



## United States Naval Sea Cadet Corps

2300 WILSON BOULEVARD ARLINGTON, VIRGINIA 22201 TELEPHONE (703) 243-6910  
FAX (703) 243-3985

Winter 2009

### WELCOME ABOARD PACKET COVER SHEET

#### -WELCOME ABOARD LETTER

This letter will answer 90% of your questions. PLEASE READ IT COMPLETELY.

#### Special items to take note of:

1. Reporting Time is 0800 to 1400 on 26 DEC, UNLESS you are staff/staff cadet or traveling by commercial carrier; these individuals will need to arrive on 25 DEC after 1400.
2. The seabag list provided contains items needed for each training. Please refer to column of your specific training (there are differences). If it's not on the list, don't bring it.
3. Haircuts – You must get your haircut PRIOR to coming to training. Do not believe the rumor that we give you a haircut and it's part of the experience. For health reasons WE DO NOT DO HAIRCUTS. The closet barber is in San Luis Obispo (approx. 15 minutes from base)
4. For cadets attending advanced trainings (Basic Field Operations, Corpsman School and Fitness), once we receive your confirmed registration, you will receive an e-mail from the Officer-in-Charge with any special training requirements.
5. For cadets attending NLCC or NSCC Basic Field Operations, a Medical Health Screening Form is attached. All cadets will go through a health screening with a Navy or Army Corpsman (the same as a sport physical). Please complete the front side of this form, insure that a parent signs, and bring to training.
6. You may send e-mail to your cadets at [mail@nscpsw.org](mailto:mail@nscpsw.org). Due to the short nature of our training, U.S. mail can not be accepted. Mail is distributed daily.
7. Any questions please e-mail [question@nscpsw.org](mailto:question@nscpsw.org). We will respond quickly.



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Winter 2009

Dear Sea Cadet Families:

Welcome to the 2009-10 Winter Training Command, 25 DEC 09 to 3 JAN 10, at Camp San Luis Obispo, CA. Whether this is your first time or you are a seasoned veteran, this letter should answer many of your questions. Our goal is insure that you have an exceptional training experience. This year's training is utilizing the talents of some excellent Sea Cadet and Navy personnel. Our evolutions will be supervised by a full compliment of staff and all personnel will report to the Commanding Officer.

Please review the information listed below with your cadet. This will help insure a safe and positive training experience:

TRAINING OBJECTIVES: Our objectives and purpose for offering this training evolution are:

- To provide basic indoctrination to Cadets in the fundamentals of barracks life, military standards, naval traditions, and responsibilities to enable them to enhance their fulfillment as a cadet, and to perform and excel during their tenure with the Corps.
- To provide training in a specific subject(s) for those Cadets attending training.
- To provide professional training to NSCC Officers and NSCC Staff Cadets so as to allow them the opportunity to utilize their abilities in a supervised military environment.
- To promote the highest level of training that is consistent with NLCC/NSCC National Goals with an atmosphere of respect, support, and esprit de corps.

TRAINING LOCATION: Our training site will be at Camp San Luis Obispo, CA. This is an active duty Army National Guard base with all the facilities and amenities for quality training. We will be using the galley and classroom facilities. Regular bathroom and shower facilities are available. **THIS TRAINING SITE IS SUBJECT TO CHANGE DUE TO MILITARY NEEDS OR NSCC OPERATIONAL SITUATIONS.**

SAFETY: Safety is our #1 priority. The success of this evolution depends on the safety of all personnel. This will be accomplished by the following methods:

- Accountability – This is achieved by knowing where our people are at all times and what they are doing. Each individual will act in a responsible manner.
- By always being alert to possible hazards and taking appropriate action to prevent possible harm to any personnel under our care.
- By making safety everyone's responsibility, from the cadet to the Commanding Officer. If any person feels their safety is about to be compromised, that person will bring it to the attention of the chain of command.

REPORTING PROCEDURES: You should report at **0800-1300 on Saturday, 26 DEC 09.** Upon entering the base, follow-up the directional signs to the registration area. In your possession should be a service jacket, valid ID card, Training Orders, and a complete sea bag. **INDIVIDUALS SHOULD CARRY THEIR OWN SERVICE JACKETS.**

Reporting Uniform is **PT Gear (Recruit Training and Fitness); Utilities (HM School); BDU (NSCC and NLCC Field Operations)**

CADET PREPARATION: All cadets need to understand that this is a TRAINING evolution. They are participating to learn more about being in the NLCC/NSCC program. Each individual will be asked to do things that are challenging and different from “the way I’ve always done it.” To prepare for this evolution, each person should:

- Do physical training. Push-ups, sit-ups, and running are a good way to start. Physical training is included in the cadet-training curriculum. For cadets attending Recruit Training, PASSING THE PRT AT CHECK-IN is a requirement to attend training. A copy of the minimum requirements has been attached.
- Pack their own sea bag. This will help in knowing what has been brought to training. Each cadet will be 100% responsible for their own belongings.
- Break-in footwear. Tennis shoes will be the footwear for much of the training. However, there will be times when dress shoes must be worn; these are more comfortable if they have been broken in.

