

**UNITED STATES ARMY CADET CORPS
APPLICATION AND ENROLLMENT AGREEMENT**

For use of this form, see ACR 601-210; the proponent directorate is the G1

AUTHORITY: AC Regulation 601-210, Enrollment Standards and Procedures.

PRINCIPAL PURPOSE: To record enrollment into the United States Army Cadet Corps. This information becomes a part of the subject Cadet's personnel records which are used to document promotion, reassignment, training, medical support and other personnel management actions. The purpose of soliciting the SSN is for positive identification.

ROUTINE USES: The information contained in this form becomes a part of the Cadet's CADTRAK record and Field Personnel File. All uses of the form are internal to the United States Army Cadet Corps.

CADET IDENTIFICATION DATA

NAME (Last, First, Middle)		SOCIAL SECURITY NUMBER	
HOME ADDRESS (Street, City, State, Zip Code)		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	HOME UNIT
HOME PHONE NUMBER	CELL NUMBER	EMAIL ADDRESS	
DATE OF ENROLLMENT (YYYY/MM/DD)	DATE OF BIRTH (YYYY/MM/DD)	PREVIOUS CADET TRAINING <input type="checkbox"/> JROTC <input type="checkbox"/> CAP <input type="checkbox"/> NSCC <input type="checkbox"/> YOUNG MARINES # YEARS ____ RANK ____	
PLACE OF BIRTH	NATION OF CITIZENSHIP	RELIGIOUS PREFERENCE	
NAME OF SCHOOL		GRADE	CURRENT GPA
SCHOOL ADDRESS (Street, City, State, Zip Code)		GUIDANCE COUNSELOR'S NAME	OFFICE PHONE NUMBER

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO
 HAVE YOU EVER BEEN SUSPENDED OR EXPELLED? YES NO
 If yes to any of these questions, please explain:

HAVE YOU EVER ATTENDED SUMMER SCHOOL? YES NO
 ARE YOU TAKING ANY PRESCRIBED MEDICATIONS? YES NO

CUSTODIAL PARENT / GUARDIAN INFORMATION

NAME (Last, First, Middle)		RELATIONSHIP	
HOME ADDRESS (Street, City, State, Zip Code)		EMPLOYER/OCCUPATION	
HOME PHONE NUMBER	CELL NUMBER	WORK NUMBER	EMAIL ADDRESS
NAME (Last, First, Middle)		RELATIONSHIP	
HOME ADDRESS (Street, City, State, Zip Code)		EMPLOYER/OCCUPATION	
HOME PHONE NUMBER	CELL NUMBER	WORK NUMBER	EMAIL ADDRESS
NAME (Last, First, Middle)		RELATIONSHIP	
HOME ADDRESS (Street, City, State, Zip Code)		EMPLOYER/OCCUPATION	
HOME PHONE NUMBER	CELL NUMBER	WORK NUMBER	EMAIL ADDRESS

CADET AGREEMENT

I hereby apply for enrollment in the U.S. Army Cadet Corps (USAC) of my own free will and desire. If accepted, I agree to abide by the rules and regulations governing the administration and discipline of the USAC.	Initials
I understand uniforms and equipment issued on loan to me remain the sole property of the United States Government or the USAC. I agree to take proper care of the property and upon discharge I will return all issued property within ten days.	
I understand I am accountable to the Cadet Code of Discipline and will be held responsible for any actions which bring discredit upon myself, my unit, the USAC, the U.S. Army or my country.	
I understand the USAC maintains a zero tolerance policy regarding the use or possession of illegal drugs, alcohol and huffing. The use or possession of illegal drugs, alcohol or huffing at any time will result in my discharge from USAC.	
I understand I am expected to attend a minimum of 75% of Unit Training Assemblies (UTA), as well as two to three weeks of Annual Training (AT) each summer. Failure to attend UTAs or AT will result in my discharge from USAC.	

SIGNATURE OF CADET APPLICANT	DATE
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CUSTODIAL PARENT / GUARDIAN AGREEMENTS

