

Cadet Name and Check in Date _____

Forms Expiration Date (One Year From Physical) _____

Guam High School NJROTC

Administrative Participation

Forms

The following forms must be completed and signed by the Parent/Guardian and Cadet and returned by the Cadet before the cadet can participate in any Guam High School Naval Science Activity.

This is a graded event! This assignment will be treated as a graded test that makes up 30% of the student's grade. The cadet will receive a due date and will be required to turn in the following forms on or before that date. Failure to do so will result in a test grade of 0%.

1. Guam High School Sports Activity Form
2. Guam High School NJROTC Behavior Contract
3. NJROTC Health Risk Screening Questionnaire
4. NJROTC Standard Release Form
5. Naval Science Syllabus

Keep this package together in order.

GUAM HIGH SCHOOL NJROTC BEHAVIOR CONTRACT

ALL NJROTC Cadets and Parents/Guardians will read this document and sign in the space provided below.

All Guam High School rules will be in effect and strictly followed to include:

1. I will not use alcohol products of any kind.
2. I will not use tobacco products of any kind.
3. I will not use drugs of any kind including prescription medications without doctor's authorization and Instructor's awareness.
4. I will abide by the Navy Core Values: Honor, Commitment and Courage.
5. I will wear the uniform properly with pride on all required uniform days as prescribed by the NJROTC instructions. 1st out of uniform – Conduct Notice, 2nd out of uniform – Counseling Referral, 3rd out of uniform – Student, Parent, Instructor and Counselor meeting, 4th out of uniform – DISENROLLMENT.
6. I understand that muster times for NJROTC events will be strictly adhered to.
7. I will observe all curfews during field trips or other events as required.
8. I will not use profanity.
9. I will not steal.
10. I will accept and abide by other School/Unit/Navy requirements as required. This includes not skipping any classes.
11. I will follow and not question the NSI/SNSI/Teacher's directions to me.
12. I will be especially respectful to all adults, display good manners, help out and volunteer every chance I get.

Any violations in this contract will result in restriction from further activities during NJROTC events. I have read, understand and will comply with the above requirements. I thoroughly understand that any infractions will result in disciplinary action and possible disenrollment.

Student Signature and Date

Parent/Guardian Signature and Date



SPORTS PHYSICAL

APPLICATION TO PARTICIPATE IN INTERSCHOLASTIC ATHLETICS

STUDENT'S NAME (LAST, FIRST, MI)		SCHOOL: DDESS Guam High School	GRADE:
DATE OF BIRTH	HOME PHONE	SPONSOR'S DUTY PHONE	
STUDENT'S APPLICATION I AGREE TO NOTIFY MY SPORTS COACH OF ANY CHANGES IN MY HEALTH STATUS, TO INCLUDE ANY MEDICATIONS I MAY TAKE OR STOP TAKING. THIS APPLICATION TO PARTICIPATE IN ATHLETICS AT THE ABOVE SCHOOL IS MADE WITH THE UNDERSTANDING THAT I HAVE NEVER RECEIVED ANY MONEY FOR PARTICIPATION IN ATHLETIC EVENTS AND THAT I HAVE NEVER COMPETED UNDER AN ASSUMED NAME. AFTER I HAVE REPRESENTED MY SCHOOL IN ANY SPORT, I PROMISE NOT TO COMPETE IN ANY OUTSIDE ATHLETIC CONTEST IN THIS SPORT UNTIL AFTER THE SCHOOL SEASON HAS BEEN COMPLETED.			KEEP IN SCHOOL FILE
DATE	SIGNATURE OF STUDENT		
PARENT OR GUARDIAN PERMISSION I HEREBY GIVE MY CONSENT FOR THE ABOVE STUDENT TO HAVE A MEDICAL EXAMINATION (SPORTS PHYSICAL) PERFORMED BY LOCAL OR U.S. MILITARY HOSPITAL/CLINIC PERSONNEL, TO ENGAGE IN INTERSCHOLASTIC ATHLETICS AT THE ABOVE SCHOOL IN THE APPROVED SPORT(S) CHECKED BELOW, AND TO ACCOMPANY THE TEAM AS A MEMBER ON ITS SCHEDULE TRIPS.			
DATE:	PRINTED NAME OF SPONSOR/GUARDIAN	SIGNATURE OF SPONSOR/GUARDIAN:	

