



DEPARTMENT OF THE NAVY

NAVAL RESERVE OFFICERS TRAINING CORPS
SAVANNAH STATE UNIVERSITY
BOX 20299
SAVANNAH, GA 31404-9701

1533
SSU/173
15 May 12

Dear Midshipman Candidate,

Welcome to the Naval Reserve Officer Training Corps (NROTC) program at Savannah State University/Armstrong Atlantic State University! You have much to look forward to as your freshman year approaches. The Naval ROTC Unit will begin the 2012-2013 school year with an orientation program called Indoctrination For Midshipmen or "INFORM." Please read this letter and the following enclosures very carefully to ensure that you understand what is required of you and are ready to fully participate from day one at INFORM.

Enclosures:

1. NROTC INFORM Schedule
2. Physical Fitness Assessment (PFA) Information – for Navy Options
Physical Fitness Test (PFT) Information – for Marine Options
3. Parris Island Gear List
4. Uniform Measurements
5. Emergency Contact Information Sheet
6. Report of Medical History Form
7. NSTC Hold Harmless Agreement
8. NROTC Standard Release/Medical Emergency Form
9. MCRD Parris Island Hold Harmless Agreement
10. INFORM Document Checklist

When: 8:00 A.M., Sunday, July 29 through 4:00 P.M. Friday, August 3, 2012.

What: INFORM will be conducted on the campus of Savannah State University and Marine Corps Recruiting Depot (MCRD) Parris Island, South Carolina. The incoming freshmen will spend five days at MCRD Parris Island which will provide the backdrop for a solid foundation in discipline, military bearing and military aptitude. The scope of the program includes military instruction and drill, issuance and instruction on the proper wear of uniforms, lectures and familiarization on military customs, courtesies, laws, and introduction to the NROTC staff. The program is not mandatory and is strictly voluntary. However, history has shown that freshmen who attend INFORM are more easily integrated into the Midshipmen Company and are more successful.

Where: On Sunday, July 29th, at the Naval ROTC Building (McGlockton Bldg) at 200 Tompkins Road at 8:00 AM. Student check-in will be between 8:00 – 9:00 AM.

What to bring:

Incoming students shall arrive in khaki pants, black polo type shirt (collared shirt), belt, gray crew neck Hanes T-shirt (not an undershirt), appropriate undergarments, black dress socks and dress shoes (no heels).

You will be issued a sea bag with all of your uniforms upon arrival. Do not wear shoes which have heels. Males are expected to arrive with a fresh haircut and clean shave. Females must keep long hair neatly pinned up and off their shoulders; "pony tails" or "loose ends" are not acceptable. All hair ornaments must be similar to hair color.

Prepare one small bag for INFORM and keep it separate from other luggage and dorm room items. The INFORM bag must contain the items in **enclosure (3)**. Upon check-in, also provide proof of medical insurance which will be placed in your student folder in case of an emergency.

Money: An orientation fee of \$160 is collected from each incoming Midshipman to cover the costs of the INFORM session. The fee covers a NROTC polo shirt, meals, and miscellaneous items. **Money orders or cashiers checks can be made payable to the "Midshipman Account."** We recommend students bring \$25 in cash to purchase any unexpected items not furnished by the NROTC Unit.

Medical Documents: If you have not received your approved physical qualification from DoDMERB, you will need to fill out a **Report of Medical History Form (enclosure (6))** that is to be completed by your local physician. **Without this form, you will not be allowed to participate in any physical fitness activity no matter how simple it may seem.** This is for your protection and our records. In case of an emergency, it is an absolute necessity that we can provide all medical providers with the proper information about any existing medical condition you may have. **Again, this document only needs to be returned if you have NOT received information from DoDMERB stating you are physically qualified for the NROTC Program.**

Emergency Contact information: If at any time throughout the week an emergency arises where your family needs to contact you, the following numbers are provided: **(912) 358-3095 (7:00 AM - 4:00 PM)**. After business hours, please contact the Command Duty Officer, at **541-231-2859**.

Ceremonies and Parents:

Sunday, 29 July: 8:00-10:45 AM. A welcome brief, oath of office, and induction ceremony will be held. Staff members will also be available to answer any questions.

Friday, 3 August: The end of orientation will take place at approximately 2:30 PM at the NROTC Bldg. This will be a short ceremony, so family and friends are not required to make a long trip to be in attendance in light of gas costs and family budget concerns. However, parents are welcome and encouraged to come and support their student as they officially become members of the Midshipman Company. Following the ceremony, the Midshipman Company will have a barbeque for the incoming freshmen.

