



LA SALLE INSTITUTE

Founded 1850

174 Williams Road Troy, New York 12180-7799

JROTC Leadership Department



April 8, 2019

MEMO FOR: Parents and Guardians

SUBJECT: JCLC (JROTC Cadet Leadership Course) Summer Camp

Dear High School Parents and Guardians:

The purpose of this letter is to invite your son to participate in this years' JROTC Summer Camp. The camp will take place at Fort Devens, Massachusetts, from June 23rd through June 27th. If your son is interested in further developing his leadership and teamwork skills, we welcome him. This is a great opportunity to experience team building activities with about 400 other cadets from 16 different JROTC Programs. Participants include male and female cadets with different backgrounds and experiences. The camp will be run by well trained certified JROTC instructors, assisted by Army National Guard soldiers and other instructors. It will be well supervised and well chaperoned at all times.

It is important to understand this is a summer camp, not boot camp. Cadets will be housed in adequate military barracks, they will be well fed, and should have fun. As far as rules and procedures go, we expect that our cadets will live up to the same standards and conduct required of them at school.

The total cost will be \$25.00 per cadet. Please make checks payable to LaSalle Institute. This includes transportation to and from Fort Devens, housing, and food. Your son will only need to bring money for miscellaneous snacks drinks and other items is desired. We recommend they bring no more than \$50.00 for personal spending.

There are a variety of activities, to include athletics, leadership/obstacle courses, rappelling, map reading, land navigation, engagement skills training, and more. The objectives of the camp include:

- Provide a safe, healthy and fun training environment that is physically and mentally challenging.
- Provide hands-on training to develop leadership, discipline, teamwork and self-confidence.
- Provide adventure training not normally available at the school.
- Enable cadets to practice in leadership challenges in a challenging environment.
- Give cadets the opportunity to experience living and interacting with peers in a military setting.
- Taking advantage of recreational facilities available in the area and to have fun.

There are a few forms that we need you, and/or your cadet, to complete. These forms are located on the La Salle Institute website under the **“JROTC Summer Camp Banner”**

We must ensure that cadets are in good health, and your cadet has no major medical conditions, such as Asthma. There are two personal/medical forms. I assure you that these forms will be held in the strictest confidence. They are necessary to provide medical personnel with a better background on your cadet in the unlikely event that they need any treatment. We also **MUST** have the information on your medical insurance company.

There are two release from liability forms, one for Massachusetts and the school, and one for the Army National Guard. **These forms may appear ominous, but they are considered standard and routine. We remain responsible for creating a safe and secure environment for your cadet.** We take all necessary and reasonable precautions. We ensure that the training conducted is safe, risk assessments are updated continuously, and no activity is conducted that has been assessed as "too risky."

We are required to process these forms (listed on LaSalle website) early, so I ask that you have your son return them to **1SG Smith in the JROTC Leadership Department soon as possible.** We will provide further information to your son after that.

As I mentioned above, the camp will take place from June 23rd through June 27th. We will assemble at LaSalle Institute at 7:30 a.m. on Sunday, June 23rd and depart at approximately 8:30 a.m. Our return trip will be on Thursday, June 27th. We plan on being back at La Salle Institute at approximately 3:30 p.m. Cadets will have limited access to telephones during the training day. Their daily schedule will be busy. Emergency messages will be delivered to them promptly. Cadets will be allowed to bring cell phones.

Our primary point of contact for all actions pertaining to this event is:

1SG Durvell Smith: 518-755-7032 and/or dsmith@lasalleinstitue.org

If you cannot reach 1SG Smith, please feel free to contact:

1SG Paul Peters: 518-225-9632 and/or ppeters@lasalleinstitue.org

I sincerely hope that you will encourage your son to participate in this camp. I know that they will have a great time, and will learn a good deal as well. If you have any questions whatsoever, please don't hesitate to contact one of the above individuals.

