



# Recruit Enrollment Package

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# YOUNG MARINE RECRUIT ENROLLMENT

PLEASE PRINT

Please complete all sections of this application prior to submission.

RECRUIT INFORMATION						
Last Name		First Name			Middle Initial	
Age	Birthdate (MM/DD/YYYY)	Social Security Number		Living With:		
YM Cell Phone Number		YM Email Address		<input type="checkbox"/> Mother & Father	<input type="checkbox"/> Mother	
Expected High School Graduation (MM/YY)		Recruited By		<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Father	
				<input type="checkbox"/> Male	<input type="checkbox"/> Female	
MEDICAL INSURANCE INFORMATION (Please provide copy of front & back of medical insurance card)						
Name of Medical Insurance Company		Policy Number		Contact Telephone Number		

PARENT 1/MOTHER'S INFORMATION				
Last Name		First Name		Middle Initial
Home Address Street		City	State	Zip Code
Primary Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell		Alternate Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell		
Work Phone		Email Address		

PARENT 2/FATHER'S INFORMATION				
Last Name		First Name		Middle Initial
Home Address Street		City	State	Zip Code
Primary Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell		Alternate Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell		
Work Phone		Email Address		

LEGAL GUARDIAN'S INFORMATION				
Last Name		First Name		Middle Initial
Home Address Street		City	State	Zip Code
Primary Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell		Alternate Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell		
Work Phone		Email Address		
Jurisdiction		Court Docket Number		

PRIMARY EMERGENCY CONTACT				
<b>(Check if Applicable)</b> Contact is the same as: <input type="checkbox"/> Parent 1/Mother <input type="checkbox"/> Parent 2/Father <input type="checkbox"/> Legal Guardian				
Last Name		First Name		Middle Initial
				Relationship
Home Address Street		City	State	Zip Code
Primary Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell		Alternate Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell		
Work Phone		Email Address		

T-SHIRT & COVER SIZES	
YM T-shirt Size: <input type="checkbox"/> Youth Med <input type="checkbox"/> Youth Large <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XLarge <input type="checkbox"/> XXLLarge <input type="checkbox"/> 3XLarge	
YM Cover Size: <input type="checkbox"/> XXSmall <input type="checkbox"/> XSmall <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large	

ALTERNATE EMERGENCY CONTACT #1 (Other than Parents/Guardian)			
Last Name	First Name	Middle Initial	Relationship
Home Address Street		City	State Zip Code
Primary Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell		Alternate Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell	
Work Phone		Email Address	

ALTERNATE EMERGENCY CONTACT #2 (Other than Parents/Guardian)			
Last Name	First Name	Middle Initial	Relationship
Home Address Street		City	State Zip Code
Primary Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell		Alternate Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell	
Work Phone		Email Address	

**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 activities sponsored by Young Marines of the Marine Corps League and its chartered units. I/We agree that my/our child will abide by all rules and regulations adopted and published by the Young Marines relating to the operation and conduct of the program and the use of facilities provided for the program. 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 program and a forfeit of all registration fees paid to the program. Furthermore, I/We understand the program will involve rigorous physical, recreational and outdoor activities, and represent that my/our child is physically able to participate in the program.

**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 program, 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 will be submitted to Young Marines National Headquarters for claim.

**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: \_\_\_\_\_

**YOUNG MARINES PRIVACY POLICY** The Young Marines protects the confidentiality of the names and personal information of those who are registered with the organization. No commercial or unauthorized use or transmittal to other entities of the names, addresses, and other confidential information is allowed. Access to this information is strictly limited to authorized headquarters and unit personnel only.

