defense, Armed Forces, Public Health Service, or civilian physicians to render such medical and dental care as may be necessary and medically indicated in the case of my son/daughter/ward during his/her period of training, as is deemed necessary by a qualified practitioner.

I understand that care at a military medical facility for non-military dependents will normally be rendered on a temporary (emergency) basis only: if further care is indicated, the patient will be transferred to non-military care as soon as possible. Emergency care provided to cadets who are not military dependents at a military facility may be subjected to reimbursement, and I may be billed for the care provided. For Navy Medical Department facilities, such care is authorized by NAVMEDCOMINST 6320.3B.

My son/daughter/ward has been determined to have the following allergies:

He/she requires medication for the treatment of:

Other medical conditions which my son/daughter/ward is known to have, which would preclude or limit in any way his/her participation in physical exercise and athletic programs:

His/her physician is:

Name:

Address:

Telephone (Include Area Code):

\* Medical Insurance Company:

Name

Street

City, State, Zip Code:

Policy / ID #

Telephone Confirmation Number: 1( ) \_\_\_\_\_ - \_\_\_\_\_

\* Dental Insurance Company:

Name

Street

City, State, Zip Code:

Policy / ID #

Telephone Confirmation Number: 1( ) \_\_\_\_\_ - \_\_\_\_\_

**\*This insurance is not required. However, the information provided may be required to obtain non-emergency care.**

PRIVACY ACT NOTIFICATION: Under the authority of 5 U.S.C. Sec. 301, the information regarding your child's/ward's health, medical condition and treatment is requested in order to verify any need to administer medication and to enable medical/dental personnel to diagnose and treat any emergency condition which may arise during training. Pursuant to the Privacy Act, 5 U.S.C. Sec. 552, the requested information will not be divulged without your written authorization to anyone other than NJROTC area personnel involved with administration of NJROTC activities and medical/dental personnel requiring the information in order to effectively treat any medical/dental problem which may arise. Disclosure is voluntary: however, failure to provide the requested information will preclude your child's/ward's participation in the training.

Signature of Parent or Guardian:

Address:

City:

State:

Zip:

Telephone (Include area code):

## AGREEMENT OF INDEMNITY

Whereas the Navy Junior Reserve Officer Training Corps, Area TWELVE, and Riverside Military Academy, Gainesville, Georgia, hereafter called indemnities, have agreed to sponsor the NJROTC Leadership Academy to be held from 9 or 10 through 16 June 2018 (as applicable) at Riverside Military Academy, Gainesville, Georgia and to permit

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(Print Cadet's Name)

to participate in said Leadership Academy and to use various facilities at the designated meet site.

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(Parent/Guardian)

is desirous of holding indemnities free from and all claims whatsoever arising out of the use of above facilities or any facility related to the NJROTC Leadership Academy and Riverside Military Academy. NOW THEREFORE, in consideration of the aforementioned action by indemnities, the above named parent or guardian indemnifies indemnities and hold them, their agents and instrumentalities employees and successors harmless from any and all torts, claims or liability arising in connection with said facilities from any loss, damage, injury, or other casualty whatsoever to the above named cadet or to any other party, person, or property, caused or occasioned by the use of any such facilities or equipment or in transporting any persons to, from in or around said facilities, whether due to imperfection in facilities or equipment, negligence of indemnities or other person or property, or for any other cause.

The action of the indemnities in allowing the above named cadet to participate in the NJROTC Leadership Academy event and to use the facilities shall signify acceptance of this offer of indemnity. It is also certified that the above cadet is fully covered by a valid school or other insurance program for any and all injuries, which could result from the activities and events of this orienteering meet.

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(Signature of Parent/Guardian)

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(Date)

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(SNSI/NSI Certification or Witness)

# Cadet Recommended & Required Equipment for Leadership Academy

## 1. Mandatory uniform items to be supplied by the home unit:

### a. LA Uniforms – USCG Trousers w/LA T Shirt

- (4) ( ) Blue Cargo Trousers
- (2) ( ) Black belt
- (2) ( ) Belt Buckles (BRASS-STRIPPED)

### b. Navy Service Uniform

- (2) ( ) Khaki shirt (NSU)
- (2) ( ) Belted/Unbelted Slacks/Trousers, Dress Blue (females 1 each)
- (1) ( ) Black Garrison Cap
- (1) ( ) Black Belt (Brass tip) (Male)

Note: Female cadets will wear belted slacks with the NSU shirt tucked in, using a male black belt and buckle for ONE inspection, normal wear for the second.