Sincerely,

Paul T. Peters
First Sergeant, US Army (Retired)
Senior Army Instructor

CADET PERSONAL/MEDICAL INFORMATION SHEET

(To Be Completed By Parent or Legal Guardian)

DATA REQUIRED BY THE PRIVACY ACT OF 1974:

- a. AUTHORITY: Title 10 United States Code, Section 3012
- b. PRINCIPAL PURPOSE(s): To provide emergency notification data for cadets attending JROTC Summer JCLC.
- c. ROUTINE USES: Provides personal information for the efficient administration of camp policies/sick call procedures and official orders.
- d. MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL:

SCHOOL: _____

CADET NAME (Last, First, MI): _____

HOME ADDRESS: _____

PHONE NUMBER (Area Code): _____

SSN (Last 4): _____ DATE OF BIRTH: _____ SEX: _____

SCHOOL CLASS (Grade): _____ LET LEVEL: _____ CADET RANK: _____

EMERGENCY POC: _____

RELATIONSHIP TO CADET: _____

ADDRESS/PHONE NUMBER OF POC (If different than above): _____

Cadet Dental records for the cadet named above are on file at our dentist's office.

Name/Address/Phone of Dentist:

Does Cadet Know How to Swim: YES / NO

Can Cadet Swim More than 50 meters unaided: YES / NO

CADET MEDICAL PROFILE (Provide Copy of Medical Insurance Card)

HEIGHT _____ WEIGHT _____ AGE _____

MEDICAL INSURANCE COMPANY _____ POLICY# _____

1) Are you presently under a doctor's care for a medical condition? YES / NO

If yes, list the doctor's name and telephone number.

2) Do you have asthma? YES / NO

If yes, list any medications and your Doctor's name and telephone number.

3) Do you carry medical identification for a special condition? **YES / NO**

If yes, please explain _____

4) Have you ever suffered from a heat injury? **YES / NO**

If yes, explain _____

5) Have you ever suffered a head injury or blacked out for any period of time? **YES / NO**

If Yes, please provide explanation (may continue on back of form if required):

6) Do you have any blood disorders? **YES / NO**

If yes, explain _____

7) Have you ever broken any bones? **YES / NO**

If yes, explain _____

8) Are you allergic to BEE stings? **YES / NO**

If yes do you have a bee sting kit? **YES / NO**

9) List all childhood diseases below and when you had them:

10) Are you allergic to any medications? **YES / NO**

If yes, List medications :

11) List all current medical conditions:

SIGNATURE _____ DATE _____
(Parent/Guardian)

Printed Name (Last, First, MI) _____
(Parent/Guardian)

Annex A-1 (Revised 2019)

(This document will be used as a general profile to assist medical personnel in the treatment of your child. Please feel free to attach any medical documents or other information you think pertinent. Summer Camp is physically demanding. A student who is unable to cope with high heat and humidity, pollen, grass, or insects, will be a liability and should not attend this camp.)

CADET MEDICAL HISTORY FORM

COMPLETE ONLY 1, 4, 7, AND 9 THRU 26
(To Be Completed By Parent or Legal Guardian)

MEDICAL RECORD	REPORT OF MEDICAL HISTORY	DATE OF EXAM
NOTE: This information is for official and medically-confidential use only and will not be released to unauthorized persons		
1. NAME OF PATIENT (<i>Last, first, middle</i>)		2. IDENTIFICATION NUMBER
3. GRADE		4a. HOME ADDRESS (<i>Street or RFD; City or Town; State; and ZIP Code</i>)
4b. CITY	4c. STATE	4d. ZIP CODE
5. EXAMINING FACILITY		
6. PURPOSE OF EXAMINATION		

7. STATEMENT OF PATIENT'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (*Use additional pages if necessary*)

a. PRESENT HEALTH	b. CURRENT MEDICATION	REGULAR OR INTERM.
c. ALLERGIES (<i>Include insect bites/stings and common foods</i>)	d. HEIGHT	e. WEIGHT
8. PATIENT'S OCCUPATION	9. ARE YOU (<i>Check one</i>)	
	<input type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED	