**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



## YOUNG MARINE CONTRACT & OBLIGATION

PLEASE COMPLETE, READ AND SIGN

YOUNG MARINE INFORMATION			
Last Name	First Name	Middle Initial	Rank

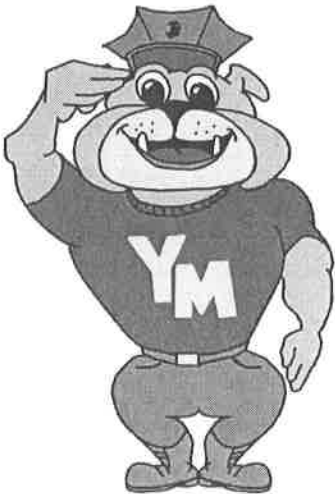
UNDERSTANDING AND CONDITIONS	
I understand that I am joining the Young Marines of my own free will and desire. I know that the training will be challenging, but I will accept it and shall always try to do my best.	YM Initials
I understand that I am bound to obey all orders and instruction given to me from time to time by instructors, staff and Young Marines appointed over me in accordance to the rules and regulations governing the discipline of the Young Marines.	YM Initials
I understand as a Young Marine in good standing I have the following rights: <ul style="list-style-type: none"> <li>Attend scheduled meetings, event and activities that are purposeful, planned and organized.</li> <li>Meet in a safe, drug and tobacco-free environment under the supervision of Registered Adults.</li> <li>Be treated with firmness, fairness, dignity and compassion.</li> <li>Have opportunities to succeed and excel.</li> <li>Report any inappropriate action by other Young Marines or adults without risk of reprisal or retaliation.</li> <li>Take any matter of dissatisfaction to my parents or legal guardian who may then discuss the matter with the Unit Commander or address it directly to the next higher headquarters or to the Deputy Director of their Division in the Young Marines.</li> <li>Receive a copy of the Young Marines Esprit Magazine in the Fall, Winter, Spring, and Summer.</li> <li>Eight (8) hours of uninterrupted sleep except under the conditions of standing fire watch while on any outing or encampment with the Young Marines.</li> <li>Have at least twenty (20) minutes to consume each meal.</li> <li>Attend sick call.</li> <li>Attend <u>scheduled</u> religious services.</li> <li>Make and receive emergency phone calls.</li> <li>Make head calls. (Use the restroom when needed)</li> <li>Use medication as prescribed by my doctor or permitted by my parent or guardian.</li> </ul>	YM Initials

YOUNG MARINES CORE VALUES	
Every United States Marine upholds the core values of Honor, Courage and Commitment. These values give the Marines their strength, regulate their behavior, and bond them together into a force like no other, capable of overcoming every obstacle and meeting any challenge. The Young Marines' Core Values are Discipline, Leadership and Teamwork. Like the Marines, these values are the ties that bind our members throughout their time in the Young Marines and well beyond. I understand that it is my duty as a Young Marine to uphold the values of:	
<p style="text-align: center;"><u><b>Discipline</b></u></p> Discipline requires that Young Marines show instant willingness and obedience to orders and the rules of the Young Marines program, their parents' rules, and the laws of the land. Discipline also dictates a respect for authority. Young Marines will: <ul style="list-style-type: none"> <li>Follow all rules and regulations set forth in the Young Marines Guidebooks and manuals.</li> <li>Follow the rules of the home and of their parents, completing chores, obeying curfews, and assisting in the house when needed.</li> <li>Follow all laws of our government and have respect for our leaders, police and those in charge of us.</li> <li>Follow the rules at school, complete work, and be kind to other students, teachers, and faculty.</li> </ul>	YM Initials
<p style="text-align: center;"><u><b>Leadership</b></u></p> Leadership is the ability to influence others. A good leader is able to effectively pass on from their leaders all that is expected to be accomplished. A true leader leads by example. Young Marines will: <ul style="list-style-type: none"> <li>Aspire to positively influence their fellow Young Marines all the time.</li> <li>Accomplish their mission by completing tasks assigned by their leaders and those in charge of them from their parents, teachers, coaches and Young Marines Adult Leaders.</li> </ul>	YM Initials
<p style="text-align: center;"><u><b>Teamwork</b></u></p> Teamwork is cooperation between those working together on a task. To truly understand teamwork, Young Marines must learn to listen to their leaders and peers, ask questions to ensure complete understanding, persuade their team that they can accomplish the mission, share in the glory and the failures of the team, and participate in the task as a member of the team. Young Marines will: <ul style="list-style-type: none"> <li>Always work together to accomplish the mission.</li> <li>Keep their team motivated at all times even when the mission or task is not a popular one.</li> <li>Not grab all the glory for a team effort, but spread it amongst all team members.</li> </ul>	YM Initials

**YOUNG MARINES CODE OF CONDUCT**

A **Code of Conduct** is an agreement on rules of behavior for a group or organization that includes what is and is not acceptable or expected behavior. As a Young Marine, I understand that I am expected to behave in accordance with the Code of Conduct as outlined in my Guidebook and the Registered Adult Manual.

<p style="text-align: center;"><b>Article I:</b></p> <p>I am an American youth, proud of my country and our way of life. I am prepared to dedicate myself to educating others and myself in the history, traditions, and institutions thereof. I will do my best to live by the Marine Corps' core values of Honor, Courage and Commitment, as well as the Young Marines' core values of Discipline, Leadership and Teamwork.</p>	<p>YM Initials</p>
<p style="text-align: center;"><b>Article II:</b></p> <p>I will never let another Young Marine down of my own accord. If in charge, I will do my best to ensure the safety and wellbeing of those for whom I am responsible. I will immediately report any suspicious activity or behavior to a registered adult.</p>	<p>YM Initials</p>
<p style="text-align: center;"><b>Article III:</b></p> <p>If I am offered drugs, alcohol, or tobacco products, I will politely resist and refuse. I will make every effort to stay clear of situations involving gangs, drugs, alcohol, and/or tobacco. I will not get involved in the same. I will also aid my friends and peers to stay clear of similar situations.</p>	<p>YM Initials</p>
<p style="text-align: center;"><b>Article IV:</b></p> <p>I will always be loyal to my fellow Young Marines. I will make no statements nor take part in any action that may bring discredit to my God, country, family and Young Marines. If I am the senior Young Marine present, I will take charge. If not, I will obey the lawful orders of those senior to me and support them in every way.</p>	<p>YM Initials</p>
<p style="text-align: center;"><b>Article V:</b></p> <p>When asked about the Young Marines program, I will answer questions politely, respectfully and to the best of my ability. If I am asked a question that I do not know the answer to, I will refer the person asking the question to a Registered Adult. I will never give information that I am not certain of nor mislead those who are seeking information about the Young Marines program.</p>	<p>YM Initials</p>
<p style="text-align: center;"><b>Article VI:</b></p> <p>I will never forget that I am an American youth and therefore the future of America, privileged with the freedom won and kept by the blood and sacrifice of those who fought to ensure our freedom. I am responsible for my actions, and dedicated to the principles that made our country free.</p>	<p>YM Initials</p>



**YOUNG MARINES OBLIGATION**

*From this day forward, I sincerely promise, I will set an example for all other youth to follow and I shall never do anything that would bring disgrace or dishonor upon my God, my country and its flag, my parents, myself or the Young Marines. These I will honor and respect in a manner that will reflect credit upon them and myself.*

***Semper Fidelis.***

<p>Young Marine's Signature</p>	<p>Date</p>
<p>Parent/Legal Guardian Signature</p>	<p>Date</p>

*Challenge Accepted!*



## AUTHORIZATION FOR MEDICAL TREATMENT

PLEASE PRINT (Update for each event requiring medication)

YOUNG MARINE INFORMATION			
Last Name		First Name	Middle Initial
Age	Birthdate (MM/DD/YYYY)	Social Security Number	
Parent/Guardian Name		Relationship	
Home Address Street		City	State      Zip Code
Primary Phone		Secondary Phone	
Work Phone		Email Address	

PART I: 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 child and request and authorize that by child be administered appropriate first aid and/or taken to the nearest medical facility for emergency treatment as necessary.	
Parent or Legal Guardian Signature	Date

PART II: PERMISSION TO USE OVER-THE-COUNTER MEDICATION (If not completed, the Young Marine will not receive medication)	
My child identified above has my permission to take any over-the-counter medications in accordance with label instructions as needed with the exception of: <span style="float: right;">while attending Young Marines activities.</span>	
Parent or Legal Guardian Signature	Date

