

Welcome to D214-Wheeling NJROTC!

Leadership. Honor. Integrity.



Naval Junior Reserve Officers Training Corps (NJROTC) is an elective-credit Leadership Development Program offered to all students in District 214. The class provides training in leadership, personal development and citizenship around a curriculum of science, history, and human behavior. The program develops discipline and self-confidence, intended to give students a head start in skills needed to succeed in high school, college, the workplace, and the community.

NJROTC is not a military recruiting program. Students have no military status and no military obligation. The program is taught by District 214 employees who are also retired military.

There are many benefits for all students who choose to join! Students interested in joining the military, applying for NJROTC college scholarships or to the Service Academies, have greater opportunities of help and understanding. Students who are not interested in joining the military also have many benefits and scholarship opportunities regardless of post-high school career choices. D214-Wheeling's NJROTC is a program designed to help all students excel!

Questions, comments, or concerns?

- USMC(ret) LtCol Wayne Beyer – wayne.beyer@d214.org
- USN(ret) CSCS Jermaine Cotillier – jermaine.cotillier@d214.org



District 214 Wheeling NJROTC



D214 Wheeling Njrotc



d214_njrotc



DATE: _____

CADET PERSONAL DATA ENTRY

All information is confidential and will be entered into
D214-Wheeling NJROTC Cadet Database.

For official NJROTC use only.

STUDENT INFORMATION

STUDENT ID:	YEAR OF GRADUATION: _____
RACE:	HOME SCHOOL: (circle) Wheeling HS Prospect HS J. Hersey HS Buffalo Grove HS Rolling Meadows HS Elk Grove HS OTHER: _____
GENDER: Male / Female	
STUDENT EMAIL: _____	

STUDENT NAME: _____
(Last) (First) (M.I.)

ADDRESS: _____
(Number and Street) (City) (State) (Zip)

HOME PHONE # _____ **CELL PHONE #** _____

PRIMARY PARENT/GUARDIAN INFORMATION

NAME: _____ **RELATIONSHIP:** _____
(Last) (First)

ADDRESS: _____
(Number and Street) (City) (State) (Zip)

HOME PHONE # _____ **CELL PHONE #** _____

Does student reside with you: Y / N **EMAIL:** _____

Cadet & Guardian Naval Junior Reserve Officer Training Corps (NJROTC) Agreement

Name (PRINTED): _____

Student ID # _____

The NJROTC program was established by Congress to assist high school students and to develop more informed and responsible citizens. NJROTC has a unit mission of developing leaders and improving the leadership skills of all cadets, regardless of career choices. It is not to recruit for military service.

Expectations for students enrolled in NJROTC not only include adherence to District 214 Student Discipline and Co-Curricular code expectations, but also higher standards of:

- Respect for proper authority
- Patriotism, an understanding of national defense and the US Navy's role in defense
- Honor, self-discipline, pride, confidence and desire to do one's best

There is zero bullying, sexual harassment, or drug tolerance. Illegal drug use, possession of drug paraphernalia, underage alcohol consumption and association with drug use or users by cadets is not tolerated and will normally result in dismissal from the program. Cadets are expected to remove themselves from situations involving underage drinking or other drug use. Involvement in drug use need not be proven; the SNSI may determine that evidence of drug involvement is sufficient for removal from the program. Upon completion of a drug treatment or follow-up program, cadets may be re-admitted to the program with SNSI approval.

To be eligible for the program, students and their guardians agree to abide by NJROTC regulations and program requirements. Students must be of good moral character and be eligible for enrollment in District 214 schools. Students must be able to participate in both the school's normal physical education program and the unit physical fitness program (modified participation with permission of the Senior Naval Science Instructor (SNSI) and school principal is possible). Students agree to properly wear a clean, pressed military uniform one full day each week and when required by unit activities. Uniforms are provided at no cost, but the student is responsible for their appearance and may be required to pay for lost or damage due to negligence. A cleaning deposit may be required but ALL uniforms must be professionally dry cleaned and returned directly to the Naval Science Instructors at the end of their NJROTC enrollment. When in uniform, cadets must comply with US Navy and NJROTC grooming standards.

NJROTC is an elective class for which students receive elective credit. Most potential conflicts with other academic and sport endeavors can be accommodated, but students must attend, participate and maintain sufficient 'contact time' to justify their grade. Students must maintain a progression toward graduation and are expected to maintain a "C" average in other academic courses.

Cadets are expected to exhibit mature behavior and to be respectful of self, property, administrators and teachers, other cadets and instructors. Grades include compliance with uniform and grooming standards, attitude, participation and performance. Failure to maintain standards or failure to wear the uniform may result in probation, loss of uniform privileges, loss of field trip privileges, lower grade, dis-enrollment or zero credit.

Cadet Signature AND Date

Parent Signature AND Date

Cadet & Guardian Uniform Compliance and Agreement

Congratulations and welcome to D214-Wheeling's NJROTC! You have chosen to enroll in one of the most unique programs offered to high school students across the nation.

Being a part of NJROTC comes with many certain rules and regulations; one such is the requirement of all Cadets wearing their uniforms to school **for the entirety of the day** on Wednesdays and any other unit sanctioned events that require it. When in uniform, Cadets must properly wear a clean, pressed military uniform in compliance with US Navy and NJROTC grooming standards. This includes:

Males: Hair neat, clean, trimmed and present a groomed appearance; tapered around edges up to maximum length of four inches on top (2 inches in bulk); off the ears, above the eyebrows and must not touch the collar. Hair must not interfere with or extend below the front brim of cover (hat). Facial hair is limited to a neatly trimmed mustache, not extending past the corners of the lips, sideburns not below the middle of the ear. Faddish, 'bizarre' or 'outrageous' hairstyles or colors are not allowed. Male cadets are not allowed to wear earrings or studs in any part of the body while in uniform or participating in NJROTC activities. (Freshly pierced ears are not an excuse for wearing earrings).

Females: Hair neat, clean and affixed to the head, no greater than 2 inches in bulk and must not interfere with or extend below the front brim of cover (hat). While in uniform hair may not fall below the lower edge of the collar. Braids must be secured to the head at all points of the braid. Faddish, 'bizarre' or 'outrageous' hairstyles or colors are not allowed. No hair ornaments are allowed, barrettes must be similar to hair color. One silver or gold ball earring per ear, centered on the earlobe, is authorized. Visible studs in other parts of the body are not authorized.

These uniforms are issued at no cost to you, however, if an item is lost or damaged, replacement parts will require payment. All uniform parts include (but are not limited to): khaki shirt, trousers, coat(s), cover, athletic shirt and shorts, sweatpants and sweatshirt.

UNIFORMS MUST BE PROFESSIONALLY DRY CLEANED with receipt attached upon returning them, either for exchange or completion of NJROTC. If any uniform items are returned to D214-Wheeling NJROTC not professionally dry cleaned, a cleaning fee will be added to the Cadet's obligation. Obligation fees start at the minimum of \$75 and range to the maximum of \$150. Obligation costs depend on what uniform items the Cadet has been issued.

I, _____, understand that by being a part of D214-Wheeling NJROTC, I am
Print Cadet Name required to wear my (soon to be issued) uniform **for the entirety of the day on Wednesdays** and any other unit sanctioned events that require it.

I, _____ & _____,
Print Name of Parent/Guardian Print Cadet Name

understand that all uniform items must be professionally dry cleaned prior to returning them to D214-Wheeling NJROTC for any reason or the fee(s) stated above will be assessed.

Cadet Signature AND Date

Parent/Guardian Signature AND Date

NJROTC STANDARD RELEASE FORM (PG-1)

Date: _____

I, _____, being the legal parent/guardian of _____, a member of D214-Wheeling NJROTC, in consideration of the continuance of his/her membership in the program, 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 all its officers, representatives, and agents acting officially and also the local, regional, and national Navy Officials of the United States.

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/ward during their 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 casts who are not military dependents at a military facility may be subjected to reimbursement, and I may be billed for the care provided. For Navy Medical Department facilities, such care is authorized by NAVMEDCOMINST 6320.3B.