10. PAST/CURRENT MEDICAL HISTORY												
CHECK EACH ITEM	YES	NO	DON'T KNOW	CHECK EACH ITEM	YES	NO	DON'T KNOW	CHECK EACH ITEM	YES	NO	DON'T KNOW	
Household contact with anyone with tuberculosis				Shortness of breath				Bone, joint or other deformity				
Tuberculosis or positive TB test				Pain or pressure in chest				Loss of finger or toe				
Blood in sputum or when coughing				Chronic cough				Painful or "trick" shoulder or elbow				
Excessive bleeding after injury or dental work				Palpitation or pounding heart				Recurrent back pain or any back injury				
Suicide attempt or plans				Heart trouble				"Trick" or locked knee				
Sleepwalking				High or low blood pressure				Foot trouble				
Wear corrective lenses				Cramps in your legs				Nerve injury				
Eye surgery to correct vision				Frequent indigestion				Paralysis (<i>include infantile</i>)				
Lack vision in either eye				Stomach, liver, or intestinal trouble				Epilepsy or seizure				
Wear a hearing aid				Gall bladder trouble or gallstones				Car, train, sea or air sickness				
Stutter or stammer				Jaundice or hepatitis				Frequent trouble sleeping				
Wear a brace or back support				Broken bones				Depression or excessive worry				
Scarlet fever				Adverse reaction to medication				Loss of memory or amnesia				
Rheumatic fever				Skin diseases				Nervous trouble of any sort				
Swollen or painful joints				Tumor, growth, cyst, cancer				Periods of unconsciousness				
Frequent or severe headaches				Hemia				Parent/sibling with diabetes, cancer, stroke or heart disease				
Dizziness or fainting spells				Hemorrhoids or rectal disease				X-ray or other radiation therapy				
Eye trouble				Frequent or painful urination				Chemotherapy				
Hearing loss				Bed wetting since age 12				Asbestos or toxic chemical exposure				
Recurrent ear infections				Kidney stone or blood in urine				Plate, pin or rod in any bone				
Chronic or frequent colds				Sugar or albumin in urine				Easy fatigability				
Severe tooth or gum trouble				Sexually transmitted disease				Been told to cut down or criticized for alcohol use				
Sinusitis				Recent gain or loss of weight				Used illegal substances				
Hay Fever or allergic rhinitis				Eating disorder (anorexia, bulimia, etc.)				Used tobacco				
Head injury				Arthritis, Rheumatism or Bursitis								
Asthma				Thyroid trouble or goiter								

NSN 7540-00-181-8638
Previous edition not usable

STANDARD FORM 93 (REV. 6/96) (EG)
Prescribed by ICMR/GSA
FIRMR (41 CFR) 201-9.202-1
Designed using Perform Pro, WHS/DIOR, Apr 97

Rescan SF93 Annex A-2 (Revised 2019)

11. FEMALES ONLY

CHECK EACH ITEM	YES	NO	DON'T KNOW	DATE OF LAST MENSTRUAL PERIOD	DATE OF LAST PAP SMEAR	DATE OF LAST MAMMOGRAM
Treated for a female disorder						
Change in menstrual pattern						

CHECK EACH ITEM. IF "YES" EXPLAIN IN BLANK SPACE TO RIGHT. LIST EXPLANATION BY ITEM NUMBER.

ITEM	YES	NO
12. Have you been refused employment or been unable to hold a job or stay in school because of:		
a. Sensitivity to chemicals, dust, sunlight, etc.		
b. Inability to perform certain motions.		
c. Inability to assume certain positions.		
d. Other medical reasons (If yes, give reasons.)		
13. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details.)		
14. Have you ever been denied life insurance? (If yes, state reason and give details.)		
15. Have you had, or have you been advised to have, any operation? (If yes, describe and give age at which occurred.)		
16. Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)		
17. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)		
18. Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection.)		
19. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability.)		
20. Have you ever received, is there pending, or have you ever applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)		
21. Have you ever been arrested or convicted of a crime, other than minor traffic violations? (If yes, provide details.)		
22. Have you ever been diagnosed with a learning disability? (If yes, give type, where, and how diagnosed.)		

23. LIST ALL IMMUNIZATIONS RECEIVED

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service. I understand that falsification of information on Government forms is punishable by fine and/or imprisonment.