### c. Other uniform parts and accessories:

- (1) ( ) Navy Sweatshirt (to be worn only as prescribed)
- (1) ( ) Authorized Rank/Rate device
- (1) ( ) Pair shoes, black leather, (**well broken-in**)
- (2) ( ) Name tag
- (1) ( ) Sword belt and Sword
- (1) ( ) **CFM authorized** set of ribbons (**as earned - ALL the stars, devices**)
- (x) ( ) Authorized # of class designator stars
- (2) ( ) Small fouled anchors for garrison cap and shirt/cord.
- (2) ( ) NJROTC collar devices
- (1) ( ) White duty belt
- (1) ( ) Cadet Field Manual

## 2. Mandatory - **NOT UNIFORM ISSUE** - to be supplied by all cadets, both male and female.

- (1) ( ) Operable flashlight w/extra batteries
- (6) ( ) Pairs of black socks
- (6) ( ) Pairs of white athletic socks
- (2) ( ) Pairs of shirt stays
- (1) ( ) Brass Polish (Mothers or Blue Magic)
- (1) ( ) Shoeshine kit (polish (NO LIQUID))
- (1) ( ) Mechanical pencil with leads
- (1) ( ) Jogging/Sweat outfit for night wear
- (1) ( ) Bug repellent
- (3) ( ) Ruler 2 -6” and 1- 12”
- (1) ( ) Pair running shoes (**well broken-in**)  
(**No Toe Shoes**)
- (7) ( ) Undergarments (enough for 7 days)
- (1) ( ) **BOOK – Leadership Secrets of Attila the Hun-CADETS MUST HAVE READ THE BOOK!!**
- (15) ( ) Plastic (Matching style and color) Clothes hangers
- (1) ( ) Pair of shower shoes
- (1) ( ) Set white twin sheets (1 fitted/1 flat/pillow case)
- (1) ( ) Sunscreen (preferably SPF 30 or higher)
- (1) ( ) Small pair of scissors/nail clippers
- (1) ( ) 2” white binder with notebook paper
- (2) ( ) White towels
- (2) ( ) White wash cloths
- (1) ( ) Pillow
- (5) ( ) White T-Shirts to wear with uniform
- (2) ( ) Set Navy PT Gear (blue shorts/gold shirt)  
(Should not be worn for check-in)

## 3. Recommended additional items

- 1. Sports bras for females
- 2. Jock straps for males
- 3. Cleaning and polishing rags
- 4. Sewing kit
- 5. Toiletries, monthly feminine hygiene products (even if not anticipated), and personal hygiene articles

## 4. Absolute Negatives

- a. No radios, stereos, TV’s, electric curlers, hair blowers.
- b. No medals, shoulder cords
- c. No make-up, off color hair pins.
- d. No lighters, knives, guns or weapons of any sort.
- e. No tobacco, vapor, alcohol or drugs (prescription drugs only to be turned in to the dispensary)
- f. No food, candy, soda, etc.
- g. Cell phones will be collected the first day and given back the night before graduation.

**NOTE: IF ANY ARTICLE LISTED UNDER #4 ABOVE IS BROUGHT TO LEADERSHIP ACADEMY THEY WILL BE CONFISCATED. VIOLATIONS TO ITEMS D AND E WILL ALSO RESULT IN IMMEDIATE DISMISSAL OF THE CADET(S) IN QUESTION.**

## Cadre Recommended & Required Equipment for Leadership Academy

### 1. Mandatory uniform items to be supplied by the home unit:

#### a. LA Uniforms – USCG Trousers w/Cadre Polo Shirt

- (4)(  ) USCG Blue Cargo Trousers
- (1)(  ) Black Garrison Cap
- (1)(  ) Black Belt
- (2)(  ) Belt Buckles (BRASS-STRIPPED)

#### b. Navy Service Uniform

- (3)(  ) NSU Khaki Blouse
- (3)(  ) NSU Black Trousers
- (2)(  ) Black Garrison Cap
- (2)(  ) Black Belt (Brass tip) (Male)
- (1)(  ) Leadership Academy Cord

