



National Guard Jr. Special Forces Program



Authority: 32 U.S.C. § 112

Purpose: To identify potential participants in a Drug Demand Reduction activity, the Junior Special Forces Program.

Routine Uses: None.

Disclosure Mandatory or Voluntary: Disclosure of information is voluntary. Failure to provide information requested will preclude participation in the program.

PROGRAM GUIDELINES

- Students will be enrolled beginning in their 8th grade year. The program will continue through the 12th grade.
- Must be a student enrolled in McDowell County School System.
- Must have parental or legal guardian consent to participate. Parents must show proper identification.
- Must be in good health, reasonably, physically fit.
- Willingness to participate in Adventuring Activities.
- Be free of alcohol, tobacco and other drugs. Substance use will not be permitted or tolerated and will be grounds for dismissal from the program.
- Must not have any serious school code violations (weapons, drug possession, fighting, bullying, cheating, etc.)
- Must not have any criminal violations outside of school (vandalism, theft, breaking & entering, substance use, assault, etc.)
- Must be respectful to teachers, cadre, and other program personnel.

The Jr. Special Forces Program is designed to include six (6) weekend activities and one (1) week long Annual Training.

Students must make an honest effort to do their best to remain in the program.

All students are urged to keep attendance at each weekend activity. Students are required to attend four (4) of the six (6) weekend activities and the week long Annual Training.



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STUDENT INFORMATION FORM

Date: _____

Student Name: _____

Age: _____ Date of Birth: _____

Social Security: _____

School Attending: _____ Grade: _____

Parents/Legal Guardian Names: _____

Address: _____

Phone: _____ Other Phone: _____

Email address: _____

Other contact: _____

Phone: _____ Relationship: _____

T-Shirt Size: S M L XL XXL XXXL Pant Size: _____

Boot Size: _____ Blood type (if known): _____



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MEDICAL INFORMATION AND CONSENT FORM**



Student Name: _____

Date of Birth: _____

ALLERGIES: (any medications, foods, other substances)

History of significant health problems or activity limitations:

List any medications student takes on a regular basis:

Can your child take Tylenol or Motrin? _____

Student's Regular Physician: _____

Health Insurance: _____ Policy number: _____

Primary Emergency Contact: _____

Relationship: _____ Phone: _____

Secondary Emergency Contact: _____

Relationship: _____ Phone: _____

In case of an injury or illness, I grant permission for the child named above to receive medical attention deemed necessary, by qualified medical personnel, during the entire time that he or she is participating in any Jr. Special Forces activities.

Every reasonable precaution will be taken to provide for the safety and care of your child. Every effort will be made to notify you in the event of an accident or injury, which may require emergency care. If you can not be contacted, permission is granted to the Jr. Special Forces staff to seek medical attention. All financial responsibility for hospitalization and medical care provided, in the case of an emergency, is to be assumed by the parent or guardian.

Signature of Parent or Legal Guardian

Date

Witness

Date



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Student Name: _____ Date _____

Student Address: _____

Student Phone: _____ Date of Birth: _____

PARENTAL CONSENT AND RELEASE OF LIABILITY STATEMENT

In consideration of my child's being permitted to participate in the adventure training being presented by the West Virginia Army National Guard, I hereby release and discharge McDowell County Families, Agencies, Children Enhancing Services (FACES), the United States, the State of West Virginia, the WVARNG, their agents, officers or employees from any and all claims for property damage and/or personal injury or death resulting in my child's participation in said adventure training. This release shall be binding upon my heirs, personal representatives and assigns. This release covers the use, rigging, maintenance, construction or design of any equipment utilized by the WVARNG and the use of the equipment by my child. My signature further certifies that I understand and will comply with the adventure training safety instructions provided to me by my instructor.

I give my consent for my child to participate in the Jr. Special Forces Program sponsored by McDowell County FACES and the West Virginia National Guard Drug Demand Reduction Program.

I also give consent for my child to be transported to and from sites of activities for participation in the Program's adventure training.

CONSENT FOR RELEASE OF INFORMATION

The above identified student is a participant of the National Guard Jr. Special Forces Program.

This consent is intended to release information between the McDowell County Board of Education to parents, National Guard personnel, and McDowell County Families, Agencies, Children Enhancing Services (F.A.C.E.S.) staff. The information will be used to better coordinate services delivered by the National Guard Jr. Special Forces Program.

I give my consent for the release of any pictures, videos, or other images that may be used for the promotion and enhancement of the Jr. Special Forces Program.

I hereby give my consent for this release and exchange of information.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Witness Signature: _____ Date: _____



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ABOUT ME (Student to complete)

Name: _____

Interests: _____

Hobbies: _____

Clubs: _____

FAVORITES

School Subject: _____

Color: _____ Food: _____

TV Program: _____

Movies: _____

Actor-Actress: _____

Sports Activity: _____

Music Groups: _____

Sports Team: _____

Game (not video games): _____

NASCAR: _____

Wrestling-Boxing: _____

Do you have any pets? _____

Future Plans (college or career?)