24a. TYPED OR PRINTED NAME OF EXAMINEE	24b. SIGNATURE	24c. DATE
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Physician's Name and Signature

EXAMINER ONLY."
gh 11. Physician may

26a. Parent or Guardian Signature	EXAMINER OR EXAMINER	26b. SIGNATURE	26c. DATE
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HEALTH STATEMENT

(To Be Completed By Parent or Legal Guardian)

I understand JUNIOR ROTC Cadet Camp will be a strenuous and physically demanding period. I certify that Cadet _____

(Insert Cadet Name)

is in good health and has no medical restrictions (i.e., allergic reactions; asthma; bone fractures; respiratory condition; blood, heart, or kidney disorders; pregnancy; epilepsy; diabetes; sickle cell anemia; surgery within the last 6 months or venereal diseases) or any physical or mental disorder that would cause hardship or endanger their well-being.

SIGNATURE _____

(Parent or Legal Guardian)

DATE _____

Per Cadet Command Regulation 145-2 9-1 (4) JCLC attendance is a privilege not a right; therefore, it is the SAI's responsibility to carefully screen and not select cadets for JCLC attendance who are:

- (a) Obese/overweight and would not be able to negotiate/meet most of the physical obstacles and demands of JCLC.**
- (b) Emotionally immature.**
- (c) Medically impaired to the degree that the condition/medication precludes meeting the training requirements or may result in the rigorous training having an adverse effect on the health of the cadet.**
- (d) Not enrolled as a cadet in an established JROTC/NDCC program above the 8th grade.**
- (e) Discipline problems.**
- (f) Lacking completion of LET1**

PHYSICAL FITNESS STATEMENT

(To Be Completed By SAI or AI)

I certify that the above named cadet has taken part in a physical conditioning program and has achieved at least a **50 percentile score on Cadet Challenge during the current academic year**. I am responsible for returning the cadet home, expeditiously, in the event the cadet is not physically fit. In my judgment, this cadet is physically capable of engaging in the strenuous activities required at summer camp. To the best of my knowledge, this cadet has no health problems that would preclude attendance at camp.

Cadet Challenge Score _____ Date of Test _____

SIGNATURE _____

Annex A-3 (Revised 2019)

(SAI/AJ)

DATE _____

Cadets with asthma are not allowed to participate in JCLC

Annex A4 2019 Exhibit B

**MASSACHUSETTS DEVELOPMENT FINANCE AGENCY - DEVENS RECREATION
RELEASE AND INDEMNIFICATION**

In consideration for permission to enter and to use the facilities of the Massachusetts Development Finance Agency, including without limitation, Mirror Lake, Devens, Massachusetts, I hereby agree to assume all risk of injury and/or death to myself or damage to or loss of my property in connection with my being on and/or using the facilities of the Massachusetts Development Finance Agency. I hereby release and hold harmless the Massachusetts Development Finance Agency and/or any subsidiary, agent, servant or employee of the Massachusetts Development Finance Agency from any liability for injury or death to my person and/or damage to or loss of my property in connection with my use of the aforementioned facilities.

To the maximum extent permitted by law, I further agree on behalf of myself, my heirs, successors, legatees and assigns, to defend, indemnify, and otherwise hold harmless the Massachusetts Development Finance Agency, and/or any subsidiary, agent, servant or employee thereof, in any and all actions in law or equity which may be brought against any of them for injury or death to any person or damage to or loss of his/her property which may arise out of conduct, allegedly performed by myself or my agents, servants or employees be it intentional or negligent, grossly negligent or willful, wanton or reckless, arising out of my use of any property or facilities of the Massachusetts Development Finance Agency.

I HAVE BEEN ADVISED THAT INHERENTLY DANGEROUS CONDITIONS MAY EXIST ON THE FACILITIES OF THE MASSACHUSETTS DEVELOPMENT FINANCE BECAUSE OF ITS FORMER OR CURRENT MILITARY USE AND OTHERWISE.

I agree to comply with all applicable laws, rules and regulations and the lawful orders on Massachusetts Development Finance Agency property. I understand that my failure to do so may result in my being removed from the Massachusetts Development Finance Agency property.

