



SOUTHCOAST YOUNG MARINES

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PROGRAM APPLICATION

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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 wellbeing 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 every way.

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 thee 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 _____

Health History (Completed by Parent/Legal Guardian)

PLEASE PRINT (Update Annually)

Note: For the safety and wellbeing 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 doctor's 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 _____ State _____

City _____ Zip Code _____

Office Telephone Number (_____) _____

Southcoast Young Marines

Food Allergy Assessment

Name of Young Marine _____

Date of Birth (MM/DD/YYYY) _____

Parent/Guardian _____

Mother Father Guardian/other: _____

Phone () _____ Cell () _____

Parent/Guardian: _____

Mother Father Guardian/Other: _____

Phone () _____ Cell () _____

History and Current Status

1. Check the foods that have caused an allergic reaction (Check all that apply):

Peanuts Fish/shellfish Eggs Peanut or nut butter

Soy products Milk Tree nuts (walnuts, almonds, pecans, etc.)

Please list any others: _____

2. Does your child understand how to avoid foods that cause allergic reactions?

Yes No

Triggers and Symptoms

1. What has to happen for your child to react to the problem food(s)? (Check all that apply)

Eating foods Touching foods Smelling foods

other, please explain: _____

2. What are the signs and symptoms of your child's allergic reaction? (Be specific; include things the student might say.)

3. How quickly do the signs and symptoms appear after exposure to the food(s)?

Seconds _____ Minutes _____ Hours _____ Days _____

Treatment

1. Has your child ever needed treatment at a clinic or the hospital for an allergic reaction?

No yes, explain: _____

2. What treatment or medication has your health care provider recommended for use in an allergic reaction?

3. Does your child have an Anaphylaxis Plan?

No (Please see your healthcare provider) Yes (Please provide a copy for your child to be filed with their YM medical record)

4. Does your student know how to use the treatment?

No Yes

5. Please describe any side effects or problems your child had in using the suggested treatment:



YOUNG MARINES NATIONAL HEADQUARTERS

P.O. Box 70735 Southwest Station Washington DC
20024-0735

Telephone: 800-717-0060 Fax: 202-889-0502

Email: michael.quiles@youngmarines.com or
alvin.henderson@youngmarines.com Website:
www.youngmarines.com

Hold Harmless Agreement (*Please read fill-in the blanks, and sign in the appropriate space.*)

In consideration of permitting: _____
(*Print Applicant's Name*)

to participate in any Young Marines activity, understand the program will involve rigorous physical, recreational and outdoor activities. The undersigned voluntarily releases, discharges and relinquishes any claim, actions or causes of action for personal injury, property damage or wrongful death that may arise in connection with the above-described activity may continue.

2. The undersigned, for himself or herself and for his or her heirs, administrators or executors releases, waives and discharges any action which may hereafter arise and agrees that he or she or his or her heirs, executors or administrators will not make any claim for personal injury or property damage against the Young Marines, Marine Corps League, the U.S. Marine Corps, Department of the Navy, Department of Defense and/or any participating Military/National Guard Base, Station, Installation, Training Center, or Federal, State agency or against any officers, employee or administrator or the same or any agents hired or volunteer acting on behalf or for the Young Marines, Inc.

3. The undersigned agrees to hold harmless and to indemnify the Young Marines, Marine Corps League, U.S. Marine Corps, Department of the Navy, Department of Defense and National Guard and to defend any claims or actions against the same, or any of its officers, employees or administrators which may arise out of the above described activities.

4. The undersigned agrees that he or she read this release, understands its contents and has signed it voluntarily. The undersigned further represents that he or she has not relied on any promise or representations by any of the persons or entities being released.

Parent or Guardian Signature

Date

Youth Applicant Signature

Date

SCYM Child Pick-Up Authorization Form

Last Name: _____ First Name: _____ Middle Initial: _____

Main Pick-Up Person

Name: _____ Phone#: (____) _____ Relationship: _____

Additional People Authorized to Pick-Up

Name: _____ Phone#: (____) _____ Relationship: _____

Name: _____ Phone#: (____) _____ Relationship: _____

Name: _____ Phone#: (____) _____ Relationship: _____

Person (s) NOT Authorized to Pick-Up (Proof of custodial agreement needed to enforce)

Name: _____ Phone#: (____) _____ Relationship: _____

Name: _____ Phone#: (____) _____ Relationship: _____

Name: _____ Phone#: (____) _____ Relationship: _____

Please Note: Any unfamiliar person will be required to show identification. Under no circumstance will a child be released to anyone other than those individuals listed above without permission a Parent or guardian.

Signature: _____ Date: _____

RECRUIT TRAINING FINANCIAL AGREEMENT FORM

RECRUIT NAME: _____

Costs

Enrollment Fee must be paid at time of enrollment.

