

ADMINISTRATIVELY APPROVED

Received too late for April, 2021

Board Meeting

Received for Information: May 6, 2021

SCHOOL DISTRICT OF CLAY (

FIELD TRIP REQUEST

1. School Requesting: Keyston High High
2. Transportation (Check One):
School Bus(s) _____ Private Vehicle(s) _____ Commercial Carrier _____ Other 2
If Commercial Carrier or Other, please state type: Rental Vans School Vans
3. Trip(s) Overnight: Yes 2 No _____ Trip(s) Out-of-State: Yes _____ No 2
4. Dates of Field Trip*: April 22, 2021 Destination*: Port St Joe / Panama City
5. Group Taking Trip: Boys Weightlifting Team
6. If using private vehicles, list drivers you wish to designate as Agents of the Board and attach the necessary Agent of the Board form. _____
7. Educational Value of Field Trip: State Weightlifting Meet
"FH SAA"
8. Supporting Florida Standards Benchmark(s) with Narrative(s): _____
9. Number of Students*: 13 Number of Chaperones*: 3
10. Cost Per Student: 55.00 Budget Code or Source to be charged: 1100, 1136
(Example: Internal Accounts, 5100.0331, Athletic Departments)
11. Departure Time*: 12:30 pm 4-22-21 Returning Time*: 10:00 pm 4-23-21

*For School Buses, if more than one bus is requested, reference bus request form.

All county policy and school directives have been reviewed and compliance has been established. This form should be submitted to the appropriate Instructional Division supervisor. If school buses are being used, the transportation request form should be attached. School bus requisition numbers for each request form are to be list below.

Bus Requisition Number(s):

Teacher, Team Leader, Department Head, Etc.

Principal

Assistant Superintendent

Superintendent

SEC-1-2723; E. 2/13/2019

Date

Date

Date

Date

COVID PLAN FOR STATE WEIGHTLIFTING MEET

All athletes will be wearing masks in county owned vehicles as we travel.

We are putting 2 athletes per hotel room to help with COVID protocol.

We will have hand sanitizer available for our athletes.

ADMINISTRATIVELY APPROVED
PENDING BOARD APPROVAL
May 6, 2021

SCHOOL DISTRICT OF
FIELD TRIP REQUEST

1. School Requesting: MHS
2. Transportation (Check One):
School Bus(s) _____ Private Vehicle(s) _____ Commercial Carrier _____ Other X
If Commercial Carrier or Other, please state type: Parents are responsible for their student
3. Trip(s) Overnight: Yes X No _____ Trip(s) Out-of-State: Yes _____ No X
4. Dates of Field Trip*: 8-12 Jun 21 Destination*: Camp Blanding
5. Group Taking Trip: NSROTC
6. If using private vehicles, list approved driver(s): _____
7. Educational Value of Field Trip: Basic Leadership Training

Summer
8. Supporting Florida Standards Benchmark(s) with Narrative(s): _____

9. Number of Students*: 4 Number of Chaperones*: 0 from MHS
10. Cost Per Student: \$ 300 Budget Code or Source to be charged: _____
(Example: Internal Accounts, 5100.0331, Athletic Departments)
11. Departure Time*: 0700 Returning Time*: 1600

*For School Buses, if more than one bus is requested, reference bus request form.

All county policy and school directives have been reviewed and compliance has been established. This form should be submitted to the appropriate Instructional Division supervisor. If school buses are being used, the transportation request form should be attached. School bus requisition numbers for each request form are to be list below.

Bus Requisition Number(s): _____

CDR Lee MK
Teacher, Team Leader, Department Head, Etc.

[Signature]
Principal

[Signature]
Assistant Superintendent

[Signature]
Superintendent

11 Mar 21
Date

3-11-21
Date

3/18/21
Date

Date

104



Middleburg High School
Naval Junior Reserve Officer Training Corps

3750 County Road 220
Middleburg, Florida 32068
(904) 336-8227, (904) 336-8226



11 March 2021

Subj: NJROTC Basic Leadership Training (BLT)

NJROTC BLT is a NJROTC summer event hosted at Camp Blanding by Ridgeview High School NJROTC in June. Students will be taught and chaperoned by other NJROTC Instructors from across NJROTC Area 12. Parents of Middleburg NJROTC Cadets are aware that Instructors from other NJROTC Units will be chaperoning and instructing their children. The Middleburg NJROTC Unit helps defray the cost for Cadets attending and pays part or all of the cost of the event fee for students depending on student need. Copies of the Indemnity Forms, signed by the parents allowing the Cadets to participate in the event, will be held on file until the next school year in the NJROTC Office and available upon request.

MHS Instructors

Are NOT Going

ADMINISTRATIVELY APPROVED
PENDING BOARD APPROVAL
May 6, 2021

SCHOOL DISTRICT OF
FIELD TRIP REQUEST

1. School Requesting: MHS
2. Transportation (Check One):
School Bus(s) _____ Private Vehicle(s) _____ Commercial Carrier X Other _____
If Commercial Carrier or Other, please state type: Bus
3. Trip(s) Overnight: Yes _____ No X Trip(s) Out-of-State: Yes X No _____
4. Dates of Field Trip*: 5 Jun 21 Destination*: Wild Adventures Valdosta GA
5. Group Taking Trip: NJROTC
6. If using private vehicles, list approved driver(s): _____
7. Educational Value of Field Trip: End of Year Trip
8. Supporting Florida Standards Benchmark(s) with Narrative(s): _____
June 5th
Saturday
9. Number of Students*: 25 Number of Chaperones*: 2
10. Cost Per Student: — Budget Code or Source to be charged: NJROTC
(Example: Internal Accounts, 5100.0331, Athletic Departments)
11. Departure Time*: 0800 Returning Time*: 2000

*For School Buses, if more than one bus is requested, reference bus request form.

All county policy and school directives have been reviewed and compliance has been established. This form should be submitted to the appropriate Instructional Division supervisor. If school buses are being used, the transportation request form should be attached. School bus requisition numbers for each request form are to be list below.

Bus Requisition Number(s):

CDR Lee M. [Signature]
Teacher, Team Leader, Department Head, Etc.

[Signature]
Principal

[Signature]
Assistant Superintendent

[Signature]
Superintendent

6 Apr 21
Date

7 Apr 21
Date

4/15/21
Date

[Signature]
Date

SCHOOL DISTRICT OF
FIELD TRIP REQUEST

ADMINISTRATIVELY APPROVED

Received too late for April, 2021

Board Meeting

Received for Information: May 6, 2021

1. School Requesting: Middleburg HS
2. Transportation (Check One):
School Bus(s) _____ Private Vehicle(s) ☒ Commercial Carrier _____ Other _____
If Commercial Carrier or Other, please state type: _____
3. Trip(s) Overnight: Yes ☒ No _____ Trip(s) Out-of-State: Yes _____ No ☒
4. Dates of Field Trip*: 4/21/2021 Destination*: Vero Beach
4/20/21
5. Group Taking Trip: Beach VB Team 1 school day
6. If using private vehicles, list approved driver(s): Sypnowski, Nolan, Brugh, Rahn, Wahl, Prewitt
7. Educational Value of Field Trip: _____
Players will be staying w/ parents and driven by parents
8. Supporting Florida Standards Benchmark(s) with Narrative(s): _____

9. Number of Students*: 16 Number of Chaperones*: 2
10. Cost Per Student: _____ Budget Code or Source to be charged: _____
(Example: Internal Accounts, 5100.0331, Athletic Departments)
11. Departure Time*: 4:00 PM 4/20/21 Returning Time*: 6:00pm 4/21/21

*For School Buses, if more than one bus is requested, reference bus request form.

All county policy and school directives have been reviewed and compliance has been established. This form should be submitted to the appropriate Instructional Division supervisor. If school buses are being used, the transportation request form should be attached. School bus requisition numbers for each request form are to be list below.

Bus Requisition Number(s):

Carrie Prewitt

Teacher, Team Leader, Department Head, Etc.

[Signature]
Principal

[Signature]
Assistant Superintendent

[Signature]
Superintendent

4/15/21

Date

4/16/21

Date

4/19/21

Date

4/19/21

Date

SSAC Beach Volleyball-State Qualifying Tournament- Travel Plan

Middleburg High School

Coach: Carrie Prewitt

The tournament will be at Vero Beach Volleyball Courts, 1060 6th Ave, Vero Beach, FL 32960
Wednesday, April 21st.

Below is the travel plan for Middleburg High School.

Parent drivers for the players.

Leave: Tues, April 20th @ 4:00 p.m.

Returning: Wednesday, April 21 @ 7:00 p.m.

Stay in Vero Beach overnight, Tuesday night

Players will be staying with parents and parents will be transporting players down to the tournament. Some parents may choose to transport their child on Wednesday early morning.

Covid-19 Plan: Coaches, along with all MHS players will be required to wear a mask at all times while inside and when unable to social distance. Players will be able to remove their masks while competing but must maintain social distancing where appropriate based on FHSA guidelines for volleyball. Players will be required to answer the screening questions on Tuesday, April 20th and Wednesday, April 21st and will be documented on the Covid screening form.

Thank you for your help

Coach Prewitt

A handwritten signature in black ink, appearing to read "Carrie Prewitt", with a stylized flourish at the end.

SCHOOL DISTRICT OF C
FIELD TRIP REQUEST

ADMINISTRATIVELY APPROVED
Received too late for April, 2021
Board Meeting
Received for Information: May 6, 2021

1. School Requesting: Middleburg HS
2. Transportation (Check One):
School Bus(s) _____ Private Vehicle(s) ☒ Commercial Carrier _____ Other _____
If Commercial Carrier or Other, please state type: _____
3. Trip(s) Overnight: Yes ☒ No _____ Trip(s) Out-of-State: Yes _____ No ☒
4. Dates of Field Trip*: April 30-May 1 Destination*: Tavares, FL Sat
5. Group Taking Trip: Beach VB Team
6. If using private vehicles, list approved driver(s): Sypniewski, Nolan, Wahl, Brugli, Bemis, Campbell, Staefel, Replogle
7. Educational Value of Field Trip: Players will be traveling with parents and staying w/ parents
8. Supporting Florida Standards Benchmark(s) with Narrative(s): _____
9. Number of Students*: 14-16 Number of Chaperones*: 2
10. Cost Per Student: 0 Budget Code or Source to be charged: 0
(Example: Internal Accounts, 5100.0331, Athletic Departments)
11. Departure Time*: TBA Returning Time*: TBA

*For School Buses, if more than one bus is requested, reference bus request form.

All county policy and school directives have been reviewed and compliance has been established. This form should be submitted to the appropriate Instructional Division supervisor. If school buses are being used, the transportation request form should be attached. School bus requisition numbers for each request form are to be list below.

Bus Requisition Number(s):

Carrie Prewitt
Teacher, Team Leader, Department Head, Etc.
[Signature]
Principal
[Signature]
Assistant Superintendent
[Signature]
Superintendent

4/15/21

Date 4/14/21

Date 4/19/21

Date 4/19/21

Date

SSAC Beach Volleyball-State Tournament- Travel Plan

Middleburg High School

Coach: Carrie Prewitt

The tournament will be at Hickory Point Beach Volleyball Courts, Tavares, FL
Below is the travel plan for Middleburg High School.

Parent drivers for the players.

Leave: Thurs, April 29th @ 4:00 p.m.

Returning: Sat., May 1 @ 7:00 p.m.

Stay in Tavares, Thursday night.

Players will be staying with parents and parents will be transporting players down to the tournament. Some parents may choose to transport their child early on Friday morning.

Covid-19 Plan: Coaches, along with all MHS players will be required to wear a mask at all times while inside and when unable to social distance. Players will be able to remove their masks while competing but must maintain social distancing where appropriate based on FHSAA guidelines for volleyball. Players will be required to answer the screening questions on Thursday (4/29), Friday (4/30) and Sat. (5/1) and will be documented on the Covid screening form.

Thank you for your help

Coach Prewitt

SCHOOL DISTRICT OF CLAY C
FIELD TRIP REQUESTSchool Requesting: OHS

2. Transportation (Check One):

School Bus(s) _____ Private Vehicle(s) ☒ Commercial Carrier _____ Other _____

If Commercial Carrier or Other, please state type: _____

3. Trip(s) Overnight: Yes ☒ No _____ Trip(s) Out-of-State: Yes _____ No ☒4. Dates of Field Trip*: April 1st - 3rd Destination*: Kissimmee FL5. Group Taking Trip: Softball6. If using private vehicles, list drivers you wish to designate as Agents of the Board and attach the necessary Agent of the Board form. Prather, Vairo, Bader, R. Pettaway, K. Aldridge

7. Educational Value of Field Trip: _____

8. Supporting Florida Standards Benchmark(s) with Narrative(s): _____

9. Number of Students*: 15 Number of Chaperones*: 310. Cost Per Student: \$130 Budget Code or Source to be charged: 1140
(Example: Internal Accounts, 5100.0331, Athletic Departments)11. Departure Time*: 11:30 am 4/1 Returning Time*: 7 pm 4/3

*For School Buses, if more than one bus is requested, reference bus request form.

All county policy and school directives have been reviewed and compliance has been established. This form should be submitted to the appropriate Instructional Division supervisor. If school buses are being used, the transportation request form should be attached. School bus requisition numbers for each request form are to be list below.

Bus Requisition Number(s): _____

Teacher, Team Leader, Department Head, Etc. _____

Principal _____

Assistant Superintendent _____

Superintendent _____

SEC-1-2723: B. 2/13/2019

Date

3/23/21

Date

3/23/21

Date

Date



Prather, Regina <regina.prather@myoneclay.net>

2021 Roger Jones Kissimmee Klassic

1 message

Norma Leon Cruz <Norma.LeonCruz@osceolaschools.net> Fri, Mar 12, 2021 at 8:18 AM
 To: "robin.kopp@sdhc.k12.fl.us" <robin.kopp@sdhc.k12.fl.us>, "glenn.rutenbar@44gmail.com" <glenn.rutenbar@44gmail.com>, Jody Moore <JMoore@canterburyflorida.org>, Zach S <zjs1787@yahoo.com>, Willie Viruet <wviruet@doralacademyprep.org>, "petersona@lake.k12.fl.us" <petersona@lake.k12.fl.us>, "Mulder, Julie" <julie.mulder@polk-fl.net>, Coach Bayly <lbhssoftball@gmail.com>, "john.mcquillan@ocps.net" <john.mcquillan@ocps.net>, John Bridges <thundersoftball09@yahoo.com>, "Manhart, Sabrina" <manharts@flaglerschools.com>, Jason Palmer <jpalmer@portcanaveral.com>, ally ledenham <aledenham7@yahoo.com>, "Prather, Regina" <regina.prather@myoneclay.net>, Miranda <wat06@aol.com>, "lgoluba@pasco.k12.fl.us" <lgoluba@pasco.k12.fl.us>, "slater005@aol.com" <slater005@aol.com>, Scott Thomas <scott_culligan@hotmail.com>, Ray Wrobrey <rhwhobrey@yahoo.com>, JR Borden <jborden@tbc.org>, "kssawalters@aol.com" <kssawalters@aol.com>, "dejobrebre@gmail.com" <dejobrebre@gmail.com>, "randalyn20@aol.com" <randalyn20@aol.com>, "Gordon, Farrah S." <gordonfz@scps.k12.fl.us>

Good Morning Coaches,
 Hope all is well and hoping you are all having a great season so far.

Welcome to 2021 Roger Jones Kissimmee Klassic. It is with great honor and excitement to finally have High School Softball back.

Enclosed please find the Blue Brackets and Gold Brackets for this year. As you can see the Gold Bracket looks a little different due to last minute teams not able to compete due to their district Covid-19 restriction.

Please fill out the **Survey** and your **Rosters** email them back to me ASAP. They are fillable forms.

We look forward to seeing everyone on April 1.



CONFIDENTIAL

2000

1. The first part of the document is a letter from the President of the United States to the Congress, dated January 3, 1862. It is a very long letter, and it contains a great deal of information about the state of the country at that time. It is a very important document, and it is one of the most interesting documents in the collection.

Number 16-79 shifted to 16-5180, which was the way it has been.

11/10/2017 10:16:22 AM

100-42127-1694 [REDACTED] (S) (U)

2012-2013

NOT RECORDED BY THE NATIONAL ARCHIVES

[illegible]

area) starting from the center point of the circle.

Autarkies 91-1963 (not a list)

There is no doubt that the United States is the largest and most powerful nation in the world.

SECRET//NOFORN//SI//NF 9/28/2011

FILED AT: 21.05.1990 10:15:00

Thank you for participating in the 2021 Roger Jones
Kissimmee Klassic Tournament.

Respectfully,
Miranda Watford

*Norma Leon
Osceola High School
Student Records Clerk
407.518.5400 Ext. 40310*



7 attachments



welcomeKlassic.docx

26K



coach instruct.docx

26K



COACHES LUNCHEON.docx

81K



Survey Kissimmee Klassic 2020-2021

147K



ROSTER19.pdf

157K



blue bracket 2020 (1).docx

41K



Gold Pool Play.xlsx

21K

Thank you for participating in the 2011 Survey
on the 100th Anniversary of the 19th Amendment

Survey Results

Survey Results
100th Anniversary of the 19th Amendment

Survey Results

Survey Results

Survey Results

Survey Results

Survey Results

Survey Results

Survey Results

Survey Results

2021 Roger Jones Kissimmee Klassic

sponsored by FPOA, Experience Kissimmee & Alleson Athletics

"Prep Softball At Its' Best"

420 South Thacker Avenue
Kissimmee, Florida 34741
April 1-3, 2021

Coaches:

CONGRATULATIONS on being selected to participate in the 2021 Kissimmee Klassic. The Klassic has grown into one of the most prestigious high school fastpitch tournaments in the United States. This year Klassic will once again be held at the:

Fortune Road Athletic Complex
2500 Fortune Road
Kissimmee, FL 34744
Complex # 407-518-2504

We follow FHSAA rules. Game time is forfeit time. Please note that you have already been 'coin tossed' and the home and visitor is designated. If you are home, you will wear light uniforms and use the 1B dugout. Vice versa when you are visitor. If you do not have a contrast uniform, it is your responsibility to contact the team that you will be playing to ASK them if they will wear a contrasting jersey and to report this to the tournament director.

We keep the OFFICIAL book upstairs in the tower. There are radios on the fence behind the umpires, they will call up your changes. You can get a copy of the book after the game and after we have had time to summarize it and make copies. Please bring your lineups to the tower and pick up a game ball to warm up with at least one hour before game time. We will release stats throughout the tournament for your convenience. *Your roster is frozen after the first day so make sure that you list all players at the Thursday pre-game conference.* Remember, attendance is mandatory to pick up your packet and necessary information for the tournament. The pre-game conference is a luncheon meeting this year at 1:30 pm Thursday April 1st at Fortune Road Athletic Complex 2500 Fortune Rd Kissimmee, FL 34744. It is mandatory that the head coach or designated representative attend to pick up your game packet. The meeting will be over at about 2:30pm.

If you would like game scores faxed to any press, please fax us the list of fax numbers along with the contact person and we will make every effort to add them to our press list.

We look forward to an exciting tournament.

Sincerely,

Miranda Watford

SECRET

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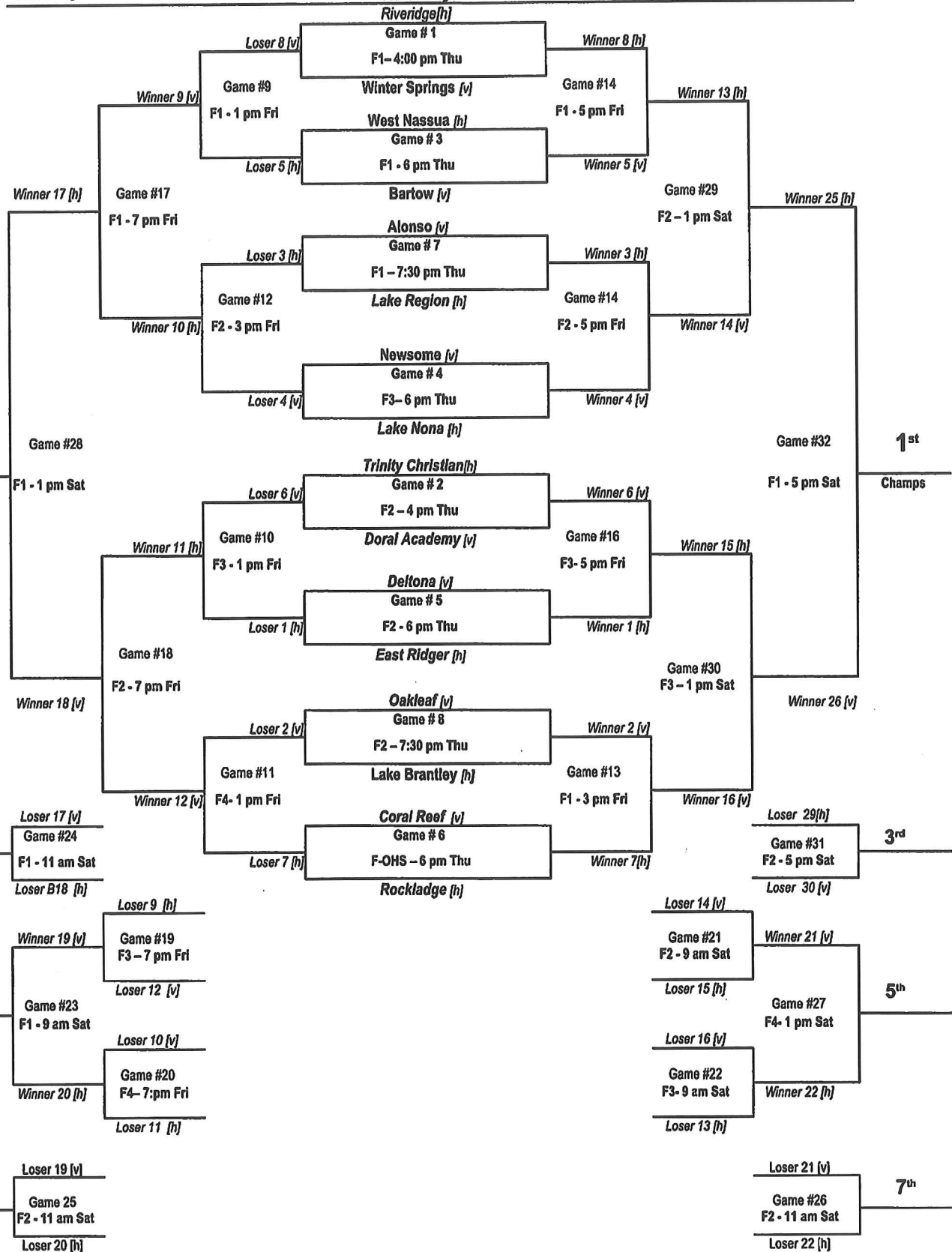
2021 Roger Jones Kissimmee Klassic BLUE BRACKET

sponsored by FPOA, Experience Kissimmee & Alleson Athletics

29th Annual Prep Softball Tournament

April 1 – April 3, 2021 Kissimmee, Florida

April 3 Saturday April 2 Friday April 2 Friday April 1 Thursday April 2 Friday April 3 Saturday April 3 Saturday



11:30 am
meeting

- NO kid drive themselves
- Ask Boyace for (TDE), Everett, email - Hill (one)
- Excused (4-6) team meeting @ 4, @ 7
- Spreads meet
- Parents meeting (taking who's) (every parent)
- \$30 a day per kid, per coach



**Clay County Field Trip COVID
Guidelines
Overnight or Out of State
Field Trips**



(Please attach these guidelines to your field trip request form)

All participants have signed COVID-19 Waiver (not required for athletes; all athletes have already done so via Athletic Clearance process)

Travel Accommodations (Charter Bus, Rental Vans, Parents Driving etc:

Parents and coaches driving.

Hotel Accomodations (room assignments/supervision etc):

6 rooms total, 4 girls in each room, coaches rooms in between player rooms, nightly bed checks.

Mask Compliance:

Masks are required.

Social Distancing:

Social distancing at all times, whenever possible.

*Just al
City - overnight*

ADMINISTRATIVELY APPROVED
Received too late for April, 2021
Board Meeting
Received for Information: May 6, 2021

SCHOOL DISTRICT OF CLAY C
FIELD TRIP REQUEST

1. School Requesting: Oakleaf High School
2. Transportation (Check One):
School Bus(s) _____ Private Vehicle(s) ☒ Commercial Carrier _____ Other _____
If Commercial Carrier or Other, please state type: _____
3. Trip(s) Overnight: Yes ☒ No _____ Trip(s) Out-of-State: Yes _____ No ☒
4. Dates of Field Trip*: 4/23-24/21 Destination*: St. Cloud High School
5. Group Taking Trip: Boys weightlifting State Qualifiers
6. If using private vehicles, list drivers you wish to designate as Agents of the Board and attach the necessary Agent of the Board form. Jacob Scott
7. Educational Value of Field Trip: Interscholastic State championship competition
8. Supporting Florida Standards Benchmark(s) with Narrative(s): _____
9. Number of Students*: 3 Number of Chaperones*: 2
10. Cost Per Student: _____ Budget Code or Source to be charged: _____
(Example: Internal Accounts, 5100.0331, Athletic Departments)
11. Departure Time*: 4/23/21 10:30 am Returning Time*: 4/24/21 10:00 PM

*For School Buses, if more than one bus is requested, reference bus request form.

All county policy and school directives have been reviewed and compliance has been established. This form should be submitted to the appropriate Instructional Division supervisor. If school buses are being used, the transportation request form should be attached. School bus requisition numbers for each request form are to be list below.

Bus Requisition Number(s): _____

Teacher, Team Leader, Department Head, Etc. _____

Principal _____

Assistant Superintendent _____

Superintendent _____

4/13/21
Date

4/13/21
Date

Date



Clay County Field Trip COVID Guidelines Overnight or Out of State Field Trips



(Please attach these guidelines to your field trip request form)

- ☒ All participants have signed COVID-19 Waiver (not required for athletes; all athletes have already done so via Athletic Clearance process)

Travel Accommodations (Charter Bus, Rental Vans, Parents Driving etc):

Private vehicle

Hotel Accommodations (room assignments/supervision etc):

Villas of Fortune St. Cloud, FL

Mask Compliance:

Mask worn when not in active lift, and not able to maintain social distance

Social Distancing:

maintain social distance of 6ft



2021 Class 3A Boys Weightlifting State Final

Information St. Cloud High School

2000 Bulldog Ln, St Cloud, FL 34769

Friday, April 23, 2021-

- • 3A Official Weigh In 6:00 pm-8:00 pm.

Teams may weigh in the night before. The Head Coach must be present with all team members at weigh-in. There will be no scale checks. If an athlete steps on the scale it will be considered an official weigh-in. Individual lifters will not be permitted to weigh-in.

Saturday, April 24, 2021

Access to gym is limited to:

- • Current lifters in that session
- • Fans with a paid ticket.
- • Properly credentialed coaches.

Daily Schedule:

- • Parking lot opens: 6:30 am.
- • Class 3A Packet Pick-up 6:30 am.
- • Class 3A Weigh-ins, 7:00 am – 8:30 am (only for those teams that did not weigh in the night before) • •

Class 3A Judges Meeting, 8:30 am

- • Gates Open for Spectators: 9:00 am.
- Class 3A Competition: o 9:30 AM SESSION 1 (119 lb., 129 lb., 139 lb., 154 lb, 169 lb. weight classes.) o (Individual and Team Awards will follow)
- o CLEAR AND CLEAN THE GYM BETWEEN SESSIONS
- o 2:00 PM SESSION 2 (183 lb., 199 lb., 219 lb., 238 lb., unlimited weight classes.)
- o (Individual Awards will follow)



State Championship Site: St. Cloud High School – Class 3A

Ticket Info: TICKETS WILL BE SOLD PER SESSION

TICKETS MAY ONLY BE PURCHASED ONLINE- NO CASH TICKET SALES

\$9.00 if purchased in advance.

\$12.00 if purchased day of the event.

General Information: Face coverings are required when physical distancing is not an option. Lifters will not have to wear a face covering while on the platform. Hand Sanitizer will be available, and equipment will be cleaned between each lift.

Parking: \$10 per vehicle - **CASH ONLY** (100% of proceeds go to the host school)

Coaches Meeting: There will not be a coach meeting. Important information will be provided in your packet.

Weigh-ins: A lifter with a weight problem will be given a maximum of one hour to make weight, or until the designated weigh-in time has expired, not to exceed one hour from the initial weigh-in. A lifter may be weighed a maximum of three (3) times during the time allotted. The official weigh-in must be done in singlets only (straps up), without shoes. Athletes will be disqualified if they attempt to weigh in improperly or unclothed.

***ALL WEIGHT BELTS WILL BE CHECKED AND MARKED AT WEIGH-IN**

Coaches Packet: Coaches will be required to have their wristbands prior to entering the facility. Athletes will sign in at weigh in and receive a marking once they weigh-in.

Credentials: Credentials will be given out at the following ratio:

1 - 2 athletes = 1 coach

3 - 10 athletes = 2 coaches

11+ athletes = 3 coaches

Coaches will only be able to pick up wristbands at check-in

NO ADDITIONAL WRIST BANDS WILL BE GIVEN OUT

Awards Ceremony: The top six (6) finishers in each weight class will be presented with a championship medal. Additionally, trophies will be awarded to the champion and runner-up team. All medalists, including the champion & runner-up team are to participate in the awards ceremony.

Questions: Any questions concerning an athlete's equipment, or any general questions can either be emailed to Frank Beasley at the FHSAA at fbeasley@fhsaa.org or they can be discussed at packet pick-up, weigh-in or at the coaches meeting.

Parking: Parking passes will be given out at the following ratio:

1 - 4 athletes = 1 pass

5 - 8 athletes = 2 passes

9+ athletes = 3 passes

Please see attached parking map for assistance. No additional parking passes will be issued. All additional vehicles will have to pay \$10.

SCHOOL DISTRICT OF CLAY COUNTY
FIELD TRIP REQUEST

1. School Requesting: RHS
2. Transportation (Check One):
School Bus(s) ☒ Private Vehicle(s) _____ Commercial Carrier _____ Other _____
If Commercial Carrier or Other, please state type: _____
3. Trip(s) Overnight: Yes ☒ No _____ Trip(s) Out-of-State: Yes _____ No ☒
4. Dates of Field Trip: June 8-12 Destination*: Camp Blanding
5. Group Taking Trip: NJROTC - Summer Camp
6. If using private vehicles, list drivers you wish to designate as Agents of the Board and attach the necessary Agent of the Board form. _____
7. Educational Value of Field Trip: To train NJROTC Cadet in ROTC ~~cadet~~ skills and give cadet leaders (cadre) experience leading cadets and trainees experience in followership - See Schedule of Events
We are hosting for other schools
8. Supporting Florida Standards Benchmark(s) with Narrative(s):
AT.2.1.4.2 AT.6.1.4.2 PEB 2.4.4 AT.2.1.4.2
PEA 3.4.1 PEA 4.4.2 PEA 3.4.4 PEA 3.4.6
HEB 1.4.2 HEB 1.4.3 HEB 3.4.5 HEB 2.4.4
9. Number of Students*: 20 Number of Chaperones*: 2
10. Cost Per Student: \$150 Budget Code or Source to be charged: N/A
(Example: Internal Accounts, 5100.0331, Athletic Departments)
11. Departure Time*: 7:00 AM Returning Time*: 3 PM

*For School Buses, if more than one bus is requested, reference bus request form.

All county policy and school directives have been reviewed and compliance has been established. This form should be submitted to the appropriate Instructional Division supervisor. If school buses are being used, the transportation request form should be attached. School bus requisition numbers for each request form are to be list below.

Bus Requisition Number(s):

23114
[Signature]
Teacher, Team Leader, Department Head, Etc.

[Signature]
Principal

[Signature]
Assistant Superintendent

[Signature]
Superintendent

March 22, 2021
Date

3/22/21
Date

4/1/21
Date

4/1/21
Date

[Signature]
Date

SCHOOL DISTRICT OF CLAY COUNTY
REQUISITION FOR SCHOOL BUS TRIP

23110

NOTICE: MAKE OUT SEPARATE REQUEST FOR EACH BUS REQUIRED.

Please Print - USE BALL POINT PEN OR TYPE

THIS SECTION TO BE COMPLETED BY SCHOOL

School Name and Cost Center: 0431 Departure Date of Trip: June 8th
Budget Code: _____ Return Date of Trip: June 12th
Sponsoring Cst Ctr Fund Proj. Int.Acct. Departure Time from School: 7:00 am
I certify that the above Budget Coding is correct: Return Time to School: 3:00 pm
Bookkeeper Signature: _____ Destination: Camp Blending
Date: _____ Number of Students: 20 Sponsors: 2 ROTC pays
Requesting Sponsor/Teacher: LCDR Peterson for Driver
Who pays for motel? School X Driver _____ Who reserves motel? School X Driver _____ Food & Lodging
Please circle the purpose of this trip: Ath. Band Rec. Educ. Voc Ed ROTC E.S.E.
Type of Activity: NS ROTC Special Instructions: Pick up at
Summer Camp Bus loop on Washington Ave

Signature of Principal

Date

District Office Signature

Date

THIS SECTION TO BE COMPLETED BY BUS DRIVER AND SIGNED BY TEACHER/SPONSOR

Speedometer Reading for

Date: _____

Mileage at Departure for Field Trip _____

Departure Time _____

Mileage upon arrival at School _____

Return Time _____

Mileage upon arrival at Destination _____

Breakdown Time _____

Mileage upon arrival back at School _____

Mileage upon arrival at Compound _____

Bus Number _____

FOR OFFICE USE ONLY

Per Diem/Meals: \$ _____

Teacher/Sponsor Signature

Date

Bus Driver Signature

Date

Social Security #: XXX-XX-

THIS SECTION TO BE COMPLETED ONLY IF ROTC

I certify that the items or services listed hereon have been received, performed, inspected, accepted and the vendor has been paid. (Naval Science Only) UIC# _____

Principal Signature/Date

Day ONE, Tuesday, June 8th

1300 Staff Arrival/Check-in -- Uniform: Unit PT Gear
1400 Welcome, Introductions, Safety Brief & Staff Schedule Review
1500 General Staff Training then training for Activity Areas.
1600 Change into BLT PT Gear and set up for cadet arrival.
1700 Dinner
1800-1900 (6:00 pm – 7:00 pm) Cadet Trainees Arrive -- Check-in -- NO EARLY ARRIVALS
IMPORTANT NOTE: Be sure cadets eat supper before they arrive. There will be no food served until breakfast the next morning. Cadets must wear their Unit PT gear upon arrival. Don't change into BLT PT Gear until after PT in the morning.
1900 Move gear into barracks and set up
2000 Battalion Formation/Muster Report/Colors - Welcome and Safety Brief
2030 Cadre Staff Meeting
2100 Quiet Time, Post the Watch
2130 Taps

Day TWO, Wednesday, June 9th

0500 Reveille, Muster with NAVY PT GEAR, Physical Training (PT) & Showers then change in to BLT PT Gear
0630 Breakfast
0715 Battalion Formation/Muster Report/Colors
0730 Activity Period 1
0930 Activity Period 2
1130 Lunch
1230 Activity Period 3
1430 Activity Period 4
1630 Platoon Time
1700 Dinner
1800 Practice Pass in Review
1930 Battalion Formation/Muster Report/Colors/Announcements (Then Cadre Staff Meeting)
1945 Showers - Platoon Time - Field Day Head & Barracks
2100 Snack
2130 Quiet Time, Post the Watch
2200 Taps

Day THREE, Thursday, June 10th

0500 Reveille, Muster with NAVY PT GEAR, Physical Training (PT) & Showers then change in to BLT PT Gear
0630 Breakfast
0715 Battalion Formation/Muster Report/Colors/Awards
0730 Activity Period 1
0930 Activity Period 2
1130 Lunch
1230 Activity Period 3
1430 Activity Period 4
1630 Platoon Time
1700 Dinner
1745 Practice Pass in Review
1930 Battalion Formation/Muster Report/Colors/Announcements (Then Cadre Staff Meeting)
1945 Showers - Platoon Time - Field Day Head & Barracks
2100 Snack
2130 Quiet Time, Post the Watch
2200 Taps

