

# Young Marine Record Book

## Personal Information

Part I

Enrollment Date: \_\_\_\_\_ Rank: \_\_\_\_\_ Gender (M/F) \_\_\_\_\_  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Male/ Female: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Home Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Living with: \_\_\_\_\_ Mother & Father \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Legal Guardian

## Mother's Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Home Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

## Father's Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Home Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

## Legal Guardian's Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Jurisdiction and Court Docket Number: \_\_\_\_\_  
Home Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

**Primary Emergency Contact**

(Check if applicable) Contact is the same as: \_\_\_ Mother \_\_\_ Father \_\_\_ Legal Guardian

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial.: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Pager: (\_\_\_\_) \_\_\_\_\_

Other: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

**Alternate Emergency Contact Information (Other than Parents/Guardian)**

**Alternate #1**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

**Alternate #2**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial.: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

**Medical Insurance Information (Please provide copy of front & back of medical card)**

Name of Medical Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Contact Telephone Number: (\_\_\_\_) \_\_\_\_\_

**Cover Size:** \_\_\_ XX Small \_\_\_ X Small \_\_\_ Small \_\_\_ Medium \_\_\_ Large

**T-shirt Size:** \_\_\_ Small \_\_\_ Medium \_\_\_ Large \_\_\_ X Large \_\_\_ XX Large

# Authorization for Medical Treatment

PLEASE PRINT (*Update for each event requiring medication*)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Age \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Social Security Number \_\_\_\_\_  
Home Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_ Zip Code \_\_\_\_\_  
**Parent/Guardian Name** \_\_\_\_\_  
Relationship \_\_\_\_\_  
Home Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_ Zip Code \_\_\_\_\_  
Home Number (\_\_\_\_) \_\_\_\_\_ Work Number (\_\_\_\_) \_\_\_\_\_  
Mobile Number (\_\_\_\_) \_\_\_\_\_ Pager Number (\_\_\_\_) \_\_\_\_\_  
Other Number (\_\_\_\_) \_\_\_\_\_

## **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 my child be administered appropriate first aid and/or taken to the nearest medical facility for emergency treatment as necessary.

Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

## **PART II: Permission to Use Over-the-Counter Medication** (*If not completed, Young Marines will not receive medication*)

My child, \_\_\_\_\_, has my permission to take any over-the-counter medications in accordance with label instructions as needed with the exception of:  
\_\_\_\_\_ while attending  
Young Marine Activities.

Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**PART III: Permission to Dispense Prescription Medication** (*If not completed, Young Marines will not receive medication*)

I request and authorize that my child, \_\_\_\_\_, be administered the following prescription medication:

\_\_\_\_\_ per the medical doctor's instructions on the original and un-expired pharmacy label. I certify that my child has a valid health reason for taking the medication during the Young Marine Activities. This permission is valid from (beginning date) \_\_\_\_\_ to (ending date) \_\_\_\_\_.

Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**PART IV: Medication Administration Record**

Medication Name \_\_\_\_\_ Strength \_\_\_\_\_

Form of Medication: \_\_\_ Liquid \_\_\_ Tablet \_\_\_ Aerosol \_\_\_ Ointment \_\_\_ Other

Dosage & Time \_\_\_\_\_

Medication Name \_\_\_\_\_ Strength \_\_\_\_\_

Form of Medication: \_\_\_ Liquid \_\_\_ Tablet \_\_\_ Aerosol \_\_\_ Ointment \_\_\_ Other

Dosage & Time \_\_\_\_\_

Medication Name \_\_\_\_\_ Strength \_\_\_\_\_

Form of Medication: \_\_\_ Liquid \_\_\_ Tablet \_\_\_ Aerosol \_\_\_ Ointment \_\_\_ Other

Dosage & Time \_\_\_\_\_

Medication Name \_\_\_\_\_ Strength \_\_\_\_\_

Form of Medication: \_\_\_ Liquid \_\_\_ Tablet \_\_\_ Aerosol \_\_\_ Ointment \_\_\_ Other

Dosage & Time \_\_\_\_\_

## Health History (Completed by Parent/Legal Guardian)

**PLEASE PRINT (Update Annually)**

**Note: For the safety and well being of your child ensure all information is true and correct. Your child will NOT be disqualified from the program based on information provided here.**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Age \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Social Security Number \_\_\_\_\_  
 Parent/Guardian Name \_\_\_\_\_  
 Home Number (\_\_\_\_) \_\_\_\_\_ Work Number (\_\_\_\_) \_\_\_\_\_  
 Physician's Name \_\_\_\_\_ Date of Last Visit \_\_\_\_\_  
 Dentist's Name \_\_\_\_\_ Date of Last Visit \_\_\_\_\_

The Subject Young Marine:	*Yes	No	Remarks ("Yes" require remarks)
Wears Eye Glasses /Contact Lenses			
Is on a restricted diet			
Wears a hearing aid			
Visited the Dentist in the last 6 months			
Known health problems (knee problems, migraines, etc.)			
Is under a doctors care			
Is on prescription medication			
*Has Allergies Food//Medication//Environmental (pollen, bee stings)			
Has heart murmur Suffered Rheumatic Fever Had a family member under age 50 die of a heart problem			
Suffers one or more of the following conditions: Seizures, Diabetes, Asthma, Arthritis			
Have a history of head injury			
Been hospitalized or had surgery and dates			
Had any injuries (no matter how minor) in the past year. (Sprains, broken bones, ingrown toenails, stitches)			
Received a Tetanus Booster and Date			

I certify to the above to be complete, correct, and true to the best of my knowledge.

Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**PHYSICAL EXAMINATION (Must be completed by a Physician, PAC, or CRN)**

*(A current school or sports physical may substitute, if done during the current school year. A photocopy must be included in YMRB.)*

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_ Vision Screen \_\_\_\_\_

Hearing \_\_\_\_\_ Lungs \_\_\_\_\_

Heart Rate \_\_\_\_\_ Rhythm \_\_\_\_\_ Hernia \_\_\_\_\_

Neurological Examination \_\_\_\_\_

**Are there any restrictions or accommodations needed for the following activities?**

Activities	Yes	No	Remarks (“Yes” require remarks)
Competitive Sports			
Physical Training			
Swimming			
Classroom			
Other			

I, certify that \_\_\_\_\_, **is/ is not** physically and medically fit to participate in the Young Marines.

Please 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 Signature \_\_\_\_\_ Date of Exam \_\_\_\_\_

Print Examiner’s Name \_\_\_\_\_ Title \_\_\_\_\_

Office Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Office Telephone Number (\_\_\_\_) \_\_\_\_\_

**PHOTO/VIDEO/FILM RELEASE**

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 students and adults attending programs will be photographed. I 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 Marine training or related activities. I 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 also waive any right to inspect or approve any photo, video or film taken during said training or related activities. I 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 your child while a participant in the Young Marine Program.

**PERMISSION & WAIVER**

I/We, the undersign, do hereby certify that I/We have read and fully understand the attached release and waiver; that I/We have fully consented to such release and waiver and expressly give this minor permission to participate in the Young Marines Program. Furthermore, I/We certify that this application is complete, correct, and true to the best of my/our knowledge.

Mother /Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Father/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

# Young Marine Contract and Obligation

## PLEASE COMPLETE, READ, AND SIGN

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

## UNDERSTANDING AND CONDITIONS

1. 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.

2. I understand that I am bound to obey all orders and instruction given from time to time by instructors, staff and Young Marines appointed over me in accordance to the rules and regulation governing the discipline of the Young Marines.

3. I understand as a Young Marine in good standing I have the following rights:

- • Attend scheduled meetings, events and activities that are purposeful, planned and organized.
- • Meet in a safe, drug and tobacco-free environment under the supervision of Registered Adults.
- • Be treated fairly with dignity and respect.
- • Have opportunities to succeed and excel.
- • Report any inappropriate action by other Young Marines or adults.
- • Receive a copy of the Young Marines Esprit Magazine in the Fall, Winter, Spring, and Summer.

4. **Young Marine - Core Values.** Every United States Marine upholds the core values of Honor, Courage and Commitment. These values give 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.

a. **Discipline.** Discipline requires that Young Marines show instant willingness and obedience to the rules of the Young Marine program, their parent's rules, and the laws of the land. Discipline also dictates a respect for authority. Young Marines will:

- 1) Follow all rules and regulations set forth in the Young Marine Guidebooks and manuals.
- 2) Follow the rules of the home and of their parents, completing chores, obeying curfews, and assisting in the home when needed.
- 3) Follow all laws of our government and have respect for our leaders, police and those in charge of us.

b. **Leadership.** 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:

- 1) Aspire to positively influence the fellow Young Marines all the time.
- 2) Accomplish their mission by completing all tasks assigned by their leaders and those in charge of them from their parents, teachers, coaches and Young Marine adult leaders.

c. **Teamwork.** Teamwork is co-operation 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, respect those on their team and their suggestions, help those on their team to 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:

- 1) Always work together to accomplish the mission..
- 2) Keep their team motivated at all times even when the mission or task is not a popular one.
- 3) Not grab all the glory for a team effort, but spread it amongst all team members.

**5. Young Marines Code of Conduct.**

a. Article I:

- (1) 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 core values of Honor, Courage and Commitment.

b. Article II:

- (1) 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 well being of those for whom I am responsible. I will immediately report any suspicious activity or behavior to a registered adult.

c. Article III:

- (1) 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 tobacco. I will not get involved in the same. I will also aid my friends and schoolmates to stay clear of similar situations.

d. Article IV:

- (1) 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 everyway.

e. Article V:

- (1) 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.

f. Article VI:

- (1) 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 of those who fought to ensure our freedom. I am responsible for my actions, and dedicated to the principles that made my country free.

**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.*

Young Marine \_\_\_\_\_

Date \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_