For those under the age of 18 years:

I (parent or guardian of participant) _____ agree to the above release and indemnification on behalf of my minor child (name) _____ and consent to his/her participation in the events to be held on Massachusetts Development Finance Agency property including but not limited to Mirror Lake.

I HAVE READ THE RELEASE AND INDEMNIFICATION ABOVE AND UNDERSTAND ALL THE AGREEMENTS, MY ASSUMPTION OF RISK, LIABILITY AND THE WARNINGS CONTAINED HEREIN.

(Printed name of JROTC Participants)

(Signature of JROTC Participant)

(Printed name of Parent or Legal Guardian)

(Signature of Parent or Legal Guardian)

DATE: _____

DATES of Activity: _____

Annex A-5 (2019)

POWER OF ATTORNEY

(To Be Completed By Parent or Legal Guardian)

KNOW ALL MEN BY THESE PRESENTS: That I, _____, a legal resident of _____ (Name of Parent/Legal Guardian)

_____ and residing at _____, have made, (State) (Street Address, City, Zip Code)

constituted and appointed and by these presents do make, constitute and appoint SAI: _____ AI: _____ whose present address is _____

My true and lawful attorney to act as follows:

GIVING AND GRANTING unto may said attorney full power to authorize medical treatment or examination of my dependent minor child _____, as authorized by paragraph 4-51, Army Regulation 40-3. (Cadet's Full Name)

FURTHER, I do authorize my aforesaid attorney in fact to perform all necessary acts in the execution of the aforesaid authorizations with the same validity as I could effect if personally present. Any act or thing lawfully done hereunder by my said attorney shall be binding on myself and my heirs, legal and personal representatives, and assigns.

PROVIDED, however, that all business transacted hereunder for me or for my account shall be transacted in my name, and that all endorsements and instruments executed by my said attorney for the purpose of carrying out the foregoing powers shall contain my name, followed by that of my said attorney and the designation "attorney-in-fact".

FURTHER, unless sooner revoked or terminated by me, this special Power of Attorney shall become NULL and VOID from and after 28 June 2019. (Date of Return)

IN WITNESS WHEREFORE, I have hereunto set my hand and seal this _____ Day of _____, 2019. (Date) (Month)

(Signature of Parent/ Legal Guardian)

WITNESS

(Witness Printed Name)

(Witness Signature)

(Witness Printed Name)

(Witness Signature)

ACKNOWLEDGEMENT

(by Civilian Notary Public)

I, _____, do hereby certify that I am a duly commissioned, qualified, and authorized notary public in and for the _____; that _____ grantor, in the foregoing Power of Attorney hereto annexed, who is personally well know to me as the person who executed the foregoing Power of Attorney, appeared before me this day within the territorial limits of my authority, being first duly sworn, acknowledged that he executed said instrument after the contents thereof had been read and duly explained to him, and that such execution was his free and voluntary act and deed for the uses and purposes therein set forth.

IN WITNESS WHEREOF, I have hereto set my hand and affixed my official seal the _____ day of _____, 2019.

MY commission expires _____

Signature Notary Public _____

DATA REQUIRED BY THE PRIVACY ACT OF 1974

- 1. AUTHORITY: Title 10 United State Code, Section 3012
- 2. PRINCIPAL PURPOSED (S): To evaluate eligibility to participate in Junior ROTC activities.
- 3. ROUTINE USES: Referral of Junior ROTC Cadets for in-patient or out-patient treatment as required.
- 4. MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL: Providing requested information is voluntary. Failure to disclose will result in lack of eligibility for treatment at medical treatment facilities and/or loss of eligibility to participate in Junior ROTC activities.

***NOTE: A commissioned notary public must seal this document, JROTC SAIs/AIs are not authorized to sign off as a notary.**

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

(To Be Completed By Parent or Legal Guardian)

DATA REQUIRED FOR PRIVACY ACT OF 1974

1. AUTHORITY: Title 10, U.S. Code 2301. 2. PRINCIPAL PURPOSE(S): To release the U.S. Government, 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 programs, practical field and high risk training. 3. ROUTINE USES: Nominal 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 to training practical field, and high risk training. 4. MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION: Voluntary. Failures to complete form will disqualify JROTC cadet from participating in specific voluntary training exercises.

