

Young Marine Record Book

Personal Information

Part I

Enrollment Date: _____ Rank: _____
Last Name: _____ First Name: _____ Middle Initial _____
Male/ Female: _____ Date of Birth: _____ Social Security Number: _____
Young Marine's Email Address: _____ Expected H.S. graduation date (mm/yyyy) _____
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: (____) _____



- 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, Discipline, Leadership and Teamwork.

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 _____



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 _____



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			
Has 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			
Has had a history of head injury			
Has been hospitalized or had surgery and dates			
Had any injuries (no matter how minor) in the past year. (Sprains, broken bones, ingrown toenails, stitches)			
Date of last Tetanus Shot			

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

Parent/Legal Guardian _____ Date _____