TRAVEL TO AND FROM TRAINING: **A TRAVEL INFORMATION FORM** must be on file for all cadets who are coming by other than POV (as listed on the registration form).

ALL STAFF/STAFF CADETS AND CADETS TRAVELING BY COMMERCIAL CARRIER ARE TO REPORT IN CIVILIAN CLOTHES. **and arrive on Friday, 25 DEC 09 NO EARLIER THAN 1400 and depart on Sunday, 3 JAN 2010 (unless other arrangements have been made).** They will be shuttled to Camp San Luis Obispo from SAN LUIS OBISPO REGIONAL AIRPORT (or other San Luis Obispo bus or train stations) and will return the same way. THIS YEAR SHUTTLE SERVICE WILL BE PROVIDED AT NO CHARGE.

BUS TRANSPORTATION: Due to the unavailability of federal funds, bus transportation from Northern and Southern California will not be provided. We encourage units to arrange carpools.

DRIVING ONTO ARMY NATIONAL GUARD BASE:

In order to enter the Army National Guard Base, the vehicle driver will need a valid driver’s license, vehicle registration, and proof of insurance. You will be directed from the gate to our location or there will be signs posted leading the way.

Please visit [http://www.calguard.ca.gov/oc/cslo/Operations/Security/web\\_Veh%20Registration.htm](http://www.calguard.ca.gov/oc/cslo/Operations/Security/web_Veh%20Registration.htm) and complete the on-line form, print out, and be prepared to present to the gate guard with the required documents. Please use the following information to complete certain block on the form:

Dates:	Arrive=25/12/2009 – Depart=03/01/2010
Name of Event:	Sea Cadet Training
Your affiliation:	“Youth Program” (from drop-down list)
CLSO Organization/POC:	LCDR Vahan Manoogian, NSCC

GRADUATION: Graduation events will take place on Sunday, 3 JAN 10 beginning at 9:00 AM. A formal invitation outlining the day’s activities will be sent to all families.

OUTSIDE PARTY CONTACT: To create and maintain the most productive military environment needed for a successful training, it is necessary to isolate trainees from outside influences that may prove distracting. To this end, it is essential for parents, relatives, and friends to understand:

- Visits from parents, relatives, and friends will be prohibited.
- Visits from home unit staff not attached to the training are not allowed, unless approved in advance by the Commanding Officer.
- Trainees are not allowed to place or receive phone calls. In case of family emergencies parents are to contact unit CO. The unit CO will then contact the Training Site. If there is an emergency regarding a cadet, a call will be placed to the parents and the unit CO.
- Cadets may send mail to family and friends.
- Cadets may receive e-mail at mail@nscpsw.org. Please be sensitive about what you write and understand they can't respond. E-mail's are printed out daily and dispersed to the cadets during personal time in the evenings.

CODE OF CONDUCT: Please review the attached CODE OF CONDUCT. These will be the basis for a quality training experience.

MEDICAL RESTRICTIONS: Medications prescribed or over the counter **are** permitted. If you cadet will need to take medications, a Request to Administer Medications (Form NSCTNG025 – available on our website) must be completed and approved prior to training. **Discontinued use of required medication is not advised.** The final determination of participation in training due to medical condition lies with the Commanding Officer, based on NSCC Regulations.

**For safety purposes, all cadets attending NL or SC Field Operations will receive a physical screening exam (equivalent to a sport's physical) during the orientation process. This screening exam will be conducted by Navy or Army Corpsman. This process is an additional safety precaution for all cadets/staff involved. A SCREENING FORM IS INCLUDED IN THE WELCOME ABOARD PACKET.**

SEABAG: Review the attached sea bag list. All items must be marked with the cadet's last name and first initial (all underwear and socks look the same after a while). A sea bag inspection will be conducted on the first day of training. If required items are not in sea bag, **escort officer/parent will be required to obtain items needed**. Due to the number of unauthorized items brought, **any confiscated materials will not be returned**.

**NO CELL PHONES ALLOWED FOR ANY CADETS.** Cadets traveling by commercial carrier may bring a cell phone to stay in contact with family until arrival. These cell phones will be secured during training and returned to cadet for their return travel. Failure to turn in cell phones or using cell phones during training will be grounds for dismissal.

PERSONAL MONIES: NL Field Operations (suggest \$25.00 limit), Hospital Corpsman, SC Field Operations, Fitness Training, and Staff Cadets may bring money to use as their schedule allows. All individuals are responsible for their own money.

PHYSICAL SECURITY: All personnel will feel safe in their training environment. There will be no hazing, acts of sexual harassment, or harassing by any trainee or staff. This includes any activities that embarrasses or degrades another individual. Any individual violating this rule will be disciplined. All personnel may report up the chain of command any incidents that they feel jeopardize their personal safety.

HAIRCUTS: All cadets must conform to the following haircut guidelines and COME PREPARED TO TRAINING WITH:

Female: Hair secured in a bun which will fit under their cover

Male: #1 all-around. Short haircuts are for comfort and hygiene reasons.

QUESTIONS/CONCERNS: Your unit CO is the first person who may be able to answer questions or concerns. They have been sent a copy of this information letter. If you still have questions, please e-mail to [question@nscpcsw.org](mailto:question@nscpcsw.org). We will respond as soon as possible.

We look forward to your cadet having a positive training experience. Welcome Aboard!

LCDR Vahan Manoogian  
Commanding Officer

Attachments:

- a) Sea bag List
- b) Code of Conduct
- c) Standing Orders
- d) Cadet Exercise Chart (Minimum PRT Requirements for Sea Cadet Fitness or Recruit Trainees)
- e) Medical History Supplemental for Training Authorization, Consent and Release (Rev 04/07)
- f) Travel Information Sheet (must be returned by fax or e-mail)

UNITED STATES NAVAL SEA CADET CORPS  
WINTER TRAINING COMMAND 2009-10  
**COMBINED SEABAG LIST**

**NOTE TO PARENTS:** Your cadet is responsible for packing his/her seabag. Please inspect their Seabag for the following items. IF IT’S NOT ON THE LIST, DON’T BRING IT. ALSO, ALL CADETS MUST BRING A WATER SYSTEM (CANTEEN W/WEB BELT OR CAMELBACK)

**TRAVEL UNIFORM:** PT Gear (civilian clothes for those traveling by commercial carrier)

**CURRENT ID CARD.**

ITEM	QTY	M/F	RTC/CORPSMAN SCH/STAFF CADETS	NL FIELD	SC FIELD	FITNESS TRAINING
Dress Uniform: <b>Dress blues with flashes (Please include rank, ribbons and name tag)</b>	1	M/F	X ( <b>E-2 STRIPES O.K. for recruits</b> )			X
Black Neckerchief	1	M	X			X
Female Black Tab Tie	1	F	X			X
Dixie Cup <b>**Make sure it’s white and clean**</b> (male)	1	M	X			X
Combo/beret Cover (female)	1	F	X			X
Garrison Cover w/NLCC Device	1	F				
Black belt w/silver belt buckle	1	M/F	X	X (black buckle)	X (black buckle)	X
Black dress shoes - leather only ( <b>NO CORAFRAMS</b> )	1	M/F	X			X
Utility Shirt w/ flashes, rank, and name tapes		M/F	2 ( <b>NO STRIPES – except Staff Cadets</b> )			1
Utility pants w/ name tapes		M/F	2			1
BDU Blouse/Pant/Cover w/flash	1	M/F		X	X	
Utility jacket w/ flashes ( <b>no stripes</b> )	1	M/F	X	X	X	X
Underwear ( <b>Males – Boxers O.K.</b> )	8	M/F	X	X	X	X
Plain White Crew neck t-shirts	8	M/F	X			X
Brown Crew neck t-shirt	8	M/F		X	X	
Athletic/ Sports Bra	1	F	X		X	X
Black socks	8	M/F	X	X	X	X
Sea bag	1	M/F	X	X	X	X
Mesh Laundry Bag	1	M/F	X	X	X	X
Shoe Shine Kit (NO LIQUID)	1	M/F	X	X	X	X
Sweatsuit – Crew neck (Dark Blue)		M/F	1	1	1	2
Athletic Shorts	2	M/F	X	X	X	3 + 8 Regular T-Shirts
Solid color swimsuit (females one piece only)	1	M/F	X	X	X	X
Athletic Running Shoes ( <b>NO SLIP-ONS OR DECK SHOES</b> )	1	M/F	X	X	X	X
White athletic socks	8	M/F	X	X	X	X
Stick Deodorant (no spray cans)	1	M/F	X	X	X	X
Soap and soap dish	1	M/F	X	X	X	X
Shampoo/conditioner	1	M/F	X	X	X	X
Toothbrush and toothpaste	1	M/F	X	X	X	X
Hairbrush and comb	1	M/F	X	X	X	X
Hair ties, pins, gel, etc. to secure long hair into bun		F	X	X	X	X
Feminine Hygiene Supplies	REQ	F	X	X		
Lip balm and/or chap stick (spf 15)	1	M/F	X	X	X	X
Tube of sunscreen (spf 15)	1	M/F	X	X	X	X
Shaving Gear ( <b>NO SPRAY CANS</b> )	1	M/F	X	X		X
Shower shoes	1	M/F	X	X	X	X
Bath Towels	1	M/F	X	X	X	2 Towels
Wash Cloths	1	M/F	X	X	X	X
Sewing Kit	1	M/F	X	X	X	X
Religious material ( <b>optional</b> )	1	M/F	X	X	X	X
<b><u>Additional Gear</u></b>						
Padlock with 2 keys (no combination locks) * <b>1 KEY SHOULD BE PLACED IN PERSONNEL FILE*</b>	1	M/F	X	X	X	X
Chain to wear key around neck	1	M/F	X	X	X	X
Flashlight w/second set of batteries	1	M/F	X	X	X	X
Black ballpoint pen	1	M/F	X	X	X	X
#2 pencil ( <b>not mechanical</b> ) 1		M/F	X	X	X	X
Pad of paper	1	M/F	X	X	X	X

## **CONTRABAND**

**The following items are expressly prohibited (Do not bring) !!!**

Cosmetics, Weapons, Controlled substances, **NO CELL PHONES** Matches/lighters, Pornographic materials, Tobacco products, Electrical appliances, Liquid shoe polish, Alcoholic beverages, Talc/Baby Powder, Perfumes, Candy, gum, food, etc. Glass containers Medical (shelf or prescribed), Aerosol cans (hairspray, shaving cream), Books/magazines (except 1 Religious), Jewelry (except 1 optional religious medal)

**NOTE: A Seabag inspection will be performed upon arriving at Winter Training Command**

***NOTE: ALL SEABAG ITEMS MUST BE MARKED WITH CADET’S NAME***

**NOTE: STAFF CADETS NO CELL PHONES!!!**  
**(If you fly and bring one, it must be checked in with ADMIN upon arrival)**

U. S. NAVAL SEA CADET CORPS

2009-2010 WINTER TRAINING COMMAND

**TRAVEL INFORMATION SHEET**

Fax itinerary to 818-279-6800 or e-mail to [travel@nscpsw.org](mailto:travel@nscpsw.org)

CADET'S NAME: \_\_\_\_\_ UNIT: \_\_\_\_\_

Mode of Travel:

\_\_\_\_ **Airline** (San Luis Obispo Regional Airport – AIRPORT CODE=CSL) – arrive on 25 DEC after 1400

\_\_\_\_ **Private Vehicle** – arrive on 26 DEC

Go to:

[http://www.calgard.ca.gov/oc/cslo/Operations/Security/web\\_Veh%20Registration.htm](http://www.calgard.ca.gov/oc/cslo/Operations/Security/web_Veh%20Registration.htm),

complete on-line form, and print. Be prepared to present to gate guard with your driver's license, current registration, and current proof of insurance.

\_\_\_\_ **Train** (STATION CODE=SLO) - arrive on 25 DEC after 1400

\_\_\_\_ **Greyhound Bus** (STATION=San Luis Obispo) - arrive on 25 DEC after 1400

**ARRIVAL INFORMATION**

Name of Airline/Train/Bus: \_\_\_\_\_ Route #: \_\_\_\_\_ Location: **San Luis Obispo (CSL)**

Electronic Ticket Reservation Confirmation #: \_\_\_\_\_ Arrival Time: \_\_\_\_\_

**DEPARTURE INFORMATION**

Name of Airline/Train/Bus: \_\_\_\_\_ Route #: \_\_\_\_\_ Location: **San Luis Obispo (CSL)**

Electronic Ticket Reservation Confirmation #: \_\_\_\_\_ Departure Time: \_\_\_\_\_

**ALL STAFF/STAFF CADETS AND COMMERCIAL ARRIVALS MUST BE ON 25 DEC 09 AFTER 1400  
ALL DEPARTURES MUST BE ON 3 JAN 10 (unless other arrangements have been made)**

*We strongly suggest refundable tickets as military locations are subject to cancellation. Some airlines offer "Ticket Insurance" in case of changes.*



U.S. NAVAL SEA CADET CORPS  
PACIFIC SOUTHWEST REGION 11

**Code of Conduct**

In order to live, work, learn, and become a team, certain rules must be established under which trainees may grow and work together. To this end, the following Code of Conduct is established. There are no double standards. All personnel, cadets and staff:

1. Will conduct themselves in a military manner to bring credit to themselves, their company, their home unit, the Naval Sea Cadet Corps, and the Navy.
2. Will not use vulgar, obscene, profane, humiliating, racially/ethnically slanted language or address to one another.
3. Will not threaten, or attempt to do bodily harm to one another.
4. Will not take, obtain, or withhold by any means, the property, money or other articles of value from another.
5. Will not introduce with the intent to use, sell, transfer, or distribute any amount of illicit drugs or paraphernalia.
6. Will not introduce with the intent to use, sell, transfer, or distribute any amount of alcoholic beverages.
7. Will not use tobacco products.
8. Will not engage in collection, soliciting, or distributing funds of any kind except as authorized by the command.
9. Will not willfully damage or destroy any government or personal property.
10. Male and female members will refrain from physical contact, hand-passed notes, romantic interludes and any behavior deemed inappropriate by training standards.
11. Will speak to or about each other in a respectful manner. There is to be no arguing, gossiping, backbiting, teasing, or other language deemed not acceptable. The words **“Shut up”** will not be used during training.

Failure to abide by these rules, and other guidelines established by the Commanding Officer will result in disciplinary action up to and including removal from training. Any individual dismissed from training will be responsible for transportation costs.

NOTE: THIS SCREENING WILL BE CONDUCTED BY MILITARY CORPSMAN AND DOES NOT REPLACE HAVING A REGULAR PHYSICAL EXAM/SCREENING BY YOUR OWN PHYSICIAN. ITS PURPOSE IS TO REDUCE THE RISK OF INJURIES DURING THE TRAINING EVOLUTION. **PLEASE BRING THIS FORM WITH YOU TO CHECK-IN**

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION <i>(Sign each entry)</i>		
	<b>UNITED STATES NAVAL SEA CADETS – CAMP SAN LUIS OBISPO</b>		
	MEDICAL HISTORY:		
	Asthma or Breathing Problems related to exercise, etc.		YES NO
	Been prescribed or use an inhaler:		YES NO If YES, when was the last time
	Knee Problems:		YES NO
	Broken Bones:		YES NO
	Dizziness or fainting spells (including after exercise):		YES NO
	Frequent or Severe Headaches:		YES NO
	Received counseling for emotional or behavior disorder:		YES NO
	Sleepwalking:		YES NO
	Bedwetting:		YES NO
	ALLERGIES:		
	Bee or Wasp Stings:		YES NO
	Hay Fever or Seasonal Allergies:		YES NO
	Insect Bites:		YES NO
	Iodine, Seafood, or Latex:		YES NO
	Any drugs or antibiotics: YES NO If YES, which one? _____		
	Other Allergies: YES NO If YES, which one? _____		
	Food Allergies: YES NO If YES, which one? _____		
	PHYSICAL READINESS TESTING: Date of Last Full PRT: _____		
	_____		
Date:	AUTHORIZATION/ACKNOWLEDGEMENT: The above information is correct and I authorize a medical screening. Parent's Name: _____ Parent's Signature: _____		

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

RECORDS MAINTAINED AT:		LOCAL UNIT ADMINISTRATIVE OFFICE	
PATIENT'S NAME ( Last, First, Middle initial )		SEX	
		Male Female	
RELATIONSHIP TO SPONSOR:	STATUS	RANK/GRADE	
SELF	Active		
SPONSOR'S NAME		ORGANIZATION	
SELF		NSCC NLCC	

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION <i>(Sign each entry)</i>
	<b>PHYSICAL HEALTH SCREENING / CLINICAL EVALUATION (completed by medical corpsman):</b>
	S = _____ year old _____ presented for physical health screening; health record reviewed
AGE	O = <b>NAD</b> <b>Health Questionnaire Reviewed</b> <b>RX Allergies = _____</b>
WEIGHT:	Clinical Evaluation - <b>N = Normal otherwise not deficiencies</b>
HEIGHT:	Nose
	Head, Face, Neck, and Scalp
VITAL SIGNS	Nose
PULSE	Sinuses
RESPIRATION	Ears – General (Indicate recent ear episodes)
BLOOD PRESURE	Drum <i>(HX of Perforation)</i>
	Eyes- General
RX:	Pupils <i>(Finger Scan)</i>
025 Received	Heart <i>(Thrust, Size, Rhythm, and Sounds)</i>
	Lungs and Chest
	Abdomen and Viscera <i>(Include Hernia)</i>
	Lower Extremities
	Upper Extremities
	Feet
	<b>A = Normal Health Screening</b>
	<b>P = Cleared for Training without restrictions</b>
	SCREENING COMPLETED BY: _____
	RANK/RATE: _____
	BRANCH:    USN        USA        USAF

## U.S. NAVAL SEA CADET CORPS

Dear Cadets:

Listed below are the PRT requirements for participation in Recruit Training. For your safety, failure to pass the PRT will result in not being able to participate. Details of each exercise can be found at your unit.

		CADET EXERCISE CHART				
3. MINIMUM PHYSICAL FITNESS STANDARDS FOR MALE CADETS						
AGE	EXERCISE #1 SIT-UPS/CURL-UPS (1 MINUTE)	EXERCISE #2 V-SIT REACH (INCHES)	EXERCISE #3 SHUTTLE RUN (SECONDS)	EXERCISE #4 ONE-MILE RUN (MINUTES:SECONDS)	EXERCISE #5 PUSH-UPS (1 MINUTE)	
13	34	+0.5	12.2	9:45	20	
14	36	+1.0	11.9	9:30	20	
15	38	+2.0	11.7	9:15	25	
16	40	+3.0	11.4	9:00	25	
17	40	+3.0	11.4	8:45	30	
4. MINIMUM PHYSICAL FITNESS STANDARDS FOR FEMALE CADETS						
AGE	EXERCISE #1 SIT-UPS/CURL-UPS (1 MINUTE)	EXERCISE #2 V-SIT REACH (INCHES)	EXERCISE #3 SHUTTLE RUN (SECONDS)	EXERCISE #4 ONE-MILE RUN (MINUTES:SECONDS)	EXERCISE #5 PUSH-UPS (1 MINUTE)	
13	32	+3.5	13.1	12:15	7	
14	32	+4.5	13.2	12:00	7	
15	31	+5.0	13.0	11:45	10	
16	30	+5.5	12.9	12:15	10	
17	29	+4.5	13.0	12:15	12	

U. S. NAVAL SEA CADET CORPS  
PACIFIC SOUTHWEST REGION

**Standing Orders**

These orders are to remain in effect for the duration of the training unless modified by competent authority. Failure to obey them will be regarded as a breach of discipline and will subject you to disciplinary action.

1. All cadets will rise at reveille. You will rise promptly and put on the uniform of the day. You will clean and square away your company area in preparation for morning inspection. You will be ready for muster at the appropriate time. Staff Cadets and Officers will rise 10 minutes prior to trainees.
2. You will be present at every muster and in the proper uniform of the day unless excused by the proper authority.
3. You will maintain proper military bearing at all times and observe all military customs and courtesies.
4. You will stand all assigned watches in a military and seamanlike manner.
5. You will not leave the assigned training area or berthing area without the approval of proper authority.
6. You will observe the chain of command. You will initiate requests and reports by addressing your squad leader.
7. You will at all times display due regard for the health, welfare, and safety of yourself and your shipmates.
8. You will not pretend to be ill or injured.
9. You will not embarrass or degrade another person.
10. There will be no smoking.
11. You will not fight or engage in skylarking.
12. The use of illegal or controlled substances is prohibited.
13. You will not leave any electrical appliances unattended while plugged into a circuit.
14. No trainee will be out of their bunks between lights out and reveille unless they are on watch, using the restroom (head) or with approval of proper authority. Staff Cadets will observe lights out one hour after trainees.
15. Staff will remain in uniform while in a duty status.
16. All trainees will respect and observe "out of bounds" notices and "off limits areas" throughout the barracks.
17. Trainees may not use phones.
18. You will not loiter on the quarterdeck. All trainees on the quarterdeck will be in the uniform of the day.
19. All meals will be eaten as a company unless excused by proper authority.
20. Forms of address:
  - \*The Commanding Officer will be addressed as Captain, Skipper, or by rank and name.
  - \*The Executive Officer will be addressed as Commander or by rank and name.
  - \*All other officers will be addressed by rank and name. (EX: LCDR O'Riley, Ensign Collins, Instructor Gorman)
  - \*Chief Petty Officers will be addressed as CHIEF.
  - \*Company Commanders will be addressed as CC.
  - \*Assistant Company Commanders will be addressed as ACC.
  - \*All other staff cadets will be addressed by rank and name. (EX: Petty Officer Brown, Seaman Smith)
  - \*Recruits will be addressed as Recruit (last name) (EX: Recruit Johnson)

