## U.S. NAVAL SEA CADET CORPS U.S. NAVY LEAGUE CADET CORPS

## MARKSMANSHIP TRAINING **CONSENT FORM (CADET)**

THIS FORM MAY COVER MULTIPLE DAYS OR EVENTS IN A CALENDAR YEAR IF HELD AT THE SAME LOCATION

THE CO/COT	FORM IS REQUIR	RED FOR ALL MARKS HARD COPY OF THIS IIP TRAINING ACTIVIT	COMPLETED FO	RM AND HAV	E IT AVAILALBE FO	R INSPECTION F	OR EVERY CADE	T THAT		
From: CO / COTC		1a. Unit Name or Training Command					<b>1b.</b> Unit/Training Code <b>1c.</b> Date (DD MMM YY)			
То:	2a. Last Name		<b>2b.</b> Fi	rst Name		2c. MI	2d. Rate	<b>2e</b> . U	SNSCC ID Number	
	2f. Exp. Date	2g. Date of Birth	2h. Sex ☐ Male ☐ Fe	. Sex <b>2i</b> . Primary 0		ontact Number		Contact	Number	
	2o. Parent/Guardian Name(s)									
	2q. Emergency Contact Name (other than Parent/Guardian)				Emergency Contact	2s. Emergency Contact Alternate Phone				
Report to:	3a. Training Name/Description				<b>3b.</b> Train	3b. Training Location				
	3a. Purpose of Training (check all appropriate boxes)			arksmanship qualification	SASP training	SASP Competi			ed Training: See nanship Training Plan	
	3d. Training Star	rt Date (DD/MMM/YY)	3e. Training End Date (DD/MMM/YY) 3f. Number of			er of consecutive	days or list of nor	n-consec	cutive training dates	
	3h. CO/COTC (	Name and Rank)	3i. CO/	COTC Primar	/ Phone Number	umber 3j. CO/COTC E-Mail Address		SS		
						l .				
4. STATEMENT OF UNDERSTANDING (FIREARMS / MARKSMANSHIP & STANDARDS OF CONDUCT)  BY INITIALING YOU CERTIFY YOUR UNDERSTANDING & CONSENT TO THE FOLLOWING PARAGRAPHS:  4a. I have been advised and understand that the training requested by my son/daughter/ward is in the use and handling of firearms. I further understand that I am authorizing my son/daughter/ward to handle/use/discharge said firearms under the supervision of adult staff of the USNSCC and other firearms instructors, coaches, safety officers that are attached to this training activity.										
<b>4b.</b> I hereby certify that, to the best of my knowledge, my son/daughter/ward has no medical condition, felony conviction or any other condition, (Including but not limited to the following: depression, suicidal thoughts or threats, mental health treatment) that would preclude them from using a firearm under federal regulations or local regulations where the training is to be held.										
4c. Cadets are responsible for maintaining the highest standards of conduct. In the case of marksmanship/firearms training there is no room for behavioral/attitude issues. I have explained to my child that they are responsible for following ALL CO/COTC instructions, and that improper conduct resulting from violation of instructions will be cause for immediate dismissal from the training at my expense.										
4d. I understand that should any disqualifying condition arise (medical, physical, mental health or any other) prior to his/her departure for training, that the unit commanding officer or COTC will be notified immediately. Further, I understand authority for my son/daughter/ward to participate in the training requested will be canceled.										
regardless directed by conclusion	of any state or loo the CO/COTC. Fi of training. Cade	TICE: Under NO circ cal laws which may al irearms WILL be chec ets will not be respond f training. A violation of	low it. A parent or ked in with the Consible for the cus	guardian may D/COTC upon stody of any	bring a firearm wit arrival by the parer firearms. By initiali	h them for cadet nt/guardian and re ng this box you	use at the training eturned to them at the parent/guard)	g as the		
								•		
IF YOUR EN	ROLLMENT HAS E	EXPIRED OR WILL EX	PIRE PRIOR TO T	HE END OF T	RAINING, YOU ARE	NOT AUTHORIZE	ED TO REPORT TO	OR PA	ARTICIPATE IN TRAINING	
7. ENDORS										
		Parent/Guardian aff information provide					manship/firear	ms tra	ining and is capable	
		signifies receipt of the	nis form.	I				<u> </u>		
7a. Parent/Guardian (Print or Type)				<b>7b.</b> Signature					7c. Date (DD MMM YY)	
7d. CO/COTC (Print or Type)				7e. Signature					7f. Date (DD MMM YY)	