#### c. Other uniform parts and accessories:

- \* (1)(  ) Navy Sweatshirt
- (1)(  ) Authorized Rank/Rate device
- (1)(  ) Pair shoes, black leather, (**well broken-in, no new shoes and no corfams**)
- (1)(  ) **Cadet Field Manual authorized** set of ribbons only (**as earned (i e., ALL the stars, devices)**).
- (2)(  ) NJROTC collar devices
- (2)(  ) Small fouled anchors for garrison cap.
- (2)(  ) Name tag
- (x)(  ) Authorized # of class designator stars
- (1)(  ) Sword belt and Sword
- (1)(  ) Cadet Field Manual

### 2. Mandatory - NOT UNIFORM ISSUE - to be supplied by all cadre's, both male and female.

#### a. Mandatory items

- (1)(  ) Operable flashlight w/extra batteries
- (1)(  ) Pair running shoes (**well broken-in**)
- (1)(  ) PT Gear from Last year's LA
- (6)(  ) Pairs of black socks
- (6)(  ) Pairs of white athletic socks
- (1)(  ) Unit T-Shirt for rainbow day
- (2)(  ) Pairs of shirt stays
- (1)(  ) Brass Polish
- (1)(  ) Shoeshine kit (polish (**NO LIQUID**))
- (1)(  ) Mechanical pencil with leads
- (1)(  ) Jogging/Sweat outfit for night wear
- (1)(  ) Ruler 12 inch
- (1)(  ) Ruler 2-6 inch
- (?) (  ) Clothes hangers – as needed
- (1)(  ) Wrist Watch
- (1)(  ) **BOOK – Leadership Secrets of Attila the Hun-CADETS MUST HAVE READ!**
- (8)(  ) White T-Shirts to wear/w uniform/polo's
- (1)(  ) 2" white binder with cadre handbook and extra paper
- (1)(  ) Pair of shower shoes
- (2)(  ) Pr Navy PT Gear (blue shorts/gold shirt)
- (1)(  ) Bug repellent
- (1)(  ) Sunscreen (preferably SPF 30 or higher)
- (1)(  ) Small pair of scissors/nail clippers
- (1)(  ) Pillow
- (2)(  ) White towels
- (2)(  ) White wash cloths
- (1)(  ) Blanket – Medium weight or heavier
- (1)(  ) Set white twin sheets (1 fitted/1 flat)
- (1)(  ) White pillow case

### 3. Recommended additional items

- 1. Sports bras for females
- 2. Jock straps for males
- 3. Cleaning and polishing rags
- 4. Sewing kit
- 5. Toiletries, monthly feminine hygiene products (even if not anticipated), and personal hygiene articles

**Note: Cadre rooms are not inspected, however, should be kept neat and clean at all times. There are no radios, stereos, TV's, lighters, knives, guns or weapons of any sort, tobacco, vapor, alcohol or drugs (prescription drugs only to be turned in to the dispensary), food, candy, soda, etc. allowed (same as cadets. Cadres are encouraged to bring cell phones for use throughout the week.**



Leadership Academy -LETTER TO PARENTS/GUARDIANS  
Template to be Modified by SNSI of the Cadets' Unit

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Dear \_\_\_\_\_,

Congratulations on your son/daughter/ward \_\_\_\_\_ being selected as our representative for the AREA TWELVE Leadership Academy to be held at Riverside Military Academy, Gainesville, Georgia during the week of 10-16 June 2018 (one day earlier for cadre). The academy is designed to provide leadership training to NJROTC Cadets. The selectees may then become the leaders of their particular units.

I must emphasize that the experience your son/daughter/ward will be exposed to is strenuous both physically and mentally. At this point in his/her life, your child probably has not been challenged to the extent he/she will be at the Academy. Obviously, there are certain risks involved in any strenuous physical activity, which could possibly lead to serious injury. It is therefore important that your son/daughter/ward be in good physical condition prior to participating in Leadership Academy activities. Any medical problems, which could inhibit his/her performance, must be made known to the NJROTC Leadership Academy Officer-in-Charge. Therefore, it is required that your son/daughter/ward fill out the enclosed NJROTC Health Risk Screening Questionnaire which I must send to the naval officer who is in charge of the Leadership Academy. Furthermore, your son/daughter/ward must have had a pre-participation sports physical examination within the past 12 months. The Leadership Academy staff strives to maintain a safety record with the careful training of its staff and selective screening of Academy applicants.

I am anticipating a fine year with the NJROTC unit with your son/daughter/ward.

Sincerely,

Senior Naval Science Instructor

Enclosure (6)