MEDICAL CERTIFICATE TO BE COMPLETED BY EXAMINING PHYSICIAN

	YES	NO			
General health is satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>			
Is visual correction required for competition? Glasses / Contacts Visual Acuity: right /left Tested with/with out correction	<input type="checkbox"/>	<input type="checkbox"/>			
Is there a bridge or false teeth?	<input type="checkbox"/>	<input type="checkbox"/>			
Are immunizations current? If no, list immunizations received.	<input type="checkbox"/>	<input type="checkbox"/>			
Date of last Tetanus immunization (must be within last ten years):					
Are there health problems that should be evaluated or treated before participating in competitive sports? Explain:	<input type="checkbox"/>	<input type="checkbox"/>			
Is applicant's blood pressure normal? BP / Pulse	<input type="checkbox"/>	<input type="checkbox"/>			
Are there medical conditions that may affect participation? (asthma, diabetes) Please advise:	<input type="checkbox"/>	<input type="checkbox"/>			
Are there medications that may be required for participation? If so please complete medication form.	<input type="checkbox"/>	<input type="checkbox"/>			
I have examined _____ and find him/her to be physically able to compete in the supervised athletic activities checked below. This certificate is valid for one year from date indicated below.					
<input type="checkbox"/>	All SPORTS	<input type="checkbox"/>	Football	<input type="checkbox"/>	Tennis
<input type="checkbox"/>	Basketball	<input type="checkbox"/>	Golf	<input type="checkbox"/>	Track and Field
<input type="checkbox"/>	Baseball	<input type="checkbox"/>	Paddling	<input type="checkbox"/>	Wrestling
<input type="checkbox"/>	Cheerleading	<input type="checkbox"/>	Rugby	<input type="checkbox"/>	Volleyball
<input type="checkbox"/>	Cross Country	<input type="checkbox"/>	Soccer	<input type="checkbox"/>	Other:
DATE:	PRINTED NAME OF EXAMINING PHYSICIAN:		SIGNATURE OF EXAMINING PHYSICIAN:		

**NAVAL JUNIOR RESERVE OFFICERS TRAINING CORPS
(NJROTC)
STANDARD RELEASE FORM**

Date: _____

I, _____, being the legal parent/guardian of _____, a member of the Naval Junior Reserve Officers Training Corps, in consideration of the continuance of his/her membership in the Naval Junior Reserve Officers Training Corps and/or his/her acceptance for Naval Junior Reserve Officers Training Corps 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 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 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 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.

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

--

He/she requires medication for the treatment of:

--

Below are listed 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.

--

His/her physician is:

Name:

Address:

Telephone (include area code): ()

Initials _____

Medical Insurance Company *
Name:
Street:
City, State, Zip Code:
Policy/ID Number:
Telephone Confirmation Number: ()

Dental Insurance Company*
Name:
Street:
City, State, Zip Code:
Policy/ID Number:
Telephone Confirmation Number: ()

***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 NJROTC area personnel involved with administration 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 the training.

Signature of Parent or Guardian:		
Address:		
City:	State:	Zip:
Telephone (include area code): ()		

NJROTC HEALTH RISK SCREENING QUESTIONNAIRE

Cadet Name: _____

NJROTC Unit: **GUAM HIGH SCHOOL**

Date of your most recent pre-participation sports physical examination _____

Part A – TO BE COMPLETED BY THE CADET AND PARENT/GUARDIAN

Directions: Please answer **Yes** or **No** to the following questions: (Do not leave any questions blank)

1. Do you have difficulty doing strenuous (great effort) exercise? _____
2. Have you been told **NOT** to participate in long distance runs, such as a 1.5-mile-run? _____
3. Have you been told **NOT** to do curl-ups or push-ups by a physician or other medical professional? _____
4. Do you exercise less than three times per week for at least thirty minutes? _____
5. Have you had any broken bones or a serious accident in the last three months? _____
6. Do you use tobacco of any kind? _____
7. Have you experienced chest, neck, jaw or arm discomfort while doing physical activity? _____
8. Do you have asthma or are you using an inhaler to aid in breathing? _____
9. Do you experience any shortness of breath with relatively low levels of exercise or exertion? _____
10. In the last month have you felt any chest pain at rest? _____
11. Do you have any known cardiac (heart) disease? _____
12. Do you think you are overweight? _____
13. Do you have dizzy/fainting spells, frequent headaches, or frequent back pains? _____
14. Have you ever experienced dehydration after strenuous physical exercise? _____
15. Are you currently under treatment by a physician or other medical practitioner? _____
16. Has your mother or sister died without any explanation or suffered a heart attack before the age of 55? _____
17. Has your father or brother died without any explanation or suffered a heart attack before the age of 45? _____
18. Do you have high blood pressure or are you on blood pressure medication? _____
19. Has a doctor ever told you that you have high cholesterol or are you on cholesterol medication? _____
20. Do you have sugar diabetes? _____
21. Have you experienced episodes of rapid beating or fluttering of the heart? _____
22. Do you suffer from lower leg swelling of both legs? _____
23. Do you have difficulty breathing or have sudden breathing problems at night? _____
24. Do you have any personal history of metabolic disease (thyroid, renal, liver)? _____
25. Do you have a bone, joint, or muscle problem that prevents you from doing strenuous exercises? _____
26. Have you unintentionally lost/gained more than 10 percent of your body weight since your last PFT? _____
27. Have you ever been diagnosed with Sick Cell Trait? _____