<b>U.S. NAVAL SEA CADET CORPS</b> <b>U.S. NAVY LEAGUE CADET CORPS</b>	<b>MEDICAL HISTORY SUPPLEMENTAL FOR TRAINING AUTHORIZATION, CONSENT AND RELEASE</b>	FOR OFFICIAL USE ONLY	
<b>NOTICE</b>			
This form, used as a supplement to the Report of Medical History - Authorization, Consent and Release (NSCADM 020) is MANDATORY for all Cadets who are currently taking medication and will report to training with prescription and/or non-prescription (over the counter) medications. <u>NSCADM 020 MUST BE SUBMITTED WITH THIS NSCTNG 025.</u>			
<b>THE INFORMATION YOU PROVIDE MUST BE ACCURATE AND COMPLETE.</b> If the cadet is taking <u>prescription medications</u> , a qualified medical provider must endorse this document in Section 10, Block 10a confirming the accuracy of the prescription information provided. Medical provider signature for OTC medications is NOT REQUIRED; parent signature is sufficient for OTC medications.			
Commanding Officers of Training Contingents (COTC) and Senior Escort Officers (SEO) retain the obligation and right to deny acceptance for training to any Cadet if upon review of the Report of Medical History (NSCADM 020) and this document, it is determined that the Cadet is not physically and/or medically qualified to attend training.			
<b>1. PERSONNEL INFORMATION</b>			
1a. Last Name	1b. First Name	1c. MI	1d. Social Security Number
<b>2. TRAINING INFORMATION</b>			
2a. Training Code	2b. Training Date(s)	2c. No. of Days	2d. Training Location
<b>3. PACKAGING AND LABELING REQUIREMENTS</b>			
<b>3a.</b> Cadets may bring prescription and non-prescription medication to training as long as the medication is not for a contagious illness or physical condition that would normally preclude his/her full participation in rigorous physical activity. Medication must NOT have expired.			
<b>3b. Prescription Medication</b> <ul style="list-style-type: none"> <li>Must be in the original container from the pharmacy or manufacturer.</li> <li>Must have a complete prescription label attached to the container.</li> <li>The container can only contain the medication it is labeled for.</li> <li>The Cadet must be the person prescribed the medication and his or her name must appear on the prescription label.</li> </ul>		<b>3c. Non-Prescription Medication (Over the Counter)</b> <ul style="list-style-type: none"> <li>Must be in the original container from the manufacturer.</li> <li>Must have a complete manufacturer's label attached to the container identifying the contents and directions for use.</li> <li>The container can only contain the medication it is labeled for.</li> </ul>	
<b>4. PRESCRIPTION OR NON-PRESCRIPTION MEDICATIONS</b> <i>(Use additional documents if more than three medications are prescribed)</i>			
4a. Name of Medication	4b. Strength	4c. Total Quantity Required	4d. Total Quantity Sent
<b>4e.</b> Storage (Use Block 7, if necessary) <input type="checkbox"/> Refrigerate <input type="checkbox"/> Child-Proof Cap <input type="checkbox"/> Other:		<b>4f.</b> Frequency and Dosage (check one) <input type="checkbox"/> As needed, as labeled <input type="checkbox"/> On schedule, as labeled <input type="checkbox"/> Other: See Block 4l and/or Block 7	
4g. Prescribing Provider Name	4h. Prescribing Provider Phone Number	4i. Prescribing Provider Phone Number (alternate)	
<b>4j.</b> Reason for medication <i>(Describe in detail if necessary)</i>			
<b>4k.</b> Relevant side effects to be observed if any: <i>(Such as reactions to food, dehydration, sun sensitivity, hives, other medication restrictions, decreased balance/motor skills, hyperactivity, concentration, drowsiness, lethargy, etc.)</i>			
<b>4l.</b> List any other important information about this medication since access to medical information or facilities could be delayed due to training activities or location.			
<b>4m.</b> Expected effects if medication is not taken as directed			
<b>5. PRESCRIPTION OR NON-PRESCRIPTION MEDICATIONS</b> <i>(Use additional documents if more than three medications are prescribed)</i>			
5a. Name of Medication	5b. Strength	5c. Total Quantity Required	5d. Total Quantity Sent
<b>5e.</b> Storage (Use Block 7, if necessary) <input type="checkbox"/> Refrigerate <input type="checkbox"/> Child-Proof Cap <input type="checkbox"/> Other:		<b>5f.</b> Frequency and Dosage (check one) <input type="checkbox"/> As needed, as labeled <input type="checkbox"/> On schedule, as labeled <input type="checkbox"/> Other: See Block 5l and/or Block 7	
5g. Prescribing Provider Name	5h. Prescribing Provider Phone Number	5i. Prescribing Provider Phone Number (alternate)	
<b>5j.</b> Reason for medication <i>(Describe in detail if necessary)</i>			
<b>5k.</b> Relevant side effects to be observed if any: <i>(Such as reactions to food, dehydration, sun sensitivity, hives, other medication restrictions, decreased balance/motor skills, hyperactivity, concentration, drowsiness, lethargy, etc.)</i>			
<b>5l.</b> List any other important information about this medication since access to medical information or facilities could be delayed due to training activities or location.			
<b>5m.</b> Expected effects if medication is not taken as directed			

		MEDICAL HISTORY SUPPLEMENTAL		
<b>6. PRESCRIPTION OR NON-PRESCRIPTION MEDICATIONS</b> <i>(Use additional documents if more than three medications are prescribed)</i>				
<b>6a.</b> Name of Medication		<b>6b.</b> Strength	<b>6c.</b> Total Quantity Required	<b>6d.</b> Total Quantity Required
<b>6e.</b> Storage (Use Block 7, if necessary) <input type="checkbox"/> Refrigerate <input type="checkbox"/> Child-Proof Cap <input type="checkbox"/> Other:		<b>6f.</b> Frequency and Dosage (check one) <input type="checkbox"/> As needed, as labeled <input type="checkbox"/> On schedule, as labeled <input type="checkbox"/> Other: See Block 6l and/or Block 7		
<b>6g.</b> Prescribing Provider Name	<b>6h.</b> Prescribing Provider Phone Number		<b>6i.</b> Prescribing Provider Phone Number (alternate)	
<b>6j.</b> Reason for medication <i>(Describe in detail if necessary)</i>				
<b>6k.</b> Relevant side effects to be observed if any: <i>(Such as reactions to food, dehydration, sun sensitivity, hives, other medication restrictions, decreased balance/motor skills, hyperactivity, concentration, drowsiness, lethargy, etc.)</i>				
<b>6l.</b> List any other important information about this medication since access to medical information or facilities could be delayed due to training activities or location.				
<b>6m.</b> Expected effects if medication is not taken as directed				
<b>7. REMARKS</b> (please include comments as required by Blocks 4, 5 and/or 6. Also provide any other medical history that you or your physician deems important)				
<b>8. STATEMENT OF UNDERSTANDING AND CONSENT</b>				INITIAL BELOW
<b>8a.</b> During the NSCC/NLCC training evolution, NSCC medical personnel on duty and/or assigned NSCC staff members have my permission to administer the prescription medication listed in Block 4 and/or Block 5. I understand that all medications provided to the NSCC training contingent staff, must be in the original medication bottle containing all of the information required by Block 4, 5, and/or 6.				
<b>8b.</b> I give consent to the NSCC staff to contact the medical provider as needed for clarification with regard to medications listed and the conditions for which the medication is prescribed.				
<b>8c.</b> I understand that all medications will be collected at the beginning of training and administered to the Cadet based on dosing instructions on the medication bottle/package. In no instance will Cadets be allowed to self-medicate with any medication whether it is over the counter or prescription. I understand I must provide the required amount of medication needed for the entire duration of the training evolution.				
<b>8d.</b> I understand that my son/daughter is being granted a special privilege of attending an NSCC/NLCC training evolution while on medication. The Commanding Officer of the Training Contingent (COTC), and/or National Headquarters (NHQ) retains the authority to not accept and/or terminate Cadet's training at any time due to medical/other reasons. If terminated, parent agrees to immediately pick up their son/daughter upon notification by the COTC and/or training staff.				
<b>9. AUTHORIZATION AND RELEASE</b>				
I certify that to the best of my knowledge that the information provided is true and accurate and that I have disclosed all pertinent medical history. Furthermore, I authorize the Naval Sea Cadet Corps, its agents, officials, and training staff members, to dispense medication listed on this authorization and I "Hold Harmless" the Naval Sea Cadet Corps from any and all liability, actions, or causes of action for damages or injury that may arise, directly or indirectly, from my son/daughter's use of medication while participating in Naval Sea Cadet Corps activities. I understand that training staff members may not be medical professionals and that medication will be dispensed according to the manufacturer's instructions and/or the instructions I provided on this authorization.				
<b>9a.</b> Name of Parent/Guardian (Type of Print)		<b>9b.</b> Signature		<b>9c.</b> Date (DD MMM YY)
<b>10. ENDORSEMENTS</b>				
I have reviewed the medical record of this cadet and certify that the medications listed on this form are true and correct as prescribed and that this cadet is physically able to attend the listed training evolution.				
<b>10a.</b> Name of Medical Provider (Type of Print)		<b>10b.</b> Signature		<b>10c.</b> Date (DD MMM YY)
I certify that I have reviewed the above information and the Cadet listed on this form is physically able to attend the listed training evolution.				
<b>10d.</b> Name of Commanding Officer (Type of Print)		<b>10e.</b> Signature		<b>10f.</b> Date (DD MMM YY)