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 NJROTC area personnel involved with administrations of NJROTC activities and medical/dental personnel requiring the information in order to effectively treat any medical/dental problem which may arise. Disclosure is voluntary: however, failure to provide the requested information will preclude your child's/ward's participation in training.

NJROTC STANDARD RELEASE FORM (PG-2)

His/her physician is: _____

Name: _____

Address: _____

Telephone (including area code): _____

*Medical Insurance Company: _____

Name: _____

Street, City, State, Zip Code: _____

Policy/ID # _____

Telephone Confirmation # _____

*Dental Insurance Company: _____

Name: _____

Street, City, State, Zip Code: _____

Policy/ID # _____

Telephone Confirmation # _____

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

Signature of Parent/Guardian

Date

NJROTC HEALTH RISK SCREENING QUESTIONNAIRE

TO BE COMPLETED BY THE CADET AND PARENT

Part A – Sports Physical Information

Date of cadet's most recent pre-participation sports physical: _____.
(mm/dd/yyyy)

Part B – Medical Questionnaire

- | | | |
|---|------------|-----------|
| 1. Have you had a medical illness or emergency since your last doctor's check up or sports physical examination? | Yes | No |
| 2. Have you broken any bones, had a serious accident/injury, or <u>any type</u> of surgery in the last 6 months? | Yes | No |
| 3. Are you currently under treatment by a physician or other medical practitioner? | Yes | No |
| 4. Do you have difficulty doing strenuous (great effort) exercise? | Yes | No |
| 5. Do you have a medical notice from your physician to NOT participate in long distance runs, such as a 1-mile run? | Yes | No |
| 6. Do you have a medical notice from your physician that you are NOT to do curl-ups or push-ups? | Yes | No |
| 7. Do you use tobacco of any kind? | Yes | No |
| 8. Do you experience chest, neck, jaw or arm discomfort while doing physical activities? | Yes | No |
| 9. Do you have difficulty breathing or have sudden breathing problems at night? | Yes | No |
| 10. Do you currently have Asthma? | Yes | No |
| 11. Has Asthma ever been documented in any of your medical records growing up? | Yes | No |
| 12. Are you using an inhaler to aid in breathing? | Yes | No |
| 13. Do you experience any shortness of breath with relatively low levels of exercise? | Yes | No |
| 14. Have you felt any chest pain at rest? | Yes | No |
| 15. Do your medical records contain any known cardiac (heart) disease? | Yes | No |
| 16. Are you overweight? | Yes | No |
| 17. Has your physician limited any activities due to dizzy/fainting spells, frequent headaches, or frequent back pain? | Yes | No |
| 18. Have you ever experienced dehydration after strenuous physical exercise that has resulted in your physician now recommending or limiting certain physical activities? | Yes | No |
| 19. Have you ever become ill from exercising in the heat? | Yes | No |
| 20. Has your mother or sister died without any explanation or suffered a heart attack before the age of 55? | Yes | No |

- | | | |
|---|------------|-----------|
| 21. Has your father or brother died without any explanation or suffered a heart attack before the age of 45? | Yes | No |
| 22. Do you have high blood pressure or are on any blood pressure medication? | Yes | No |
| 23. Has a doctor ever told you that you have high cholesterol or are you on any cholesterol medication? | Yes | No |
| 24. Do you have diabetes? | Yes | No |
| 25. Have you experienced episodes of rapid beating or fluttering of the heart? | Yes | No |
| 26. Do you suffer from swelling on both of your lower legs? | Yes | No |
| 27. Any history of metabolic (thyroid, renal, liver) disease in your medical records? | Yes | No |
| 28. Do you have a bone, joint, or muscle problem that prevents you from strenuous exercise? | Yes | No |
| 29. Have you unintentionally lost/gained more than 10 percent of your body weight in the last 6 months? | Yes | No |
| 30. Do you have any allergies or are allergic to something?
If Yes , specify what for: _____ | Yes | No |
| 31. Are you currently prescribed an Epi Pen? | Yes | No |
| 32. Are you currently taking any prescription or over the counter meds/pills? | Yes | No |
| 33. Do you have any skin problems (ex: itching, rashes, warts, fungus, bites, sores, etc.)? If Yes , please specify: _____ | Yes | No |

Below are listed other known medical conditions (not covered by the questions above) which may preclude or limit my participation in physical exercise and athletic programs.

Cadet Signature AND Date

Signature of Parent/Guardian AND Date

TO BE COMPLETED BY A LICENSED MEDICAL PRACTITIONER

Part C – Clarification & More Info

If any of the questions above were answered **Yes**, the following section must be completed, signed, and stamped by a licensed physician.

- List below significant clinical history and/or current medications and treatments.
- Recommended/released for participation in strenuous physical activities like a mile run? **Yes** **No**

Signature of Medical Practitioner

Date



PARENTAL CONSENT & RELEASE FORM



I, _____, being the legal parent/guardian of _____, hereby, consent to have my son/daughter photographed, videotaped, audiotaped, and/or interviewed by District 214 and/or the news media when its purpose is to promote District 214 and its programs. Interviews and photographs will be granted only at the recommendation of the administration or staff. The videotape/photograph/audiotape of the student will not be used by the district for commercial purposes or for monetary gain.

I agree to my son's/daughter's image on the District 214 internet site when its purpose is to Township High School District 214 and its programs. In conjunction with the district's technology procedures relating to student safeguards, "No students will be identified, except in cases of public performance such as athletic and theater events."

As the child's parent or legal guardian, I agree to release and hold harmless District 214, the Board of Education, its members, trustees, employees, agents, officers, contractors, and volunteers from and against any and all claims, demands, actions, complaints, suits or other forms of liability that shall arise out of or by reason of, or be caused by the use of my child's photograph, likeness or voice on television, radio or motion pictures, in the print medium, or on District 214's internet site.

I further agree that no monies or other consideration in any form, including reimbursement for any expenses incurred by me or my child, will become due to me, my child, our heirs, agents, or assigns at any time because of my child's participation in any of the above activities or the above described use of my child's photograph, likeness, or voice.

Signature of Parent/Guardian

Date

NJROTC Parent Involvement

TO BE COMPLETED BY THE CADET'S PARENT/GUARDIAN

Throughout the year, D214-Wheeling's NJROTC is involved in numerous unit activities:

- Traveling to and hosting team meets such as drill, drone, physical training, marksmanship & orienteering
- Local field trips (past local locations include the Skokie Holocaust Museum, Dave & Busters, Great Lakes Naval Station...)
- National field trips (past national locations include Washington D.C., California, Hawaii, Florida, Wisconsin...)
- Community service opportunities
- Unit fundraising events

The success of our unit in these events/activities depend on the help from parents like you!

To show your support for D214-Wheeling's NJROTC unit, you can either join the NJROTC Parent Association or sign up that you are interested in being notified for upcoming unit events that you can help in.

Help includes, but is not limited to, chaperoning, assisting with Night Class, donating snacks and/or other items for unit functions or fundraising.

<p>Are you interested in joining the NJROTC Parent Association? <i>(Circle one)</i></p> <p>Yes / No</p>	<p>Are you interested in being notified for events that may need your future help/participation? <i>(Circle one)</i></p> <p>Yes / No</p>
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If you circled “**Yes**” to any of the above, please fill out the following information:

CADET NAME: _____

VOLUNTEER NAME: _____

EMAIL: _____

CELL PHONE # _____



Cadet Pizza Accounts Information

Each Wednesday Night Class, we offer our cadets pizza and a drink. Each slice of pizza is \$3, pasta \$3, and salad \$1 and includes a bottle (or cup) of water. Pizza and Pasta will be alternated each week. To make it easier on our cadets and parents, we are offering pizza accounts!

Fill out this form and send it with your cadet to the next Night Class with either a check made out to "NJROTC Parent Association" with "your child's name–Pizza account" in the memo line, or send cash (any amount allowed, most start with \$15 or \$20). The cadet simply needs to give the cashier their name when they pick up their slice of pizza and we will deduct it from their account. We will notify cadets when their account is running low so you can send more money in the following week.