Residence Hall Move-in: Students will be assigned a residence hall room on Friday, 3 August 2012. If you are a Savannah State University student, you are required to pay your room deposit through the Savannah State University Residential Services and Programs Office when you

submit your housing application. This should be done at least one month in advance of you arriving at the NROTC unit for INFORM. Students who do not pay their room deposit will not have prearranged access to housing. For further information concerning the room deposit, contact the Residential Services and Programs Office at 912-358-3132. Since classes do not begin at Savannah State University until August 13, 2012, you will be arriving on campus before most of your non-NROTC classmates. Remember, all residence hall costs are your responsibility and moving in early is a privilege.

For further information regarding room deposits for Armstrong Atlantic State University, contact the Housing and Residence Life Office at 912-344-2940. Since move-in does not begin at Armstrong Atlantic State University until 9 August, 2012, arrangement will be made for Armstrong students to return home or stay with fellow Midshipmen who live off-campus.

The students will be allowed to store the gear for their dorm rooms at the NROTC building until their return on 03 August 2012. Savannah State University parents may also place the student's belongings in their assigned dorm rooms upon the parent's departure at 1045 on 29 July 2012.

NROTC Class Registration: When you register for classes, you must register for the following Naval Science Courses:

- **NSCI 1001.01 Introduction to Naval Science**
 - **Savannah State University: CRN 80171**
 - **Armstrong Atlantic State University: CRN 81002**

- **NSCI 4050.01 Naval Drill**
 - **Savannah State University: CRN 80176**
 - **Armstrong Atlantic State University: CRN 81008**


All NROTC students must sign up for no less than 15 credit hours for their first semester.

Physical fitness requirements: Physical fitness is a way of life in the Navy and Marine Corps. Throughout your Naval and Marine Corps careers, you will be required to pass a semi-annual Physical Fitness Assessment (PFA) and Physical Fitness Test (PFT). Furthermore, performance on the PFA and PFT are used as an indicator of aptitude for military service. Having an exercise routine and a proper diet are highly important to being an officer. Diet information can be found at www.mypyramid.gov. In preparation for the physical fitness portion of orientation, we recommend that you train and condition your body to meet the Navy and Marine Corps standards highlighted in **enclosure (2)**.

Swimming is another vital skill required of all personnel serving or planning to serve in the naval services. **Students will be expected to pass the Third Class Swim Test before the end of their freshman year in the NROTC program. Weak swimmers are strongly encouraged to enroll in a swim class and practice swimming PRIOR to their arrival.** The 3rd Class Swim Test standards are highlighted in **enclosure (3)**.

Enclosures: In order to facilitate in-processing, please fill out and return the following enclosures: (4), (5), (6), (7), (8), and (9) as soon as possible. This information is vital to preparing uniforms and equipment so please follow the instructions carefully. In order for uniforms to be adequately prepared for INFORM, it is imperative the uniform measurements be correct and we receive them in a timely manner.

We are pleased that you will be joining us. INFORM is your introduction to the challenges and excitement of your college career and Naval and Marine Corps service. You will get to know your new classmates, meet the unit staff, and embark on a new and exciting lifestyle. Welcome aboard! If you have any questions about orientation, do not hesitate to call Lieutenant Casey Matthews at (912) 358-3087. You may also contact her by e-mail at matthewsc@savannahstate.edu.



C. T. PRICE



**Indoctrination for Midshipmen
Schedule of Events**

Sunday, 29 July 2012

TIME	EVENT	LOCATION
0800-0900	Student check-in	NROTC Bldg.
0900-1000	Welcome brief, Oath of Office and Induction Ceremony	NROTC Bldg.
1000-1045	Parent meeting	NROTC Bldg.
1045	Parent departure	
1100-1200	INFORM Chow	Dining Hall
1200-1700	Uniform issue	Supply Cage
1730-1830	Chow	Dining Hall
1930	Arrive at MCRD	Parris Island
2200	Taps	

Monday-Thursday, 30 July-2 August 2012

TIME	EVENT	LOCATION
0600	Reveille	Squad Bay
0600-0800	Military Instruction	Parris Island
0800-0830	Chow	Dining Hall
0830-1230	Military Instruction	Parris Island
1230-1330	Chow	Chow Hall
1330-1645	Military Instruction	Parris Island
1645-1800	Chow	Dining Hall
1800-2200	Military Instruction	Parris Island
2200	Taps	Squad Bay

Friday, 3 August 2012

TIME	EVENT	LOCATION
0600	Reveille	Squad Bay
0600-0800	Military Instruction	Parris Island
0800-0900	Chow	Dining Hall
0900-1200	Military Instruction	Parris Island
1200-1300	Depart Parris Island/Arrive at SSU	NROTC Bldg.
1300-1430	Military Instruction	NROTC Bldg.
1430-1500	Closing Ceremony	NROTC Bldg.
1500-1600	Midshipman BBQ	NROTC Bldg.

Navy PFA GOAL-ORIENTED SCORING

PERFORMANCE OF "SATISFACTORY-MARGINAL" OR BETTER IS REQUIRED ON EACH EXERCISE EVENT TO MEET THE PFA STANDARD.

OVERALL PFA PERFORMANCE IS THE TOTAL POINTS ATTAINED FOR THREE EVENTS DIVIDED BY THREE.

EX.	MALE 18yrs		Points
	Curl ups	94	80
	Push ups	85	85
	Run	9:00	90
		Total	255

Final Score: Average (255/3) = 85

Overall Performance is Excellent High.

EXERCISE EVENTS STANDARDS AND CATEGORIES FOLLOW:

MALES: AGE 17 TO 19 YEARS

PERFORMANCE CATEGORY	PERFORMANCE LEVEL	POINTS	CURL UPS	PUSH UPS	1.5-MILE RUN	500-yd SWIM
OUTSTANDING	HIGH	100	109	92	9:00	7:05
OUTSTANDING	MEDIUM	95	107	91	9:30	7:20
OUTSTANDING	LOW	90	102	86	9:50	7:55
EXCELLENT	HIGH	85	98	82	10:05	8:25
EXCELLENT	MEDIUM	80	93	79	10:20	9:00
EXCELLENT	LOW	75	90	76	10:40	9:15
GOOD	HIGH	70	81	68	10:55	10:05
GOOD	MEDIUM	65	71	60	11:25	11:25
GOOD	LOW	60	62	51	12:00	12:15
SATISFACTORY	HIGH	55	59	49	13:05	12:50
SATISFACTORY	MEDIUM	50	54	46	13:20	13:20
SATISFACTORY	MARGINAL	45	50	42	13:40	13:55

FEMALES: AGE 17 TO 19 YEARS

PERFORMANCE CATEGORY	PERFORMANCE LEVEL	POINTS	CURL UPS	PUSH UPS	1.5-MILE RUN	500-yd SWIM
OUTSTANDING	HIGH	100	109	51	9:29	7:20
OUTSTANDING	MEDIUM	95	107	50	11:15	8:25
OUTSTANDING	LOW	90	102	47	11:30	9:15
EXCELLENT	HIGH	85	98	45	11:45	9:50
EXCELLENT	MEDIUM	80	93	43	12:00	10:20
EXCELLENT	LOW	75	90	42	12:30	10:40
GOOD	HIGH	70	81	36	12:45	11:45
GOOD	MEDIUM	65	71	30	13:00	13:05
GOOD	LOW	60	62	24	13:30	14:10
SATISFACTORY	HIGH	55	59	24	14:15	14:25
SATISFACTORY	MEDIUM	50	54	20	14:45	15:00

Marine Corps PFT scoring

Point System. The table below will be used to assign a point value to each of the three events. Maximum obtainable score for any one event is 100 points, while 300 points represents a perfect score.

Example	6 pullups = 30 points
	40 situps = 40 points
	23:50 run = 65 points
	<hr/>
	Total Score 135 points

REQUIRED MINIMUM ACCEPTABLE PERFORMANCE (MALE)

AGE	PULLUPS	SITUPS	3-MILE RUN	SUBTOTAL POINTS	ADD POINTS	REQ'D PASSING SCORE
17-26	3	50	28 MIN	105	30	135
27-39	3	45	29 MIN	94	16	110
40-45	3	45	30 MIN	88	0	88
46+	3	40	33 MIN	65	0	65

"REQUIRED MINIMUM ACCEPTABLE PERFORMANCE (FEMALE)

AGE	FAH	SITUPS	3-MILE RUN	SUBTOTAL POINTS	ADD POINTS	REQ'D PASSING SCORE
17-26	15	50	31 MIN	105	30	135
27-39	15	45	32 MIN	94	16	110
40-45	15	45	33 MIN	88	0	88
46+	15	40	36 MIN	65	0	65

NROTC Swim Qualification Requirements

1. Midshipmen shall be able to pass the 3rd Class Swim test by the end of their freshmen year and demonstrate proficiency as a third class swimmer annually.
2. A 3rd Class Swimmer is described as a person who can stay afloat and survive without the use of a Personal Flotation Device (PFD) in open water under optimum conditions long enough to be rescued in a man-over-board situation.

The Third Class Swim Test

- This test consists of two modules. Module One is composed of three separate events, a deep water jump, a 50-yard swim, and a 5-minute prone float. Module Two consists of blouse and trouser or coverall inflation. Module One must be conducted before Module Two. If swimmers become fatigued or winded after an event, provide them ample time to catch their breath before attempting the next event. The prone float and blouse and trouser / coverall inflation must occur in deep water (deep water is defined as water too deep to stand with mouth and nose above the surface).
- **Module One: Deep Water Jump**
 - Jumps must be performed from a minimum height of 5 feet. Water depth underneath the platform must be a minimum of 8 feet. Swimmers must display the ability to swim to the surface unassisted. The body position must be taught to the navy standards.
- **Module One: 50 Yard Swim**
 - Swimmers must complete the distance without stopping, standing, or holding onto the sides of the pool.
- **Module One: Prone (face down) Float**
 - Students displaying improper breathing during survival floating will be removed from the water within the first minute.

Module Two: Blouse and Trouser or coverall Inflation

- Students displaying problems with blouse and trouser inflation must be removed from the water before becoming exhausted.

Parris Island Gear List

Pants, Khaki	2*
Shirts, Polo (Black)	2*
Belt	1*
Tee Shirt, <u>Gray</u> Crew Neck Hanes	6*

-Ensure that the shirt is not an undershirt

Underwear/Under Garments	6 Pairs*
Socks, Athletic White (Ankle Length)	5 Pairs
Socks, Dress (Black)	6 Pairs*
Shoes, Shower (i.e. Flip Flops)	1 Pair
Shoes, Running	1 Pair
Shoes, Dress	1 Pair*
Shorts, Athletic (Top of Knee Length, Black)	1 Pair
Towels (White)	2
Hygiene Bag	1

At a minimum must include: Toothbrush, Toothpaste, Deodorant, Soap, Shampoo, Razors, Shaving Cream, Sun Block, and Feminine Hygiene Products (females only).

Bag, Laundry (White Mesh)	1
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\$25 Cash – This is in addition to the inform fee. There is no plan to use this money, and it will only be used if you forget something or need something during orientation.

All items must fit in one medium size duffel bag. Luggage needs to be easily identifiable. All items not listed are considered contraband and will be held until the completion of orientation.

***One of each will be worn when you show up to Freshmen Orientation.**

SUPPLY OFFICER'S REQUIRED INPUTS
(Return as soon as possible)

Name: _____
(LAST, FIRST, MIDDLE)

1. MALE UNIFORM MEASUREMENTS :It is recommended this be taken to a professional seamstress or tailor. These measurements will be used for fitting uniforms for a one time issue.

Dress Shoe Size _____ Width: narrow regular wide (Circle one)

Boot Size _____ Width: narrow regular wide (circle one)

(Have your feet measured in dress shoes, noting if your feet are wide, regular or narrow)

Hat size _____ (e.g. 7 ¼)

Hat size _____ (e.g. S, M, L, XL)

Neck Circumference _____

Arm Length _____

(Accurate neck and arm measurements are necessary for proper fit. It is recommended you visit a tailor to have arm length measured. Arm Length is measured from middle of spine to the first knuckle on the thumb.)

Coat Size (standard sport jacket) _____

(The uniform coat, which will be issued, is double breasted. Example of sizes would be 40R or 40L)

T-Shirt Size S M L XL (Circle one)

Shorts Size S M L XL (Circle one)

Sweat Shirt S M L XL (Circle one)

Sweat Pants S M L XL (Circle one)

Height (inches) _____

Inseam _____

Waist Circumference _____

2. FEMALE UNIFORM MEASUREMENTS: It is recommended this be taken to a professional seamstress or tailor. These measurements will be used for fitting uniforms for a one time issue.

Dress Shoe Size _____ Width: narrow regular wide (circle one)

Boot Size _____ Width: narrow regular wide (circle one)

(Have your feet measured in dress shoes and boots, noting if your feet are wide, regular or narrow).

Hat Size _____ (e.g. 22)

Hat size _____ (e.g. S, M, L, XL)

T-Shirt Size S M L XL (Circle one)

Shorts Size S M L XL (Circle one)

Sweat Shirt S M L XL (Circle one)

Sweat Pants S M L XL (Circle one)

Neck Circumference _____

(Accurate neck, chest and arm length are necessary for the Winter Blue uniform blouse. It is recommended that you visit a tailor for the proper measurements.)

Bust Circumference _____

Waist Circumference _____

Hip Circumference _____

Height (inches) _____

Freshman Orientation Emergency Information Contact Sheet

(Please fill out the information below and return as soon as possible)

Personal Information:

Name (Last, First, MI): _____

Date of Birth: _____

Blood Type: _____

Social Security Number (Last Four Only): _____

Permanent Address: _____

Emergency Point of Contact (POC) Information:

Primary

Name: _____

Address: _____

Phone #: () _____

Relationship: _____

Secondary

Name: _____

Address: _____

Phone #: () _____

Relationship: _____

Insurance Information:

Company Name: _____

Policy Number: _____

Phone Number: _____

Medical Information:

- Using the back of this sheet, list all known allergies (bee stings, medication, peanut oil, milk, etc.)
- Do you have any current medical conditions not mentioned on your DODMERB physical? Y/N
If yes, explain below. (Please disregard if you were not required to take a DODMERB physical).

MEDICAL RECORD	REPORT OF MEDICAL HISTORY	DATE OF EXAM
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NOTE: This information is for official and medically-confidential use only and will not be released to unauthorized persons

1. NAME OF PATIENT (<i>Last, first, middle</i>)			2. IDENTIFICATION NUMBER	3. GRADE
4a.. HOME STREET ADDRESS (<i>Street or RFD; City or Town; State; and ZIP Code</i>)			5. EXAMINING FACILITY	
4b. CITY	4c. STATE	4d. ZIP CODE		

6. PURPOSE OF EXAMINATION

7. STATEMENT OF PATIENT'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (*Use additional pages if necessary*)

a. PRESENT HEALTH	b. CURRENT MEDICATION		REGULAR OR INTERM.
c. ALLERGIES (<i>Include insect bites/stings and common foods</i>)			
		d. HEIGHT	e. WEIGHT
8. PATIENT'S OCCUPATION		9. ARE YOU (<i>Check one</i>)	
		<input type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED	

10. PAST/CURRENT MEDICAL HISTORY

CHECK EACH ITEM	YES	NO	DON'T KNOW	CHECK EACH ITEM	YES	NO	DON'T KNOW	CHECK EACH ITEM	YES	NO	DON'T KNOW
Household contact with anyone with tuberculosis				Shortness of breath				Bone, joint or other deformity			
Tuberculosis or positive TB test				Pain or pressure in chest				Loss of finger or toe			
Blood in sputum or when coughing				Chronic cough				Painful or "trick" shoulder or elbow			
Excessive bleeding after injury or dental work				Palpitation or pounding heart				Recurrent back pain or any back injury			
Suicide attempt or plans				Heart trouble				"Trick" or locked knee			
Sleepwalking				High or low blood pressure				Foot trouble			
Wear corrective lenses				Cramps in your legs				Nerve Injury			
Eye surgery to correct vision				Frequent indigestion				Paralysis (<i>including infantile</i>)			
Lack vision in either eye				Stomach, liver, or intestinal trouble				Epilepsy or seizure			
Wear a hearing aid				Gall bladder trouble or gallstones				Car, train, sea or air sickness			
Stutter or stammer				Jaundice or hepatitis				Frequent trouble sleeping			
Wear a brace or back support				Broken bones				Depression of excessive worry			
Scarlet fever				Adverse reaction to medication				Loss of memory or amnesia			
Rheumatic fever				Skin diseases				Nervous trouble of any sort			
Swollen or painful joints				Tumor, growth, cyst, cancer				Periods of unconsciousness			
Frequent or severe headaches				Hernia				Parent/sibling with diabetes, cancer, stroke or heart disease			
Dizziness or fainting spells				Hemorrhoids or rectal disease				X-ray or other radiation therapy			
Eye trouble				Frequent or painful urination				Chemotherapy			
Hearing loss				Bed wetting since age 12				Asbestos or toxic chemical exposure			
Recurrent ear infections				Kidney stone or blood in urine				Plate, pin or rod in any bone			
Chronic or frequent colds				Sugar or albumin in urine				Easy fatigability			
Severe tooth or gum trouble				Sexually transmitted diseases				Been told to cut down or criticized for alcohol use			
Sinusitis				Recent gain or loss of weight				Used illegal substances			
Hay Fever or allergic rhinitis				Eating disorder (<i>anorexia bulimia, etc.</i>)				Used tobacco			
Head Injury				Arthritis, Rheumatism, or Bursitis							
Asthma				Thyroid trouble or goiter							

11. FEMALES ONLY

CHECK EACH ITEM	YES	NO	DON'T KNOW	DATE OF LAST MENSTRUAL PERIOD	DATE OF LAST PAP SMEAR	DATE OF LAST MAMMOGRAM
Treated for female disorder						
Change in menstrual pattern						

CHECK EACH ITEM. IF "YES" EXPLAIN IN BLANK SPACE TO RIGHT. LIST EXPLANATION BY ITEM NUMBER.

ITEM	YES	NO
12. Have you been refused employment or been unable to hold a job or stay in school because of.		
a. Sensitivity to chemicals, dust, sunlight, etc.		
b. Inability to perform certain motions.		
c. Inability to assume certain positions.		
d. Other medical reasons (If yes, give reasons.)		
13. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details.)		
14. Have you ever been denied life insurance? (If yes, state reason and give details.)		
15. Have you had, or have you been advised to have, any operation? (If yes, describe and give age at which occurred.)		
16. Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)		
17. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)		
18. Have you ever been rejected for military service because of physical, mental or other reasons? (If yes, give date and reason for rejection.)		
19. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability.)		
20. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)		
21. Have you ever been arrested or convicted of a crime, other than minor traffic violations. (If yes, provide details.)		
22. Have you ever been diagnosed with a learning disability? (If yes, give type, where, and how diagnosed.)		

23. LIST ALL IMMUNIZATIONS RECEIVED

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service. I understand that falsification of information on Government forms is punishable by fine and/or imprisonment.

24a. TYPED OR PRINTED NAME OF EXAMINEE	24b. SIGNATURE	24c. DATE
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NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY".

25. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in Items 7 through 11. Physician may develop by interview any additional medical history deemed important, and record any significant findings here.)

26a. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	26b. SIGNATURE	26c. DATE
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NSTC Hold Harmless Agreement IMPORTANT: THIS IS A LEGAL DOCUMENT

Please read and understand this document before signing. If you have any questions,
please ask us or consult an attorney.

The Naval Reserve Officers Training Corps ("NROTC") Unit, Savannah State University, hereinafter, the "NROTC UNIT," and its staff have done everything possible to ensure members of the Indoctrination For Midshipmen (INFORM) program experience an introduction to military service. To this end, we have allowed members of the INFORM program to participate in evolutions designed to prepare them professionally and physically for the rigors of military training; this program is hereinafter referred to as the "Physical Training Program." You are advised that the Physical Training Program is not risk free. The same elements that contribute to the unique character and fun of the Physical Training Program, such as physical challenge and exertion, can cause loss or damage to equipment, injury, illness, or in extreme cases, permanent trauma or death to you or others. We do not want to heighten or reduce your enthusiasm for the experience, but we do want you to know in advance what to expect, and to be informed of some of the possible risks. You must read, sign, and return this document to our office before participating in the Physical Training Program.

PHYSICAL TRAINING PROGRAM ACKNOWLEDGMENT OF RISK

The Physical Training Program may consist of the following activities: pull-ups and push-ups (upper body conditioning), rope climbs, calisthenics, abdominal exercises, distance running, endurance running (including runs with weighted packs and/or boots/utility runs and/or obstacle/confidence courses), hiking (with and without weighted packs), timed track work-outs, mock physical fitness examinations, combat conditioning exercises/drills (low crawl, fireman's carry, bear crawl, commando crawl, etc.), plyometrics, log drills (carrying logs while running/hiking), weight training, and circuit training. The Physical Training Program may also consist of field training exercises, such as land navigation/orienteering, fire team/squad formations and field trips to locations of interest to future Navy and Marine Corps officers. It is noted that participation in the foregoing activities may involve transportation to and from the NROTC UNIT.

Participation in any or all of the activities stated above may result in bodily injury, disease, strains, fractures, partial and/or total paralysis, other ailments that could cause serious disability or death. It is also possible that some participants would suffer mental anguish or trauma from the experience or their injuries.

The foregoing list is not an exclusive or exhaustive statement of possible injuries, trauma, or accidents that may occur while participating in the Physical Training Program. Most of these injuries are rare, and you are not likely to encounter them; however, they have occurred, and you need to know about them and other possible injuries not mentioned above. These injuries occur more often when participants are using drugs or alcohol or not physically able to undertake the Physical Training Program.

CONTRACT, WAIVER, RELEASE AND INDEMNIFICATION

I certify that I am fully capable of participating in the Physical Training Program and that I have read the above statement on some of the possible risks associated with the Physical Training Program. Accordingly, I assume full responsibility for bodily injury, death, loss of personal property and any expenses as a result of my negligence, the negligence of another participant on the trip/program or activity, or the negligence of the NROTC UNIT and its staff. I also understand that the NROTC UNIT reserves the right to refuse any person it judges to be incapable of meeting the rigors and requirements of participating in the Physical Training Program. I am in good physical condition and able to undertake this activity.

I, on behalf of myself, my family, and my heirs and assigns, agree to indemnify and hold harmless the NROTC UNIT, its staff, and the United States of America, the Department of the Navy, and its members, agents and employees from all claims, damages, losses, injuries and expenses arising out of or resulting from my participation in the Physical Training Program, including all claims, damages, losses, injuries and expenses arising out of or resulting from my transportation to and from the activities of the Physical Training Program. I further agree to release, acquit and covenant not to sue the NROTC UNIT, its staff, and the United States of America, the Department of the Navy, and its members, agents and employees for all actions, causes of action, claims or damages, damages in law or remedies in equity of whatever kind, including the negligence of the NROTC UNIT and its staff. In short, my family members, heirs,

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assigns and I cannot sue the NROTC UNIT, its staff, and the United States of America, the Department of the Navy, and its members, agents and employees, and if I or they do, we cannot collect any money.

I agree to the site of any lawsuit and the law governing any such lawsuit shall be governed under the Federal Tort Claims Act, Military Claims Act, Foreign Claims Act, Suits in Admiralty Act, Public Vessels Act or Admiralty Extension Act, which ever is applicable. The terms of this agreement shall continue and be in effect after the Physical Training Program has ended.

As liquidated damages, I hereby agree that if the NROTC UNIT is forced to defend any action, lawsuit or litigation by myself, my executors, or my heirs, on my family's or my behalf, my heirs or executors and I shall pay court costs and attorney fees if such defense is successful.

Should a court of competent jurisdiction declare any paragraph or part of this agreement unenforceable, the remaining parts or paragraphs shall remain in full force and effect. A copy of this agreement can be used as if it were an original.

I authorize and release to the NROTC UNIT and its staff the use of my image in any photograph or video recording for any purpose of the NROTC UNIT.

I have adequate health, disability and life insurance.

I hereby give permission for transportation to any medical facility or hospital, and I authorize the rendering of necessary emergency medical care for me by medical personnel and/or the NROTC UNIT. I hereby authorize the release of any medical information, including information concerning my HIV or "AIDS" status, in the possession of the NROTC UNIT to any medical facility, hospital, ambulance, first aid provider, first aid service, doctor, nurse or other such person rendering care on my behalf. I hereby waive any action or claim against the NROTC UNIT and its staff, or any health care provider, hospital, doctor, nurse or first aid provider for the release of this medical information including my HIV or "AIDS" status.

I, _____, of my own free will, for my heirs and executors and myself, have read this agreement in its entirety and fully understand and acknowledge the risks and liability involved from my participation in the Physical Training Program this _____ day of _____ 20____.

[] I have no medical condition that would prevent my participation in this activity (initial).

I have read and understood this agreement.

PARTICIPANT SIGNATURE

PRINTED NAME

ADDRESS

PHONE: () _____ - _____

EMERGENCY POINT OF CONTACT

MEDICAL INSURANCE

NAME

PROVIDER/INSURER

RELATIONSHIP

GROUP/POLICY NUMBER

PHONE: () _____ - _____

PHONE: () _____ - _____

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ENCLOSURE (7)

**NAVAL RESERVE OFFICERS TRAINING CORPS
(NROTC)
STANDARD RELEASE/MEDICAL EMERGENCY FORM**

Date: _____

I, _____, being the legal parent/guardian of

_____, a member of the Naval Reserve Officers Training Corps, in consideration of the continuance of his/her membership in NROTC and/or his/her acceptance for NROTC training, do hereby release from any and all claims, demands, actions, or causes of action, due to death, injury, or illness, the government of the United States and its officers, representatives, and agents acting officially or otherwise and also the local, regional, and national Navy officials of the United States, and the U.S. Naval Reserve Officers Training Corps and its officers and officials.

I hereby authorize personnel of the Department of Defense, Armed Forces, Public Health Service, or civilian physicians to render such medical and dental care as may be necessary and medically indicated in the case of my son/daughter during his/her period of training, as is deemed necessary by a qualified practitioner.

I understand that care at a military medical facility for non-military dependents will normally be rendered on a temporary (emergency) basis only; if further care is indicated, the patient will be transferred to non-military care as soon as possible. Emergency care provided to cadets who are not military dependents at a military medical facility may be subject to reimbursement, and I may be billed for the care provided. For Navy and Marine Corps sponsored activities, such care is authorized by NAVMEDCOMINST 6320.3B.

My son/daughter/ward has been determined to have the following allergies:

He/she requires medication for the treatment of:

Below are listed any other medical conditions which my son/daughter/ward is known to have, which would preclude or limit in any way his/her participation in physical exercise and athletic programs.

CNET-GEN 5800/4 (Rev. 1-95)

His/Her physician is:

Name: _____

Address: _____

Telephone: (include area code) _____

Medical/Injury Co. Insurance Info*

Dental Insurance Info*:

(name)

(name)

(street)

(street)

(city, state, zip code)

(city, state, zip code)

(Policy/ID Number)

(Policy/ID Number)

(Telephone Confirmation #)

(Telephone Confirmation #)

*This insurance is not required. However, the information provided may be required to obtain non-emergency care.

PRIVACY ACT NOTIFICATION:

Under the authority of 5 U.S.C. Sec. 301, the information regarding your child's/ward's health, medical condition and treatment is requested, in order to verify any need to administer medication and to enable medical/dental personnel to diagnose and treat any emergency condition which may arise during training. Pursuant to the Privacy Act, 5 U.S.C. Sec 552, the requested information will not be divulged without your written authorization to anyone other than NROTC area personnel involved with administration of NROTC activities, and medical/dental personnel requiring the information in order to effectively treat any health problem which may arise. Disclosure is voluntary; however, failure to provide the requested information will preclude your child's/ward's participation in the training.

(signature of parent/guardian)

(address)

(city) (state) (zip)

(telephone: home) (work)

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RELEASE AND HOLD HARMLESS AGREEMENT
AND
INDEMNIFICATION AGREEMENT

In consideration of _____ (Name of Participant) being allowed to participate in any way with activities related to physical training including, but not limited to the obstacle course, confidence course, leadership reaction course, and pugil stick training at the Marine Corps Recruit Depot, Parris Island, South Carolina from _____ to _____ (Date), the undersigned agree to the following:

1. That prior to participating, I agree to inspect the facilities and equipment to be used, and if I believe that anything is unsafe, I will advise the United States Marine Corps of such condition and refuse to participate.
2. That I acknowledge and fully understand that each participant will be engaging in activities that are known to involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from our own actions, inaction or negligence, but the actions, inactions or negligence of others, the rules of play, or the conditions of the premises or any of the equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
3. That I assume all risks and accept all responsibility for any damages following such injury, permanent disability or death that might result to myself.
4. That I intend to be legally bound, and do hereby release, waive, discharge and covenant not to sue the United States Navy, United States Marine Corps, its administrators, officers, directors, agents, coaches, teachers, instructors, or other employees or volunteers of the organization, or the owners and lessors of the premises used to conduct the event, all of which are hereafter referred to as the "releasees", from any and all liability to each of the undersigned, his or her heirs, and next of kin for any claims, demands, losses or damages on account of any injury, including death and permanent or partial disability or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise in connection with and/or arising out of my travel to, participation in, and return from the event. I understand that in transporting me, the United States Government is not acting as a common

carrier for hire and does not bear the liabilities attached to that status.

5. That I agree to indemnify and hold harmless the Department of the Navy, the U.S. Marine Corps, its administrators, officers, directors, agents, teachers, instructors, or other employees or volunteers, or owners or leasers of the premises used to conduct the class against all civil actions or claims for loss or damage to my property or the injury, death, disease, or disability to the undersigned that is caused or alleged to have been caused in whole or in part from any act having any connection with and/or arising out of my participation in the class.

6. That should I sustain injury or illness while participating in the activities described above, I hereby authorize any emergency first aid, medication or surgery deemed necessary by licensed medical personnel. I give permission for the attending medical personnel to execute on my behalf any necessary medical documents or permission forms and to act in my behalf if I am not able to do so.

7. That, I understand the United States Navy will not provide medical care (except on an emergency basis) for any injuries or disease occurring during the activities described above. I certify that I have sufficient medical insurance coverage to pay for any medical treatment should an injury occur. I agree to reimburse the Government for any medical care provided.

8. I certify that I am not currently under a physician's care, am in good health, and have no reason to believe that I am not physically capable of safely participating in the activities described above.

I, THE UNDERSIGNED HAVE READ THE ABOVE RELEASE AND HOLD HARMLESS AGREEMENT, AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS AND MADE CERTAIN IMPORTANT GUARANTEES BY SIGNING IT AND HEREBY SIGN IT VOLUNTARILY.

Participant Signature,
or if Participant is a Minor,
Legal Guardian Signature

Date

Witness

Date

*

In the event I am injured and cannot be resuscitated, herein below is listed an emergency contact name and telephone number and I do hereby authorize the United States Navy to release any and all information on my injury and/or death.

Emergency contact and telephone number

INFORM Document Checklist

Please mail or scan and email the below completed documents to Lieutenant Matthews at the mailing address mailing address provided below:

1. Uniform Measurements
2. Emergency Contact Information Sheet
3. Report of Medical History Form (If not medically qualified by DoDMERB)
4. NSTC Hold Harmless Agreement
5. NROTC Standard Release/Medical Emergency form
6. MCRD Parris Island Hold Harmless Agreement
7. Money order or cashiers check for \$160 (INFORM orientation fee)
8. Proof of medical insurance

Naval ROTC Unit Savannah State University's mailing address:

NROTC Unit
Savannah State University
3219 College Street
P.O. Box 20299
Savannah, GA 31404

Email address:

matthewsc@savannahstate.edu

If you have any questions or concerns, contact Lieutenant Matthews at 912-358-3087.