Cadet Signature

Date

Parent/Guardian Signature

Date

Part B - If any of the answers to the questions above were **YES**, request that the following section be completed and signed by a licensed medical doctor or registered school nurse. **Per CNET regulations, cadets having asthma or a known heart condition cannot attend Leadership Academy.**

Significant clinical history and/or current medication and treatment regimen of the above cadet: (Use reverse side if necessary)

Recommended/released for participation in strenuous physical activities including the 1.5-mile-run? YES NO

Signature of Medical Practitioner

Date



GUAM HIGH SCHOOL NJROTC Program
401 Stitt Street, Agana Heights, Guam 96910
PSC 455 Box 192 FPO AP 96540
Tel: (671) 344-7040 Fax: (671) 344-7374



Guam High School NJROTC Syllabus

Naval Junior Reserve Officers Training Corps I

VEN 301

Grade level 9-12

Length of Course: 36 Weeks/1 academic year

Course Description: The purpose of this course is to introduce students to the precepts of citizenship, the elements of leadership and the value of scholarship in attaining life goals. This course is designed to produce a sound appreciation for the heritage and traditions of America, with recognition that the role of sea power will be important in America's future, and develop in each cadet a growing sense of pride in his/her organization, associates and self. These elements are pursued at a fundamental level. Course curriculum includes weekly uniform inspection and physical training at the basic level. Guam High School sports physical is required. All students must wear their uniform once per week where a grade will be given for uniform appearance. All students will also participate in physical fitness training once per week where another grade will be given.

Text : Cadet Field Manual and The NJROTC Introduction book (provided)

Contact info: 344-7040 E-mail: Mark.Franchino@pac.dodea.edu

Naval Junior Reserve Officers Training Corps II

VEV401

Grade level 10 – 12

Recommended Preparation: NJROTC I

Length of Course: 36 Weeks/1 academic year

Course Description: The purpose of this course is to further develop the cadet's leadership skills and teamwork. Students will be given increased responsibility and will be required to formulate plans and execute them. Students will obtain a basic knowledge of naval history, land navigation, and an increased level of physical training. Screening and evaluation for continuation to NS III is completed in this course and is based on demonstrated leadership, motivation, initiative and aptitude. All students must wear their uniform once per week where a grade will be given for uniform appearance. All students will also participate in physical fitness training once per week where another grade will be given.

Text: *Naval Science 2 Maritime History and Nautical Sciences for the NJROTC Student* by CDR Richard Hobbs

Contact info: 344-7040 E-mail Doug.Bowling@pac.dodea.edu

Naval Junior Reserve Officers Training Corps III

VEV501

Grade level 11 – 12

Recommended Preparation: Completion of NJROTC II required.

Note: **SENIOR NAVAL SCIENCE INSTRUCTORS APPROVAL REQUIRED**

Length of Course: 36 Weeks/1 academic year

Course Description: The purpose of this course is to further develop the traits of leadership in students and introduce cadets to the vital importance of military justice, international law, and continue with the instruction of Naval Science to include astronomy, meteorology and weather. Increased leadership responsibilities will be levied on the cadets. Planning, scheduling, training of subordinates and staff functioning and responsibilities are included. The course will also provide the students with an understanding of the facets of sea power, national security, and naval history. Physical training levels will be increased with the cadets taking on responsibilities for the units training. All students must wear their uniform once per week where a grade will be given for uniform appearance. All students will also participate in physical fitness training once per week where another grade will be given.