I, being the custodial parent, legal guardian or managing conservator of the applicant indicated above, do hereby consent to my child/ward enrolling in the U.S. Army Cadet Corps (USAC). I understand the USAC is not a branch of the military and my child/ward is under no obligation to enlist in the Armed Forces at any time.	Initials
I certify to the best of my knowledge and belief, my child/ward is mentally and physically fit to take part in vigorous activities; is not suffering from any communicable diseases; does not have any pre-existing cardiovascular or orthopedic conditions or complaints; has no allergies or hypersensitivity to medication, insect bites, bee stings or food; history of asthma, diabetes, epilepsy, seizures, convulsions, head injuries requiring hospitalization, periods of loss of consciousness, chronic motion sickness, sleep walking or bed wetting since age eight, and is not currently on any prescription or over the counter medication, including inhalers, except as indicated above and approved by USAC's Director of Health Services.	
I agree to be responsible for the value of any uniforms and/or equipment that may be issued on loan to my child/ward, which will remain the sole property of the United States Government or the USAC. I also agree to return issued property immediately should my child/ward cease to serve as a Cadet, or upon the request of an official of the USAC.	
I fully understand the provisions of the USAC accident insurance plan and acknowledge it does not cover illness unless medically related and incidental to a covered accident resulting from an authorized Annual Training (AT), Unit Training Assembly (UTA), training evolution, community event or recreational activity. I do hereby agree to pay any deductible required by the aforementioned plan. I understand my personal insurance is the primary provider, with USAC coverage as the secondary. In the event I do not have insurance coverage, USAC coverage will become the primary coverage.	
I agree to make payment of the initial uniform deposit, the annual registration and insurance fees, and any dues and activity fees. I also understand my child/ward will not be permitted to participate in any activities until said fees are paid.	
I understand attendance at a minimum of 75% of all UTAs or activities is required. Further, I understand that my child/ward is required to participate in two to three weeks of AT each summer. If my child/ward misses any three UTAs in a training year or fails to attend AT, he/she may be administratively discharged.	
I consent to the treatment of my child/ward by any available and qualified medical facility of the United States Government, or any civilian physician, physician assistant or nurse practitioner, or civilian medical facility as may be required in the event of illness or injury arising from any authorized activity occurring in a training, recreational or transport status. This consent includes, but is not limited to, any medical, anesthesia or surgical treatment, or hospital services rendered under the general and/or special instructions of the attending physician, physician assistant or nurse practitioner, or other physicians, physician assistants or nurse practitioners assigned to his/her case.	
I hereby grant permission for my child/ward to be transported as a passenger in and by United States Government, corporate, commercial or privately owned and/or operated vehicles, vessels, rail or aircraft. For and in consideration of my child/ward being permitted to travel as a passenger in vehicles, vessels, rail or aircraft operated by, or on behalf of, the United States Government, or the U.S. Army Cadet Corps, Inc., for and on behalf of myself, my personal representatives, heirs and assigns, I hereby release, waive, discharge, acquit and agree to hold harmless, the United States Government, its agents, servants, military personnel and civilian employees, acting in their official capacity or otherwise, and/or the U.S. Army Cadet Corps, Inc., its directors, officers, agents, employees, instructors and volunteers, acting in their official capacity or otherwise, from any and all liabilities, claims, demands, actions or causes of action of every nature and character whatsoever arising out of the death, injury or illness to my child, resulting from or during said travel or continuances thereof or from operations incident thereto.	
I hereby give permission for my child/ward to receive medication while at an authorized AT, UTA, training evolution, community event or recreational activity. I understand the USAC accepts no responsibility for the administration of medication. I hereby release USAC, its agents and employees, from any liability that may result from my child/ward taking prescribed and/or over-the-counter medication.	
I hereby release the United States Government, its agents, servants, military personnel and civilian employees, acting in their official capacity or otherwise, and/or the U.S. Army Cadet Corps, Inc., its directors, officers, agents, employees, instructors and volunteers, acting in their official capacity or otherwise and associated personnel acting in their authorized and/or professional capacities for activities related to an authorized AT, UTA, training evolution, community event or recreational activity reasonably related and rationally expected of a Cadet. This is intended to include transportation to and from said activities.	

I understand medical care provided at a military medical facility for non-military dependents will normally be rendered on an 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 at a military medical facility who are not military dependents may be subject to reimbursement and I may be billed for the care provided.

I hereby consent to my child's name, likeness, pictures or voice to be used by the USAC or the news media. I am aware that my child may be asked a variety of questions, and the contents of the interview may be published or aired for public view. I understand that my child will be under the supervision of a USAC employee or agent during interviews and/or photo sessions. I hereby indemnify the USAC respecting any liability for the use of my child's name, likeness, picture and/or voice, and against any claim arising out of my child's acts or statements during an interview, photography session or program.

I understand, in the event of voluntary or involuntary discharge from USAC, there will be no refund of the annual registration and insurance fees, UTA monthly fees or AT registration fees.

I agree a photocopy of this agreement shall be as valid as the original.

REGISTRATION AND INSURANCE FEES

I understand my son / daughter's / ward's enrollment in the USAC is at the discretion of the unit commander, based on his or her motivation to become a Cadet, and the level of support provided by their parents. In consideration of the above, the following Registration and Insurance fees are due upon enrollment, which includes one year enrollment in USAC, one new or used Army Combat Uniform (ACU) coat and ACU trousers; nametapes and insignia; and one new ACU patrol cap, ACU T-Shirt, ACU rigger belt, USAC Physical Fitness T-shirt and pair of U.S. Army Physical Fitness Shorts. All other items must be purchased separately. Units are authorized to collect additional fees for amounts more than the below initial enrollment fees, which are used for administration; additional uniforms and equipment; an authorized AT, UTA, training evolution, community event or recreational activity. Please indicate your choice of initial payment:

- \$250 Registration and Insurance Paid in Full:** Includes the above. Payable upon enrollment.
- \$250 Registration and Insurance Split Payment:** Includes the above. One check # _____ or cash for \$ _____ to be deposited immediately; a second check # _____ or cash for \$ _____ to be deposited on _____ (date); and a third check # _____ or cash for \$ _____ to be deposited on _____ (date).
- \$50 Headquarters Support Association Membership** (Optional). **Modified Payment Amount** _____.

INSURANCE DATA

DOES THE ABOVE APPLICANT HAVE ACCIDENT/
HEALTH/DENTAL INSURANCE? *(Photocopy required)*

YES NO

WHICH PARENT/GUARDIAN HAS PRIMARY COVERAGE?

NAME OF INSURANCE COMPANY

POLICY NUMBER

PARENTAL CERTIFICATION

I certify that the information contained herein is accurate and correct. As a condition of acceptance, I agree to support my child/ward's participation in the U.S. Army Cadet Corps. I certify that by initialing above, and signing below, I fully understand and agree to the contents of this application.

SIGNATURE OF CUSTODIAL PARENT/
LEGAL GUARDIAN

DATE

SIGNATURE OF UNIT COMMANDER

DATE

NOTARY STATEMENT

STATE OF _____, COUNTY OF _____, ss.:

On _____, 20_____, before me _____

personally came _____, to me known, and known to me to be the individual(s) described in and who executed the forgoing Parental/Guardian Agreement and duly acknowledged to me that (he)(she)(they) executed the same.

SIGNATURE OF NOTARY PUBLIC

[SEAL]

My Commission Expires: _____