I, _____, residing at _____, _____,
(Type or print parent full name) (Address) (City)
_____, do hereby agree that in consideration for being allowed to participate
(State)

in the JROTC Summer Camp (JCLC Devens Session 2), conducted by JROTC League Coordinator, 2BDE JROTC Joint Base MDL, NJ, Ft. Devens, MA, U.S. Army Cadet Command, and any Army supervised activity, and whereas I am doing so entirely on my own initiative, risk and responsibility; and being fully aware of the risks involved with this type of training, I hereby RELEASE and DISCHARGE FOREVER, the U.S. Army, _____, and the State of _____, and
(Name of High School) (Your State)

all of its officers, agents and employees, acting officially or otherwise, from any cause during said activity or continuance thereof, and I do further covenant and agree to hold the said Government of the United States, the State of _____, and _____, and _____
(State) (Name of School)
blameless for any and all damages which I may cause either intentionally or through my negligence.

(Printed name of parent/guardian) (Signature of Parent/Guardian)

(Relationship to Cadet) (Date)

23 June- 27 June 2019
(Period Covered)

ACKNOWLEDGEMENT
(by Civilian Notary Public)

I, _____, do hereby certify that I am a duly commissioned, qualified, and authorized notary public in and for the _____; that _____ grantor, in the foregoing Power of Attorney hereto annexed, who is personally well known to me as the person who executed the foregoing Power of Attorney, appeared before me this day within the territorial limits of my authority, being first duly sworn, acknowledged that he executed said instrument after the contents thereof had been read and duly explained to him, and that such execution was his free and voluntary act and deed for the uses and purposes therein set forth.

IN WITNESS WHEREOF, I have hereto set my hand and affixed my official seat the _____ day of _____, 2019.

MY commission expires _____

Signature Notary Public _____

DATA REQUIRED BY THE PRIVACY ACT OF 1974
1. AUTHORITY: Title 10 United State Code, Section 3012
2. PRINCIPAL PURPOSE(S): To evaluate eligibility to participate in Junior ROTC activities.
3. ROUTINE USES: Referral of Junior ROTC Cadets for in-patient or out-patient treatment as required.
4. MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL: Providing requested information is voluntary. Failure to disclose will result in lack of eligibility for treatment at medical treatment facilities and/or loss of eligibility to participate in Junior ROTC activities.
*NOTE: A commissioned notary public must seal this document, JROTC SAIs/AIs are not authorized to sign off as a notary.

CADET DISCIPLINE CONTRACT

(To Be Completed By Cadet and Signed by Parent or Legal Guardian)

I, Cadet _____, enrolled in JROTC at _____
(INSERT CADET'S FULL NAME) (SCHOOL NAME)

High School, have been fully briefed about Camp Patriot. I realize that the purpose of the camp is to provide me with a challenging, meaningful, and hands-on training experience, in a military environment, which develops good citizenship, patriotism, and leadership techniques. I hereby volunteer to fully participate.

I have been informed of, and am fully aware of the standards of behavior and performance that I will be expected to maintain while at camp. I understand my camp role as a cadet engaged in intense physical, citizenship and leadership training through followership positions. I realize the importance of DISCIPLINE, RESPECT and COURTESY and that the camp standard is high, but attainable.

I pledge that I will always do my best at Camp Patriot, attempt to accomplish all that is asked of me to the best of my ability, and always obey the Camp rules. I accept Camp disciplinary action, through the Camp Coordinator. I acknowledge that the Camp Coordinator has the final and ultimate authority to disenroll and release me from Camp should my behavior and/or performance warrant. Dismissal will result in my early departure from camp and subsequent return to home, at my personal expense. (Please note that refunds of camp fees are not authorized).

In the event of any serious problems that develop, with regards to the letter and intent of this contract, the camp staff and my SAI/AI will make every attempt to contact my parent/guardian. In the event that the Camp Coordinator determines that the dismissal from camp is required, my parent/guardian will be responsible to immediately retrieve me from camp, at their personal expense.