Text: *Naval Science 3 Naval Knowledge and Skills for the NJROTC Student* by CDR Richard Hobbs

Contact info: 344-7040 E-mail Doug.Bowling@pac.dodea.edu

Naval Junior Reserve Officers Training Corps IV

VEV601

Grade level: 12

Recommended Preparation: Completion of NJROTC III with Instructors recommendation

Note: **SENIOR NAVAL SCIENCE INSTRUCTORS APPROVAL REQUIRED.**

Length of Course: 36 Weeks/1 academic year

Course Description: This course is designed to build on the basic qualities of a good follower and an effective leader provided in Naval Science 1, 2, and 3, and to take a more in-depth look at what leadership is; and how to maximize your abilities in the areas of leadership. Students will take on added responsibilities for the planning and execution of unit events and limited supervisory exercises with subordinates. NS IV cadets will be assigned to the unit staff, command billets and assist in the training and administration of an NS I class.

Contact info: 344-7040 E-mail Doug.Bowling@pac.dodea.edu

Lab Fee: A one time non-refundable Lab fee of **\$25.00** is required from “**ALL NEW STUDENTS**” it will provide the following: #1 NJROTC unit PT-shirt, #1 uniform name tag, uniform alternations “tailoring” and one set of shirt stays. Checks will be made out to:

GHS NJROTC

Community Service:

There will be several opportunities for cadets to participate in community service events throughout the school year. Although they will not be mandatory events, attendance will be HIGHLY encouraged. Community Service is a big part of the NJROTC program to promote good will and foster citizenship for the students. Cadets can earn a ribbon after participating in 3 Community Service Events.

Physical Readiness Test:

All students, regardless of NJROTC level, will participate in a PRT two times per year; once in the fall and once in the spring. The test is the same as the Navy's PRT and will be held during a normal school day usually at Gab Gab Beach. Transportation and lunch will be provided by the school. The spring's test is held in conjunction with other JROTC units from Guam where each school will compete against each other. The PRT makes up a big part of the Physical Fitness part of a cadet's grade. Ribbons are awarded for superior performance.

Uniform Issue: Cadets will be provided a uniform no cost; however a government property controlled equipment card will be signed by the parent/guardian and returned by the student. This is a graded event (6 weeks grace period). When students grow out of his or her uniform items they will be replaced at no cost. Any lost or damaged uniform items due to neglect will be replaced at the cadet's expense. Each complete uniform set cost the government (\$115.00 dollars). Cadets will also be issued one Guam High School NJROTC PT Shirt as part of their lab fee. Dress Blue Uniforms will be issued to members of the Color Guard, Honor Guard, and just prior to the Military Ball in the Spring.

Uniform Return: Uniforms will be returned clean at the end of the school year or when a cadet leaves the program. Dress Blue Uniforms must be drycleaned. Any missing items will be replaced at government cost by the cadet. Grades will be withheld until all uniform discrepancies are resolved.

Cadet Behavior:

Students' behavior in other classes and anywhere at school will have an impact on their NJROTC grade. Because one of the goals of the NJROTC program is to promote citizenship and responsibility, and because students' behavior reflects on the NJROTC program, inappropriate behavior as reported by other teachers, administrators and faculty will be considered in their military aptitude grade.

Location:

Guam High School, NJROTC Building room #110 and #111

Required Student Materials:

- One can of black shoe shine polish and 1/2 of an old t-shirt
- One can of never dull or brass-o and 1/2 of an old t-shirt
- One bottle of edge dressing.
- Student must have writing material (pen or pencil) and a 3 ring binder which will contain all notes, and returned tests. (Mandatory!)
- On Physical Training days the student must have PT Gear i.e. running shoes, running shorts and the yellow GHS NJROTC PT shirt.

Grading Policy

DODEA Grading Scale:

90-100 = A 80-89 = B 70-79 = C 60-69 = D 59 & below = F

Assessment:

1. Test 30% of grade
2. Uniform Inspections 25% of grade

- 3. Military Aptitude 15% of grade
- 4. Participation 15% of grade
- 5. Physical Training 15% of grade

Homework/Open book tests:

“No make up”, unless the student has an excused absence. Tests will be made up within a week of the students return.

Late Uniform Inspection Policy:

“No make up”, unless a student has an excused absence. Uniforms Inspections will be made up within a week of the students return.

Tutoring/Extra Help:

Students will makeup tests during seminar (pre-arranged with teacher) within a week’s time.

Classroom Management:

- 1. **Preparation-** Students must be prepared for class with required materials and be prepared to actively participate in class discussions.
- 2. **Participation-** Students should participate in class on a daily basis.
- 3. **Courtesy-** Students will respect and be courteous towards teachers and classmates at all times.
- 4. **Cooperation-** Students will be able to cooperate with classmates on class projects and presentations (Team Work).

Parent’s/ guardian’s signature: _____

Student’s signature : _____