Day FOUR, Friday, June 11th

0500 Reveille, Muster with NAVY PT GEAR, Physical Training (PT) & Showers then change in to BLT PT Gear
0630 Breakfast
0715 Battalion Formation/Muster Report/Colors/Awards
0730 Activity Period 1
0920 Activity Period 2
1130 Beach Picnic
1300 Platoon Competitions--Canoe race, push-ups and sit-ups
1400 Change clothes
1430 Pass in Review Practice
1600 Showers & Platoon Time & Practice Skits
1700 Dinner
1745 Platoon Time – Continue Showers, Practice skits, Field Day Head & Barracks & Pack Gear
1930 Battalion Formation/Muster Report/Colors/Announcements (Then Cadre Staff Meeting)
1945 Skits
2015 Slide Show
2100 Snack
2130 Quiet Time, Post the Watch
2200 Taps

Day FIVE, Saturday, Saturday June 12th

0500 Reveille
0515 Cadets pack all but essential items and load vehicles or stage gear.
0630 Breakfast
0730 Field Day dining hall, barracks, and heads
0830 Change into uniforms and prepare for Pass in Review
0900 Move to Parade Field
1000 Awards Ceremony and Pass in Review
1030 Cadets Depart

Activities Matrix

[illegible]



Camp Blanding BLT

5629 FL-16, Starke, FL 32091

772-643-3290

Peterson.Bob.snsi@NavyJROTC.us

April 2021

Subj: CAMP BLANDING NJROTC BASIC LEADERSHIP TRAINING (BLT) CAMP

- Encl: (1) Letter of Instruction
(2) Medical Release and Cadet Data Form
(3) Camp Blanding Waiver Form (**Also required for all adult instructors attending**)
(4) Counter Drug OPS Waiver (For Obstacle Course)
(5) Clay County School Board COVID – 19 Waiver
(6) Health Risk Screening Form
(7) School Athletic Physical Form (Any other form is OK.)
(8) Required and Optional Packing Checklist
(9) Cadet Staff Application (if applying for a cadre position)

1. Ridgeview High School and Cairo High School will host a Basic Leadership Training Course at Camp Blanding from Tuesday to Saturday, 8-12 June. Training and activities will include Naval Science Studies, Drill, Uniform Prep and Inspection, the Leadership Reaction Course, an Obstacle Course, a Marksmanship Familiarization Fire, Canoeing, and Orienteering. The staff will consist of Naval Science Instructors, volunteers and a cadre of senior NJROTC Cadets who will lead, conduct training, and mentor participants. You may send up to 5 cadets with no chaperone. For 6 or more cadets an instructor or experienced chaperone must also attend to help provide transportation to activities. Lodging and food is provided at no cost to instructors, adult volunteers, and chaperones. Instructors in the local area can also commute if they so desire.

2. The cost for camp is \$170 per cadet trainee. **All paperwork and a non-refundable deposit of \$50 are required by 30 April. Full payment is due NLT 20 May.** All school checks or cashier's checks should be made out to "Ridgeview H.S. NJROTC" We cannot accept and any personal checks. Enclosures 2 through 5 should be mailed, with the check, to Ridgeview High School NJROTC, 466 Madison Ave., Orange Park, FL 32065. The BLT fee includes food, lodging, 2 BLT T-Shirts, PT Shorts, water bottle, and ball cap.

3. All cadet trainees report to camp on Tuesday evening, 8 June (Day ONE), between 1800 and 1900 (6 pm to 7 pm). Please do not arrive early, unless it has been pre-approved. Be sure cadets eat supper before they arrive because there will be no food served until the next morning. **All parents, family, and friends are invited to attend the Graduation Pass in Review and Awards Ceremony at 10:00 am on Saturday 12 June (Day FIVE).** All cadets depart right after the ceremony NLT 1100 (11:00 am).

4. Enclosure (1) is the Letter of Instruction (LOI) which contains additional information including selection criteria, course completion requirements, tentative schedule of events, etc. Be sure to review the rest of this cover letter and LOI before submitting paperwork.

5. Enclosure (2) is a comprehensive Standard Release Form. Ensure the medical and dental accident insurance data is complete. Accident insurance is required, dental is not. The insurance company name,

address, policy ID number, and telephone number are required. Enclosure (3) is the Camp Blanding Liability Waiver and must be completed by everyone, **including all adults**, attending the BLT. **The names of all non-military drivers dropping off cadets or coming the Pass in Review Ceremony must be provided at the bottom of Enclosure (3) or they cannot be admitted through the front gate.** Enclosure (4) is the Counter Drug OPS Waiver (For Obstacle Course), Enclosure (5) is the Clay County School Board COVID – 19 Waiver, Enclosure (6) is the standard NJROTC Health Risk Screening Form which must be completed within the last 60 days prior to arrival, Enclosure (7) is the standard Florida high school athletic physical form. Any other similar physical form is acceptable. Recommend you keep the original and send in a copy. The physical exam must have been completed within the last year.

6. Enclosure (8) is a Packing Checklist. An inspection of all items will be held on the first day and cadets missing important required items may be sent home. **All cadet trainees should arrive wearing their Unit PT Gear.**

7. There will be a limited opportunity for outstanding rising NS 3 and NS 4 cadets to serve on the BLT cadre staff. Most will be Leadership Academy and/or BLT grads with solid leadership experience in their units. The \$170 cost for cadet cadre is the same as cadet trainees. Cadre training will begin at 1300 on Tuesday 18 June (Day ONE). See Enclosure (9) for a cadet staff application. **The deadline for cadre applications is 30 April.**

10. BLT is physically, emotionally, and mentally demanding. Cadets must come prepared for physical activity from the outset. A well-conditioned cadet will have an easier time at BLT. All cadets who come prepared and with a positive attitude will have fun and enjoy a very worthwhile learning experience. Participation in BLT is voluntary and on a first come, first served basis. Space is limited so get your paperwork in early. This is an opportunity to get ahead in the NJROTC program and for everyone to have some fun.

Best regards,



LCDR Robert Peterson, USN (Ret.)