The following is a list (not all-inclusive) of offenses considered to be a major infraction of good order and discipline, and for which punishment will be dismissal from camp.

- (1) Consumption of or possession of alcoholic beverages, drugs, or tobacco products.
- (2) Possession of ammunition of any type at any time to include ammunition residue and empty shell casings.
- (3) Unauthorized absence, including bed check.
- (4) Willful disobedience of authorized orders.
- (5) Fighting.
- (6) Possession of weapons of any type.
- (7) Shoplifting, including larceny or burglary of any type.

Annex A-8 (Revised 2019)

CAMP PATRIOT CLOTHING AND EQUIPMENT PACKING LIST

This list contains a checklist of clothing and equipment for each cadet attending JROTC Camp Patriot. It is very important to check off each item as you prepare to attend camp. The training at camp doesn't allow much time for the purchase of personal items; therefore, cadets should bring the below listed items from home. SAI's will obtain issued items for cadets. If you wear contacts, you must bring glasses for training. No contacts will be worn in any training involving water.

Issued Military Items Provided by Your SAI/AI:

_____ 1 ea	Pistol Belt	_____ 1 ea	ACU/OCP Cap
_____ 2 ea	1 Qt Canteens	_____ 2 ea	1 Qt Canteen Covers
_____ 3 ea	Coat, ACU/OCP (minimum)	_____ 1 ea	Canteen Cup
_____ 3 ea	Trousers, ACU/OCP (minimum)	_____ 1 pr	Boots Combat Desert
_____ 1 ea	Belt, ACU/OCP	_____ 4 ea	T-Shirt, Tan
_____ 6 pr	Socks, Boot	_____ 1 ea	Duffle bag or suitcases
_____ 1 ea	Nametape JROTC	_____ 1 ea	Nametape Your Name

Personal Items: MARK Your PERSONAL ITEMS

CELL PHONES ARE OPTIONAL BUT MUST BE LOCKED IN YOUR LOCKER DURING DUTY HOURS!

_____ 1 ea	Small Notebook & Pen/Pencil	_____ 1 ea	Wire Clothes Hangers
_____ 1 ea	Padlocks (combination only)	_____ 1 ea	Laundry Bag
_____ 3 ea	Socks, White	_____ 1 ea	Swimsuit
_____ 5 pr	Undershorts	_____ 1 Pr	Sunglasses (optional)
_____ 1 pr	Prescription Glasses (if worn)	_____ 1 ea	Insect Repellent w/DEET
_____ 1 ea	Sweat Suit	_____ 1 pr	Running Shoes/Sneakers
_____ 2 ea	Sports Bras (females)	_____ 3 ea	Small Zip Lock Bags
_____ 2 ea	Athletic Shorts and Shirt	_____ 1 ea	Sunscreen/Block
_____ 1 ea	Flashlight w/batteries		
_____ 1 ea	Wristwatch (inexpensive)		
_____ 1 pr	Water Shoes for lake		
_____ 1 ea	Prescription Medicine with Doctors Instructions (as needed)		
_____ 1 ea	Sharpie Fine Point Permanent Marker (Black Ink)		
_____ Ind.	Not more than \$25.00 personal spending money		

Hygiene Items:

_____ 1 ea	Pajamas (optional)	_____ 1 ea	Comb or Brush
_____ 1 ea	Soap & Soap Dish	_____ 1 ea	Hair Shampoo
_____ 1 ea	Dental Floss	_____ 1 ea	Foot Powder
_____ 1 ea	Razor/Blades/Shaving Soap	_____ 1 ea	Deodorant
_____ 1 ea	Tooth Paste	_____ 2 ea	Towels, Bath
_____ 2 ea	Washcloths	_____ 1 pr	Shower Shoes (must have)
_____ 1 ea	Toothbrush & Carrying Case		
_____ 2 ea	Pony Tail holder black or brown (females)		
_____ Ind.	Females Sanitary Napkin products for 6 days (females)		

Items you will not bring: