

DEPARTMENT OF THE ARMY

Junior Reserve Officer's Training Corps

Sarasota High School
1000 South School Avenue
Sarasota, Florida 34237

JROTC PERSONAL INFORMATION FORM

(Please Print)

Name

Last _____ First _____ Middle _____

Home Address _____

City Sarasota State Florida Zip Code 342

Race _____ Date of Birth _____

Place of Birth: City _____ State _____ Country _____

Telephone: Home _____ Cell _____

Email Address _____

Social Security # _____

Sex _____ Blood Type *(if known)* _____

School Grade _____ Rank _____ LET Level _____

Parent/Guardian's Name *(indicate relationship)* _____

Parent/Guardian Place of Employment _____

Parent/Guardian Work Phone _____ Parent/Guardian Cell Phone _____

Parent/Guardian Email _____

Emergency Contact *(if other than parent)* _____

Name _____

Home Address _____

City _____ State Florida Zip Code 342

Home Telephone _____

Cell Telephone _____

JROTC PARENTAL RELEASE & STATEMENT OF HEALTH

I. PARENT APPROVAL

My son/daughter _____ has my approval to participate in all Sarasota High School JROTC activities including but not limited to physical training, marksmanship training, and if so elected by the cadet, extracurricular activities including drill rifle team and JROTC Summer Camp, from this date until this agreement is revoked in writing by the undersigned, the SAI, and or the school principal.

I understand that the United States Army or school authorities assumes no responsibility for accidents incurred by the members of the JROTC except to render such first aid treatment as is necessary and to take the injured student home, or to such a place as may be advisable. I freely and voluntarily waive, relinquish, and release any and all rights, claims, and causes of action against the United States and Sarasota High School of whatever source which may accrue to or exist in themselves, their heirs, and their personal representatives as a result of death, personal injury and property damage occurring in conjunction with and during the period of training.

I agree to be financially responsible to the Board of Education for such articles of clothing and equipment issued to the above named student in accordance with law for his/her use as a member of JROTC that are not returned in good condition, fair wear and tear exempted, at the end of the school year or upon his/her separation from JROTC, or upon demand of school authorities.

II. AUTHORIZATION FOR ACCESS TO STUDENT RECORDS

Notwithstanding the provisions of Public Law 93-3 90, "Family Educational Rights and Privacy Act of 1974" and in connection with the participation of _____ in the Army JROTC Program,

I _____ (Parent) hereby authorize the release of any and all records maintained by the JROTC Department and the host or cross enrolled institution related to the JROTC Program and to anyone within the Department of the Army. I waive any requirement that I be furnished a copy of these records prior to or concurrent with their release. This consent is effective for the period of time I am associated with the Army JROTC Program. This includes use of the of the individual's SSN, if applicable.

III. STATEMENT OF HEALTH

To the best of my knowledge, _____ is in good health mentally and physically, under no medication and is in good physical condition sufficient to enable him/her to participate in JROTC activities such as those described above. Should illness or disability manifest itself during his/her period of enrollment, I agree to notify JROTC officials at the school immediately.

Date _____ Signature of Cadet _____

I have read and understand the contents of Parts I, II and III of this JROTC Parental Release and Statement of Health and hereby subscribe to the information and agreements contained therein.

Date _____ Signature of Parent/Guardian _____

Home Address _____

City _____ State Florida Zip Code _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email Address _____