PART III: PERMISSION TO DISPENSE PRESCRIPTION MEDICATION (If not completed, the Young Marine will not receive medication)	
I request and authorize that my child identified above be administered the following prescription medication:	
In accordance with the medical doctor's instructions on the original and un-expired label. I certify that my child has a valid reason for taking the medication during Young Marines Activities. This permission is valid from (beginning date) <span style="float: right;">to (ending date)</span>	
Parent or Legal Guardian Signature	Date

PART IV: MEDICATION ADMINISTRATION RECORD			
Medication Name	Strength	Form of Medication <input type="checkbox"/> Liquid <input type="checkbox"/> Tablet <input type="checkbox"/> Aerosol <input type="checkbox"/> Ointment <input type="checkbox"/> Other	
Dosage & Time		Date	Administrator/Witness
Medication Name	Strength	Form of Medication <input type="checkbox"/> Liquid <input type="checkbox"/> Tablet <input type="checkbox"/> Aerosol <input type="checkbox"/> Ointment <input type="checkbox"/> Other	
Dosage & Time		Date	Administrator/Witness
Medication Name	Strength	Form of Medication <input type="checkbox"/> Liquid <input type="checkbox"/> Tablet <input type="checkbox"/> Aerosol <input type="checkbox"/> Ointment <input type="checkbox"/> Other	
Dosage & Time		Date	Administrator/Witness
Medication Name	Strength	Form of Medication <input type="checkbox"/> Liquid <input type="checkbox"/> Tablet <input type="checkbox"/> Aerosol <input type="checkbox"/> Ointment <input type="checkbox"/> Other	
Dosage & Time		Date	Administrator/Witness
Medication Name	Strength	Form of Medication <input type="checkbox"/> Liquid <input type="checkbox"/> Tablet <input type="checkbox"/> Aerosol <input type="checkbox"/> Ointment <input type="checkbox"/> Other	
Dosage & Time		Date	Administrator/Witness



## HEALTH HISTORY

PLEASE PRINT

*To Be Completed By Parent/Legal Guardian Annually*

Note: Your child will NOT be disqualified from the program based on information provided here.

YOUNG MARINE INFORMATION				
Last Name		First Name		Middle Initial
Age	Birthdate (MM/DD/YYYY)	Social Security Number		
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 child 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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## PHYSICAL EXAMINATION

PLEASE PRINT

*To be completed by certified and licensed physicians (MD, DO),  
nurse practitioners, or physician's assistants.  
A current school or sports physical may substitute, if done during  
the current school year. Photocopy must be included in YMRB.*

YOUNG MARINE INFORMATION			
Last Name	First Name	Middle Initial	Date of Birth (MM/DD/YYYY)

**! You are being asked to certify that this individual has no contraindication for participation in the Young Marines program. Please fill in the following information: !**

VITALS			
Height	Weight	Blood Pressure	Pulse

EXAMINATION			
	Normal	Abnormal	Explain Abnormalities
Eyes/Vision			
Ears/Nose/Throat			
Lungs			
Heart			
Abdomen			
Hernia			
Musculoskeletal			
Neurological			
Other			

RESTRICTIONS
Provide additional remarks or instructions if participation in the Young Marines is conditional due to any medical conditions not provided in the remarks above.

EXAMINER'S CERTIFICATION			
I certify that I have reviewed the health history and examined the person identified above and find no contraindications for participating in the Young Marines program. This participant (with noted restrictions):			
	True	False	Explain
Does not have uncontrolled heart disease, asthma, seizures, or hypertension.			
Has no uncontrolled psychiatric disorders.			
Does not have poorly controlled diabetes.			
Examiner's Signature	Date of Exam		<b><u>VALID ONLY WITH PHYSICIAN'S STAMP</u></b>
Print Examiner's Name	Title		
Office Address	Suite		
City	State	Zip	
Office Telephone Number			