



# STANDARD ACTIVITY AND TRAINING FORM

PLEASE PRINT

For use when attending multi-unit events or higher HQ events

### EVENT INFORMATION

Event	Division	Unit
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### YOUNG MARINE INFORMATION

Last Name		First Name	Middle Initial
Age	Birthdate (MM/DD/YYYY)	Expected High School Graduation (MM/YY)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
YM Email		YM Cell Phone	
Home Address	City	State	Zip Code

### PARENT/GUARDIAN INFORMATION

Last Name	First Name	Relationship	
Home Address	City	State	Zip Code
Home Phone	Cell Phone		
Work Phone	Email Address		

### EMERGENCY CONTACT INFORMATION (Other than Parent/Guardian)

*In the event I cannot be reached during an emergency, please contact the following person:*

Last Name	First Name	Relationship
Home Phone	Cell Phone	
Work Phone	Email Address	

### T-SHIRT SIZE (If applicable)

YM T-shirt Size:  Youth Med  Youth Large  Small  Medium  Large  XLarge  XXL Large  3XLarge

### MEDICAL CONSENT (Parent or Legal Guardian is required to complete)

I certify that I am the parent, legal guardian, or other person in legal control of the above identified minor and request and authorize that minor be administered appropriate first aid and/or taken to the nearest medical facility for emergency treatment as necessary.

Parent or Legal Guardian Signature	Date
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### PERMISSION TO USE OVER-THE-COUNTER MEDICATION (If not completed, the Young Marine will not receive medication)

The minor identified above has my permission to take any over-the-counter medications in accordance with label instructions as needed with the exception of: \_\_\_\_\_ while attending Young Marines activities.

Parent or Legal Guardian Signature	Date
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### PERMISSION TO DISPENSE PRESCRIPTION MEDICATION (If not completed, the Young Marine will not receive medication)

I request and authorize that the minor identified above be administered the following prescription medication:

\_\_\_\_\_  
In accordance with the medical doctor's instructions on original and un-expired label. I certify the minor has a valid reason for taking the medication during Young Marines Activities. This permission is valid from (beginning date) \_\_\_\_\_ to (ending date) \_\_\_\_\_.

Parent or Legal Guardian Signature	Date
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## STANDARD ACTIVITY TRAINING FORM

**MEDICAL INSURANCE INFORMATION (Please provide copy of front & back of medical insurance card)**

Name of Medical Insurance Company	Policy Number	Group Number	Contact Telephone Number
Affix Copy of Insurance Card Front		Affix Copy of Insurance Card Back	

**AGREEMENTS/WAIVERS**

**PARTICIPATION AGREEMENT** I/We, the undersigned, parent(s)/guardian(s) of \_\_\_\_\_, a minor, do hereby give permission for my/our child to participate in (event name) \_\_\_\_\_ sponsored by Young Marines Battalion, Regiment, or Division Headquarters. I/We agree that my/our child will abide by all rules and regulations relating to the operation and conduct of the event and the use of facilities provided for the event. I/We understand that the failure of my/our child to observe these rules and regulations may result in his/her exclusion from participation in the event and may require early dismissal to the parent/guardian at their own expense. Furthermore, I/We understand the event may involve rigorous physical, recreational and outdoor activities, and certify that my/our child is physically able to participate in the event.

**HOLD HARMLESS AGREEMENT** I/We fully understand that his/her participation may entail the risk of physical injury. I/We voluntarily agree(s) to waive, release, discharge and relinquish any actions or causes of action, whether resulting from injury, property damage, or wrongful death, and further agree to release, indemnify, and hold harmless the program, Young Marines of the Marine Corps League, the U.S. Marine Corps, Department of the Navy, Department of Defense and/or any participating Military/National Guard Base, Station, Installation, Training Center, or Federal, State agency or against any officers, employee or administrator of the same or any agents hired or volunteer acting on behalf or for the Young Marines, Inc. from any and all liability occurring as a result of his/her participation in the program.

