

<b>U.S. NAVAL SEA CADET CORPS</b> <b>U.S. NAVY LEAGUE CADET CORPS</b>		<b>REQUEST FOR TRAINING AUTHORITY (OFFICER)</b>			
<b>INSTRUCTIONS: 1. PREPARE THIS FORM IN DUPLICATE 2. FORWARD ORIGINAL PER TRAINING SCHEDULE 3. FILE A COPY TO SERVICE RECORD</b>					
1a. Date (DD MMM YY)		1b. Unit Name			1c. Region
2a. Last Name		2b. First Name		2c. MI	2d. Rank
2e. Social Security Number					
2f. Exp. Date	2g. Date of Birth	2h. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	2i. Home Phone	2j. E-Mail Address	
2k. Home Address			2l. City	2m. State	2n. Zip Code +4
3a. Emergency Contact Name (other than NOK)			3b. Emergency Contact Daytime Phone		3c. Emergency Contact Evening Phone
4a. Training Description		4b. Training Location		4c. Tra Code	4d. Training Start Date
				4e. No. Days	
5. Have you completed Officer Professional Development Course 101?					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6. STATEMENT OF UNDERSTANDING (MEDICAL &amp; STANDARDS OF CONDUCT)</b> BY INITIALING YOU CERTIFY YOUR UNDERSTANDING & CONSENT TO THE FOLLOWING PARAGRAPHS:					Member Initial 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 use in audit or statistical purposes. I understand that I or my authorized representative will receive a copy of this authorization upon request.					
6c. Officers/Midshipman/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	
<b>8. TRANSPORTATION NOTICE</b> 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 <u>OWN EXPENSE</u> or at the expense of their <u>NSCC UNIT, OR UNIT SPONSOR</u> .					
<b>9. ENDORSEMENTS</b> <div style="text-align: center; margin-top: 10px;">         THIS FORM WILL NOT BE PROCESSED WITHOUT REQUIRED ENDORSEMENTS       </div> <div style="margin-top: 10px;">         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.       </div>					
Member (Print or Type)		Signature		Date (DD MMM YY)	
Commanding Officer (Print or Type)		Signature		Date (DD MMM YY)	
Commanding Officer Daytime Phone Number		Commanding Officer E-Mail Address			
10. COTC ENDORSEMENT/SIGNATURE					Date (DD MMM YY)