

Young Marines

Enrollment

Package

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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: (____) _____



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, 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 _____



Young Marines

Administrative Remarks Log

PLEASE COMPLETE AND SIGN

Last Name _____ **First Name** _____ **Middle Initial** _____

LOG ENTRIES

Date	Remarks
	Signature & Title _____
	Signature & Title _____
	Signature & Title _____
	Signature & Title _____
	Signature & Title _____
	Signature & Title _____



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 _____



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 (____) _____



**YOUNG MARINES
Medication Incident Report**

PLEASE PRINT (Complete and retain for unit records)

PART I: Young Marine's Personal Information

Today's Date _____

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 Telephone Number (____) _____ Work Telephone Number (____) _____

PART II: Young Marine's Unit Information

Young Marine Unit Name _____
Unit Commander Name _____
Unit Commander's Daytime Phone Number (____) _____

PART III: The Incident and Surrounding Circumstances

Incident involved one or more of the following (Circle one): **//Incorrect Dosage//**
//Medication given at incorrect time (>1/2-hr) //Dosage missed //Incorrect Medication given//

Date of the Incident _____ Approximate Time of the Incident _____

Location of the incident _____

Provide a short description of how the incident occurred: (Include name of drug, dose, and any reaction. Use the back of this form to complete the description).

Was the parent or legal guardian notified of the incident? **Yes //No** (circle one) *If yes, by whom?*

Name _____ Status _____

Was hospital/emergency care required? **Yes // No** (circle one) *If yes, submit Young Marine Injury Report, Attending Physician's Statement, other medical documents to Young Marines National Headquarters.*

PART IV: Unit Commander or Registered Adult in-Charge Certification

I certify this incident occurred during a scheduled Young Marine activity and under the supervision of Registered Adults designated by me to act as the Activities Medical Officers. They were acting in accordance with the Standard Operating Procedures established in Appendix D of the Registered Adult Manual. To the best of my knowledge the information provided is correct and true.

UC/RAC Signature _____ Date _____ Contact Number (____) _____

(YMMEDFORM6)



YOUNG MARINES

Injury Report (PLEASE PRINT)

(Complete and mail to Young Marine National Headquarters, P.O. Box 70735 Southwest Station, Washington DC 20024-0735)

PART I: Injured Person's Personal Information

Today's Date _____

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 Telephone Number (____) _____ Work Telephone Number (____) _____
Was the parent or legal guardian notified of the injury? Yes No (circle one)
Was hospital/emergency care required? Yes No (circle one) if yes, please attach documents.

PART II: Young Marine Unit Information

Young Marine Unit Name _____
Unit Commander's Name _____
Unit Commander's Daytime Phone Number (____) _____

PART III: Describe the Injury & Circumstances Surrounding the Injury

Provide a short description of the injury or injuries: (use additional pages as needed.)

Date of the Injury _____ **Approximate Time of the Injury** _____
Location of where injury occurred _____
Provide a short description of how the injury occurred: (who, what, why, and how). Use back of this form or additional pages as needed.

PART IV: Unit Commander or Registered Adult in-Charge Certification

I certify this injury occurred during a scheduled Young Marine activity and that the injury was not pre-existing and the activities did not involve undue risk outside the scope of the Young Marines Accident and Liability Insurance coverage. To the best of my knowledge the information provided is correct and true. UC/RAC
Signature _____ **Date** _____
UC/RAC Contact Telephone Number (____) _____

PART V: NHQ Review and Processing

Date Report was Received _____
Proof of Claim (Accident Medical Expense Form) attached? Yes No (circle one)
Medical Bills attached? Yes No (circle one)
Date Claim forwarded to Insurance Company _____
Date of Follow-up: _____ Remarks _____
Date of Follow-up: _____ Remarks _____

(YMMEDFORM7)



YOUNG MARINES

Attending Physician's Statement

PLEASE PRINT

(Please complete and mail to Young Marine National Headquarters, P.O. Box 70735 Southwest Station, Washington DC 20024-0735)

PART I: Patient's Personal Information (To be completed by Young Marine Unit)

Last Name _____ First Name _____ Middle Initial _____
Age _____ Date of Birth ___/___/___ Social Security Number _____
Home Address _____ City _____ State ___ Zip Code _____
Parent/Guardian Name _____ Relationship _____
Home Telephone Number (____) _____ Work Telephone Number (____) _____

PART II: Authorization (To be Completed by Attending Physician)

I hereby authorize NATIONAL ACCIDENT INSURANCE UNDERWRITERS, INC. or its representatives to inspect all x-ray pictures, clinical records and to obtain full information, including etiology, diagnosis and prognosis, or other data that may be in your possession or under your control, and to make copies of the same or any portion, thereof, pertaining to the subject patient.

Date _____ Signed _____ (Attending Physician) (Degree)

PART III: Questionnaire for Attending Physician

1. Diagnosis (describe nature of illness or injury):

2. Is condition the result of _____ illness/ _____ injury? (Check appropriate blank)

What date did the illness commence or injury occurred? _____

3. Has the patient had treatment for the same or related condition before? _____ Yes _____ No _____ Unknown (Check appropriate blank) If yes, when and why?

4. On what date were you first consulted for this condition? _____

Give dates of treatment(s): In Office _____ At Home _____

5. If hospitalized, give name and address of hospital and dates of in-patient care. Name of

Hospital _____ Dates: (From/To) _____

Hospital Address _____ State _____ Zip Code _____

Hospital Telephone Number (____) _____

6. If surgery was performed, please describe:

7. Prognosis:

Date: _____ Signed: _____ (Attending Physician) (Degree)

