

# 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: \_\_\_\_\_

(YMF0RM1)

**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

**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 \_\_\_\_\_

## 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 (\_\_\_\_) \_\_\_\_\_