**MEDICAL CLAIM AGREEMENT\*** I/We understand that as parent(s)/guardian(s), my/our health insurance will be responsible for any financial costs incurred as a result of his/her participation in the event, including, without limitation, transportation and/or medical expenses incurred as a result of any injury. Financial costs not covered by my/our child's health insurance may be submitted to Young Marines National Headquarters for claim.  
**\*NOTE: All medical claims require an Injury Report Form and Attending Physicians Report be submitted to Young Marines National Headquarters within 10 days of injury. Forms are available in the Young Marines National Library.**

**PHOTO CONSENT** The Young Marines may encounter the news media, video and film crews, or photographers hired by the Young Marines for the purpose of taking promotional or publicity photographs, video or film. There is a possibility that Young Marines and adults attending programs will be photographed. I/We give my consent to authorize the Young Marines of the Marine Corps League, or any entity or person authorized or designated by them the use and reproduction of any and all photographs, video or film taken of the person named as the subject of this application during Young Marines training or related activities. I/We understand there will be no compensation to me. All negative and positives, together with said prints, video or film are the property of the Young Marines of the Marine Corps League or the entity or person authorized or designated by it, solely and completely. I/We also waive any right to inspect or approve any photo, video or film taken during said training or related activities. I/We affirmatively release and discharge the Young Marines of the Marine Corps League from responsibility for any distortion or manipulation, whether intentional or otherwise, of photos, video or film taken of my/our child while a participant in the Young Marines Program.

- I hereby agree with the above stated Photo Consent  
 I DO NOT agree with the above stated Photo Consent for the reason of: \_\_\_\_\_

**PARENT/GUARDIAN CERTIFICATION**  
*I/We, the undersigned, certify that I/we have read the Agreements/Waivers as stated above, understand its contents and have signed it voluntarily. The undersigned further represents that I/we have not relied on any promise or representations by any of the persons or entities being released. I/we further certify that this application is complete, correct, and true to the best of my/our knowledge.*

Parent/Legal Guardian Signature	Date
Parent/Legal Guardian Signature	Date



# STANDARD ACTIVITY TRAINING FORM

To Be Completed by Parent/Legal Guardian

Health History

YOUNG MARINE INFORMATION			
Last Name		First Name	Middle Initial
Age	Birthdate (MM/DD/YYYY)	Parent/Guardian Name	
Primary Physician's Name		Date of Last Visit	
Dentist's Name		Date of Last Visit	

HEALTH HISTORY			
Condition	*YES	NO	Remarks (*Yes requires remarks)
Wears eye glasses / contact lenses			
Is on a restricted diet			Specify:
Wears a hearing aid			
Diabetes			Last HbA1c percentage and date:
Is under a doctor's care			
Hypertension (high blood pressure)			
Adult or congenital heart disease / heart attack / chest pain (angina) / heart murmur / coronary artery disease / any heart surgery or procedure / suffered Rheumatic Fever. Explain all "yes" answers.			
Family history of heart disease or any sudden heart-related death of a family member before age 50.			
Stroke/ TIA			
Asthma			Last attack date:
Lung/ respiratory disease			
Ear/ eyes/ nose/ sinus problems			
Muscular/ skeletal condition/ muscle or bone issues			
Head injury/ concussion			
Psychiatric/ psychological or emotional difficulties			
Behavioral/ neurological disorders			
Blood disorders/ sickle cell disease			
Fainting spells and/ or dizziness			
Kidney Disease			
Seizures			Last seizure date:
Abdominal/ stomach/ digestive problems			
Excessive fatigue			
Thyroid Disease			
Obstructive sleep apnea/ sleep disorders			CPAP: Yes No
List all surgeries and hospitalizations			
List any other medical conditions not covered above			

ALLERGIES							
Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
		Medication				Plants	
		Food				Insect stings / bites	

IMMUNIZATION	
I certify that the above-named minor is current on all recommended vaccines and have provided appropriate records to accompany this report OR the Immunization Exemption Request Form has been submitted.	Date of Last Tetanus Shot:
Tetanus immunization is required and must have been received within the last 10 years.	Immunization Waiver Attached: Yes No

**I certify the above health history information to be complete, correct, and true to the best of my knowledge.**

Parent or Legal Guardian Signature	Date
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# STANDARD ACTIVITY TRAINING FORM

UNIT COMMANDER'S ENDORSEMENT				
I have personally interviewed the applicant and reviewed the applicant's record. I hereby attest that the applicant is eligible and meets all the qualification requirements for the selected program.				UC's Initials
Applicant has taken the Physical Fitness Test on:	Date (MM/DD/YYYY)	Applicant has passed the PFT with an overall score of:	Score	UC's Initials
Applicant has attained his/her present rank on:	Date (MM/DD/YYYY)	Below is attached a current color photo of the applicant		UC's Initials
I hereby attest that I have enclosed one unit check as part of the application fee (non-refundable), if applicable.			Check Number	Amount \$
Print Unit Commander's Name		Unit Commander's Signature		Date

Attach Young Marine's  
head & shoulder  
color photograph  
in this box.