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| U.S. NAVAL SEA CADET CORPSU.S. NAVY LEAGUE CADET CORPS | | | | | | REQUEST FORTRAINING AUTHORITY (OFFICER) | | | | | | | | | |  | | | |
| **INSTRUCTIONS: 1. PREPARE THIS FORM IN DUPLICATE 2. FORWARD ORIGINAL PER TRAINING SCHEDULE 3. FILE A COPY TO SERVICE RECORD** | | | | | | | | | | | | | | | | | | | |
| **1a.** Date (DD MMM YY) 12 Dec 14 | | **1b.** Unit Name | | | | | | | | | | | | | | | | | **1c.** Unit Code |
| **2a.** Last Name | | | | | | | **2b.** First Name | | | | | | **2c.** MI | | | | **2d.** Rank | **2e.** Social Security Number | |
| **2f.** Exp. Date | **2g.** Date of Birth | | | | **2h.** Sex  Male  Female | | | | **2i.** Home Phone | | | | **2j.** E-Mail Address | | | | | | |
| **2k.** Home Address | | | | | | | | | | | **2l.** City | | | | | | **2m.** State | **2n.** Zip Code +4 | |
| **3a.** Emergency Contact Name | | | | | | | | | | | **3b.** Emergency Contact Primary Phone | | | | | | **3c.** Emergency Contact Alternate Phone | | |
| **4b.** Training Name/Description | | | | **4c.** Training Location | | | | | | | **4a.** Training Code | | **4d.** COTC/SEO?  Yes  No | | | | **4e.** Training Start Date | | **4f.** No. Days |
| **5.** Have you completed Officer Professional Development Courses? | | | | | | | | | | | | Yes  No If Yes, which ones?  101  201  301 | | | | | | | |
| **6. STATEMENT OF UNDERSTANDING (MEDICAL & STANDARDS OF CONDUCT)**  **BY INITIALING YOU CERTIFY YOUR UNDERSTANDING & CONSENT TO THE FOLLOWING PARAGRAPHS:** | | | | | | | | | | | | | | | | | | MemberInitial Below | |
| **6a.** I have been advised and understand that the training/escort duty requested is strenuous and both physically and mentally demanding. Since my last full physical, I have not been advised to have any surgery or major medical procedures performed. Further, I certify that I have NO outstanding or ongoing medical conditions that will preclude my carrying out my duties as assigned by (and discussed with) the COTC for this training. I understand that should a disqualifying medical or physical condition arise prior to my departure for training that I must notify my unit commanding officer immediately, and I understand authority to participate in the training requested will be cancelled. | | | | | | | | | | | | | | | | | |  | |
| **6b.**  I authorize any Health Care Provider, Insurance Company, Employer, Person, or Organization to release any information regarding medical, dental, alcohol or drug abuse history, treatment or benefits payable, including disability or employment related information concerning the patient to the Naval Sea Cadet Corps’ Accident Insurance Provider, the Plan Administrator, or their employees and authorized agents for the purpose of validating and determining benefits payable. This data may be extracted for audit purposes or for statistical analysis. I understand that I or my authorized representative will receive a copy of this authorization upon request. | | | | | | | | | | | | | | | | | |  | |
| **6c.** Officers/Midshipmen/Instructors are responsible for maintaining the highest standards of conduct. I affirm that I will abide by all NSCC Regulations and instructions from the COTC and host command. I understand that the consumption of alcoholic beverages in the presence of cadets or in cadet living spaces is prohibited at all times. Further, should I consume alcohol, I understand that I am not to have any contact with cadets for a minimum of six hours from the time of consumption. I also understand that smoking of cigarettes is to be done in an authorized area and not in view of cadets. I certify that I have read and understand the NSCC sexual harassment and hazing policies. I understand that violation of NSCC Regulations is cause for immediate dismissal from the training contingent. | | | | | | | | | | | | | | | | | |  | |
| **7a.** Medical Insurance Provider Name | | | | | | | | | | | | | | **7b.** Medical Insurance Policy Number | | | | | |
| **7c.** Medical Insurance Provider Address | | | | | | | | | | | | | | | | | **7d.** Medical Insurance Provider Phone | | |
| **8.** TRANSPORTATION NOTICE  The Department of the Navy no longer has the scheduling authority to support the Naval Sea Cadet Corps for air transportation needs. The member, NSCC Unit, Unit Sponsor, or Council MUST provide for transportation to and from the training site. Transportation of NSCC personnel returned home for disciplinary reasons, illness, or at own request, will be at their **OWN EXPENSE** or at the expense of their **NSCC UNIT, OR UNIT SPONSOR.** | | | | | | | | | | | | | | | | | | | |
| **9.** ENDORSEMENTS | | | THIS FORM WILL NOT BE PROCESSED WITHOUT REQUIRED ENDORSEMENTS | | | | | | | | | | | | | | |  | |
| **By endorsing this form you affirm that all information provided, to the best of your knowledge, is truthful and accurate; and you consent to the above listed training/escort duty and all terms and conditions of the preceding paragraphs. NOTE: DEPOSITS ARE NON-REFUNDABLE.** | | | | | | | | | | | | | | | | | | | |
| Member (Print or Type) | | | | | | | | | | 9b. Signature | | | | | | | | Date (DD MMM YY) | |
| Commanding Officer (Print or Type) | | | | | | | | | | Signature | | | | | | | | Date (DD MMM YY) | |
| Commanding Officer Primary Phone Number | | | | | | | | Commanding Officer Alternate Phone Number | | | | | | | Commanding Officer E-Mail Address | | | | |
| **10.** COTC ENDORSEMENT/SIGNATURE | | | | | | | | | | | | | | | | | | Date (DD MMM YY) | |
| **NSCTNG 002 (REV 03/14)** | | | | | | PREVIOUS EDITION IS OBSOLETE | | | | | | | | | |  | | | |