

**VILSECK AMERICAN HIGH SCHOOL ARMY JUNIOR RESERVE OFFICERS TRAINING CORPS**  
**JROTC PARENTAL RELEASE & STATEMENT OF HEALTH**

SCHOOL YEAR \_\_\_\_\_

DATE \_\_\_\_\_

My (son)(daughter) \_\_\_\_\_ has my approval to participate in all JROTC activities at Vilseck High School, to include, but not limited to physical training, marksmanship training, and if so elected by the cadet, extracurricular activities, including drill team, rifle team, color guard, Cadet Challenge team, and JROTC Summer Camp from this date until agreement is revoked in writing by the undersigned, the SAI and/or the school principal.

I understand that the U.S. Army/school authorities assume no responsibility for accidents incurred by members of the JROTC except to render first aid treatment as is necessary and to take the injured student to his/her home or to such a place as may be advisable when reasonable efforts to notify the parent or guardian fail.

I understand that the proper teaching of drill requires physical touching of cadets from time to time to show them proper position of weapons, hands, interval and distance etc...Physical contact is also required to show proper placement of brass and accouterments on the uniform, and during marksmanship and physical training.

I agree financially responsible to the 18<sup>th</sup> JROTC Battalion for such articles of clothing and equipment issued to the above named student in accordance with the law for his/her use as a member of the JROTC, fair wear and tear excepted, at the end of the school year or upon his/her separation from JROTC or upon demand of school authorities.

**Statement of Health, Physical Training (PT) and Cadet Challenge**

To the best of my knowledge, my son/daughter named above is in good health, mentally and physically, and in good physical condition sufficient to enable him/her to participate in JROTC activities, such as those described above. Should illness or disability manifest itself, during his/her period of enrollment, I agree to notify JROTC officials at the school immediately. My student has a chronic illness or disability listed here and is on file with the school nurse:

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My student IS / IS NOT chronic medication

Medication List: \_\_\_\_\_

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Print Name of Parent/Guardian

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Print Name of Student

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Signature of Parent/Guardian

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Signature of Student

Student is 19 years of age or more YES \_\_\_\_\_ NO \_\_\_\_\_