Enrollment fee: \$100 (NON-REFUNDABLE)

Uniform/Materials Fee: \$200 (Due by the 6th week of Recruit Training)

OFFICE USE ONLY:

Enrollment fee:

Date of payment: ___ / ___ / ___ **Check #** _____ **Amt: \$** _____

Uniform/materials fee:

Date of payment: ___ / ___ / ___ **Check #** _____ **Amt: \$** _____

Date of payment: ___ / ___ / ___ **Check #** _____ **Amt: \$** _____

Date of payment: ___ / ___ / ___ **Check #** _____ **Amt: \$** _____

SCYM FINANCIAL AGREEMENT FORM

YOUNG MARINE NAME: _____

Costs:

After recruits graduate, we start collecting dues (For June graduates, dues are \$50 for the remainder of the year). Yearly dues are \$150 per child and include re-registration for the following year.

Yearly dues: \$150

The primary purpose for the Unit charging dues is to offset the cost of operations (office supplies, learning materials, activities, transportation, etc.)

Parents are responsible for making sure that dues are paid and up to date. Not paying dues in a timely fashion will result in your Young Marine not being able to participate in activities, events, etc.

If you are having a difficult time making payments in a timely fashion, please be sure to notify the Unit Paymaster or Unit Commander. The Unit Paymaster along with the Unit Commander and Unit Executive Officer will evaluate the situation and come to a decision that will work best for all parties involved. Dues are paid by cash, check, or money order.

Please make checks/money orders out to: **Southcoast Young Marines**

OFFICE USE ONLY:

Date of payment: ___ / ___ / ___ Check # _____ Amt: \$ _____

Date of payment: ___ / ___ / ___ Check # _____ Amt: \$ _____

Date of payment: ___ / ___ / ___ Check # _____ Amt: \$ _____

Date of payment: ___ / ___ / ___ Check # _____ Amt: \$ _____

Date of payment: ___ / ___ / ___ Check # _____ Amt: \$ _____

Date of payment: ___ / ___ / ___ Check # _____ Amt: \$ _____

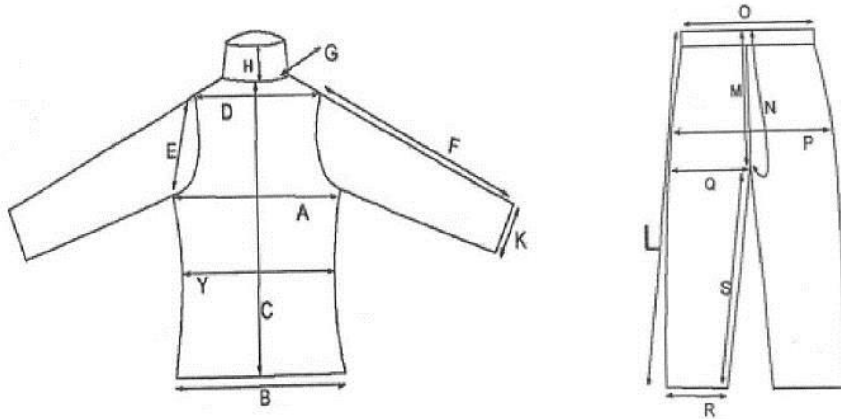
Date of payment: ___ / ___ / ___ Check # _____ Amt: \$ _____

Date of payment: ___ / ___ / ___ Check # _____ Amt: \$ _____

Date of payment: ___ / ___ / ___ Check # _____ Amt: \$ _____

Date of payment: ___ / ___ / ___ Check # _____ Amt: \$ _____

UNIFORM SIZING FORM



BDU Shirts									
S	Y 8	Y 1	Y 12	XS	S	M	L	XL	XXL
G	14 1/2"	15"	16"	16 1/2"	17"	18 1/2"	19 1/2"	20 1/2"	21 1/2"
F	20"	21"	22"	24"	24 1/2"	25 1/4"	25 1/2"	26 1/2"	26 3/4"
A	34"	36"	38"	40"	44"	48"	52"	56"	60"
Y	32"	34"	36"	37"	41"	44"	48"	52"	56"
B	33"	35"	37"	40"	45"	49"	52"	58"	61"
C	26"	27"	28"	30"	31"	31 1/2"	32 1/4"	32 3/4"	

BDU Pants									
S	Y 8	Y 1	Y 12	XS	S	M	L	XL	XXL
O	25"	26"	27"	29"	31"	35"	39"	43"	46"
P	35"	36"	37"	39"	42"	45"	48"	53"	55"
S	25"	26"	27"	32"	32"	33"	33"	33 1/2"	33 1/2"

G.I. Style Jungle Boots (Black)															
Size	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Reg.															
Wide															

BDU Cover					
Size	XXS	XS	S	M	L

T -SHIRT (RED)								
Size	S	M	L	XL	XXL	XXXL	LY	MY

Special Instructions:
