

U.S. NAVAL SEA CADET CORPS U.S. NAVY LEAGUE CADET CORPS	LOCALLY ARRANGED TRAINING AUTHORITY (CADET)	Non-Transferable Cadet Orders (local)
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INSTRUCTIONS: USE FOR LOCALLY ARRANGED UNIT TRAINING OR WHEN REQUIRED FOR NATIONAL TRAINING WHEN NSCTNG 001 IS NOT REQUIRED

From: Commanding Officer	1a. Unit Name	1b. Region	1c. Date (DD MMM YY)			
To:	2a. Last Name	2b. First Name	2c. MI	2d. Rate	2e. Social Security Number	
	2f. Exp. Date	2g. Date of Birth	2h. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	2i. Home Phone		
	2k. Home Address		2l. City		2m. State	2n. Zip Code + 4
	2o. Parent/Guardian Name				2p. E-Mail Address (if different from above)	
	2q. Emergency Contact Name (other than Parent/Guardian)		2r. Emergency Contact Daytime Phone		2s. Emergency Contact Evening Phone	

Ref: (a) NSCC Regulations (b) OPNAVINST 5760.5B (c) SECNAVINST 5720.44A (d) COMDINST M-5728.2 (e) NSCC Uniform Regulations (f) NSCC Awards Manual

1. Report to:	3a. Training Name/Location				
3b. Report (Time/Date)	3c. Depart (Time/Date)	3d. Training Code	3e. Training Site Point of Contact		
3f. Training Site POC Phone		3g. Escort Officer (Name and Rank)		3h. Escort Officer Phone	
3i. Recruit Training/Orientation complete? <input type="checkbox"/> Yes <input type="checkbox"/> No	Year Completed	3j. Physical Fitness Test Pass/Fail <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Passed	NSCC Advancement and Training Manual, Appendix 3, outlines minimum fitness standards for Recruit Training. Consult Training Schedule for training evolutions that have specific physical fitness requirements. Cadets who do not meet these minimums will be returned home at their expense.	

2. The basic responsibility for expenses incident to your transportation and messing rest with you, your parent or legal guardian if you are under 18 years of age, your unit and your local Navy League Council or other sponsoring organizations. If your training is terminated prior to completion due to misconduct, transportation home will be your responsibility. While the Navy or Coast Guard has authorized this special NSCC training, the law requires that you pay for your berthing and meals (when applicable). Messing and berthing bills must be paid in full (unless otherwise directed) prior to completing training. For Coast Guard training cadets MUST be fully qualified Physically and Medically.

3. You must receive a Medical Screening (NSCADM020) within 30 days of the reporting date indicated above. The unit commanding officer is authorized to conduct this screening and sign the "Physically/Medically Qualified" endorsement on the reverse of this form. A medical form NSCADM 020 or NAVMED 6120/3 must be completed and provided to the unit commanding officer prior to screening. **IF YOU ARE FOUND NOT PHYSICALLY/MEDICALLY QUALIFIED, YOU ARE NOT AUTHORIZED TO REPORT FOR TRAINING and must return these orders immediately to the commanding officer.** If unable to comply for other reasons, please indicate the reason(s).

4. Upon reporting you must provide the Commanding Officer of the Training Contingent (COTC), escort officer, or training point of contact with your NSCC Service Record which will include:

- a. Locally Arranged Training Authority - Cadet (NSCTNG 003).
- b. Cadet Application & Agreement/Standard Release (NSCADM 001) signed by you and your parent/guardian.
- c. Report of Medical History (NSCADM 020) and Report of Medical Examination (NSCADM 021).
- d. NSCC Administrative Remarks (NSCADM 008), Record of Cadet Advancement (NSCADM 009), and Record of Awards (NSCADM 010) authenticating all training completed, awards given, and including test grades earned.

5. You must wear the NSCC uniforms authorized in references (a), (b), (d), and (e) and any modifications as prescribed by the host command. NSCC/NLCC Flashes are MANDATORY on all uniform outer garments (shirts, coats, sweaters, etc.); and must possess a CURRENT NSCC/NLCC identification card for personal identification and to enable you to make authorized purchases in base exchange facilities. **IF YOUR ENROLLMENT HAS EXPIRED OR WILL EXPIRE PRIOR TO THE END OF TRAINING, YOU ARE NOT AUTHORIZED TO REPORT TO OR PARTICIPATE IN TRAINING.**

NOTE TO UNIT COMMANDING OFFICER: Upon completion of training and once these orders have been properly endorsed, retain the original in service record and submit a copy with completed endorsements to NHQ. Notify NHQ of any accidents, particularly those requiring hospitalization. **ENSURE A ACCIDENT REPORT (NSCADM 022) IS PROPERLY COMPLETED AND SUBMITTED TO NHQ FOR ALL ACCIDENTS AND INJURIES WITHIN 30 DAYS IF NOT SOONER.**

THE FOLLOWING ENDORSEMENTS ARE REQUIRED BEFORE SUBMITTING TO NHQ		
Time Reported	Date Reported	Activity Signature (OOD)
Time Departed	Date Departed	Activity Signature (OOD)

TRAINING AUTHORITY		
4. STATEMENT OF UNDERSTANDING (MEDICAL & STANDARDS OF CONDUCT) BY INITIALING YOU CERTIFY YOUR UNDERSTANDING & CONSENT TO THE FOLLOWING PARAGRAPHS:	Parent/Guardian Initial Below	
<p>4a. I have been advised and understand that the training requested by my son/daughter/ward is strenuous and both physically and mentally demanding. I certify that, to the best of my knowledge, my son/daughter/ward has no medical conditions or physical disabilities that would preclude him/her from participating in such training. I understand that should a disqualifying medical or physical condition arise prior to his/her departure for training, that the unit commanding officer will be notified immediately. Further, I understand authority for my son/daughter/ward to participate in the training requested will be cancelled.</p>		
<p>4b. I have been advised and understand that should my son/daughter/ward report for training with a preexisting medical/physical condition that makes it impossible for him/her to participate in scheduled training activities, or should become either physically or medically disqualified during such training, he/she will be returned home at my expense. Further, I certify that my son/daughter/ward is not under a physician's care and I further understand that he/she is not eligible to report for training if taking prescription drugs or medication.</p>		
<p>4c. I authorize any Health Care Provider, Insurance Company, Employer, Person, or Organization to release any information regarding medical, dental, alcohol or drug abuse history, treatment or benefits payable, including disability or employment related information concerning the patient to the Naval Sea Cadet Corps' Accident Insurance Provider, the Plan Administrator, or their employees and authorized agents for the purpose of validating and determining benefits payable. This data may be extracted for use in audit or statistical purposes. I understand that I or my authorized representative will receive a copy of this authorization upon request.</p>		
<p>4d. Cadets are responsible for maintaining the highest standards of conduct. Most service component berthing is 2 to a room and approaches Hotel/Motel standards. I have explained to my child that they are responsible for following ALL COTC instructions, and that improper conduct resulting from violation of instructions (i.e. sneaking out of rooms after-hours, lack of motivation, cheating, disobeying orders, etc.) will be cause for immediate dismissal from the training at my expense.</p>		
<p>5a. Medical Insurance Provider Name</p>	<p>5b. Medical Insurance Policy Number</p>	
<p>5c. Medical Insurance Provider Address</p>	<p>5d. Medical Insurance Provider Phone</p>	
<p>6. TRANSPORTATION NOTICE The Department of the Navy no longer has the scheduling authority to support the Naval Sea Cadet Corps for air transportation needs. The NSCC Unit, Unit Sponsor, Council, or individual cadet family MUST provide for transportation to and from the training site. Transportation of NSCC personnel returned home for disciplinary reasons, illness, or at own request, will be at their OWN EXPENSE or at the expense of their PARENT/GUARDIAN, NSCC UNIT, OR UNIT SPONSOR.</p>		
<p>7. ENDORSEMENTS By endorsing this form you affirm that the cadet has received a Medical Screening (NSCADM020) and as a result is physically and medically qualified to attend the requested training and that all information provided, to the best of your knowledge, is truthful and accurate; and you consent to the above listed NSCC/NLCC training and all terms and conditions of the preceding paragraphs. NOTE: DEPOSITS ARE NON-REFUNDABLE.</p>		
Parent/Guardian (Print or Type)	Signature	Date (DD MMM YY)
Commanding Officer (Print of Type)	Signature	Date (DD MMM YY)
Commanding Officer Daytime Phone Number	Commanding Officer E-Mail Address	
THE ABOVE MUST BE COMPLETED AND SIGNED PRIOR TO DEPARTURE FOR TRAINING		
SPECIAL NOTES		
NOTE: Refer to published training schedules or COTC for training code required in Block 3d.		