Senior Naval Science Instructor

Navy Junior ROTC Unit

Ridgeview High School

466 Madison Avenue

Orange Park, FL 32065

772-643-3290 (cell)

Email: Peterson.Bob.SNSI@NavyJROTC.US

BLTC LETTER OF INSTRUCTION (LOI)

1. GENERAL: Participation in the Naval Junior ROTC Basic Leadership Training Camp at Camp Blanding Starke, FL is open to male and female cadets. All participating cadets will be in a controlled and structured environment during training. Cadets should understand that the purpose of the program is to prepare them for success as a NJROTC Petty Officer. All cadets should be counseled on the physical and disciplinary demands of accelerated military type training, and they should know what to expect at BLT before deciding to attend. All cadets should be counseled on the physical and disciplinary demands of accelerated military type training, and they should know what to expect at BLT before deciding to attend.

In particular, cadets need to understand that this training is designed to be demanding and strenuous. The training is not meant to harass or personally demean any cadet, but teach the cadets to comply with instructions in a highly efficient manner. There will be no in your face yelling or push ups given for punishment. However, all cadets need to understand that they must follow the rules and regulations of the NJROTC program, their unit, and their school. They must display proper conduct at all times.

2. SELECTION CRITERIA:

- a. Be a volunteer to attend and be recommended by their Senior Naval Science Instructor (SNSI) or Naval Science Instructor (NSI).
- b. Have no record of disciplinary problems in the unit or school.
- c. Be highly motivated and have a positive attitude.
- d. Be in good physical condition. No cadet will be permitted to attend BLT who has ASTHMA, a HEART CONDITION or is required to use pumps or vital sign monitors on a daily basis. NO WAIVERS WILL BE PERMITTED.
- e. School athletic physical dated within the last year.
- f. Demonstrate to your SNSI/NSI an aptitude for NJROTC that will ensure success in a military training environment. Experience has shown cadets may have difficulty at BLT if they:
 - (1) Lack motivation to withstand standard military discipline.
 - (2) Are not in good physical condition.

3. GROOMING: ALL cadets are required to have NJROTC (military style) regulation haircut/hairstyles, and females will not wear makeup or jewelry during BLT. Proper grooming standards will play a large part in the training. Females are not required to have their hair up in a bun all week. Braids or a pony tail are fine since the cadets will be in PT gear all week. However, a bun will be required for uniform inspection.

4. VALUABLES: There is no secure storage. No cellphones, watches or personnel electronics are allowed. (However, cadre will need to bring and use their cellphones.)

5. PACKING CHECKLIST: Enclosure (5) lists items required by each cadet.

6. TRANSPORTATION AND BILLETING:

a. Transportation to and from Camp Blanding is the responsibility of the unit/parents. Names of non-military drivers must be included at the bottom of Enclosure (3) in order to access the camp.

b. Cadets will be berthed in air conditioned open bay barracks. Cadets must bring sheets; however, blankets will be provided.

7. COURSE COMPLETION:

a. Cadets successfully completing BLT will be awarded a completion certificate and should be awarded a BLT ribbon upon return to their unit.

b. Any cadet who is physically unfit, unmotivated, displays unacceptable behavior, violates NJROTC/BLT rules, or does not comply with the requirements contained herein may be dismissed from camp, with the resultant personal expense for transportation home.

8. SCHEDULE OF EVENTS: Key events for parents/guardians are in bold print.

Day ONE, Tuesday

1800-1900 (6:00 pm – 7:00 pm) Cadet Trainees Arrive -- Check-in -- NO EARLY ARRIVALS

IMPORTANT NOTE: Be sure cadets eat supper before they arrive. There will be no food served until breakfast the next morning. **Cadets must wear their Unit PT gear upon arrival.**

1900 Move gear into barracks and set up
2000 Colors/Camp Formation - Welcome and Safety Brief
2100 Quiet Time, Post the Watch
2130 Taps

Day TWO, Wednesday

0500 Reveille, Muster, Physical Training (PT), & Showers
0630 Breakfast
0715 Battalion Formation/Colors
0730 Activity Period 1
0930 Activity Period 2
1130 Lunch
1230 Activity Period 3
1430 Activity Period 4
1630 Platoon Time
1700 Dinner
1745 Muster/Practice Pass in Review
1900 Orienteering Instruction
2000 Colors/Awards
2015 Showers
2100 Snack
2130 Quiet Time, Post the Watch
2200 Taps

Day THREE, Thursday

0500 Reveille, Muster, Physical Training (PT), & Showers
0630 Breakfast
0715 Battalion Formation/Colors
0730 Activity Period 1
0930 Activity Period 2
1130 Lunch
1230 Activity Period 3
1430 Activity Period 4
1630 Platoon Time
1700 Dinner
1745 Muster/Practice Pass in Review
1900 Leadership Instruction
2000 Colors/Awards
2015 Showers
2100 Snack
2130 Quiet Time, Post the Watch
2200 Taps

Day FOUR Friday,

0500 Reveille, Muster, Physical Training (PT), & Showers
0630 Breakfast
0715 Battalion Formation/Colors
0730 Uniform Inspection or Orienteering Meet
0930 Uniform Inspection or Orienteering Meet
1130 Beach Picnic
1430 Showers/Platoon Time (Plan Skits)
1700 Dinner
1745 Muster/Practice Pass in Review
1900 Skits
2000 Colors/Awards
2015 Slide Show
2100 Snack
2130 Quiet Time, Post the Watch
2200 Taps

Day FIVE, Saturday

0500 Reveille
0515 Cadets pack all but essential items and load vehicles or stage gear.
0630 Breakfast
0730 Field Day dining hall, barracks, and heads
0900 Change into uniforms and prepare for Pass in Review
1000 Awards Ceremony and Pass in Review
1030 Cadets Depart

For Cadet Staff:

Day ONE, Tuesday

****Eat lunch before arrival****

- 1300 Staff Arrival/Check-in -- Uniform: Unit PT Gear
- 1400 Welcome, Introductions, Safety Brief & Staff Schedule Review
- 1500 Staff Training
- 1600 Change into BLT PT Gear and set up for cadet arrival.
- 1700 Dinner

Enclosure (1)

BLT Medical Release and Cadet Data Form

Date _____

I/We, _____ and _____, being the legal parent(s)/

guardian(s) of _____, a member of the NJROTC program, in consideration of the continuance of his/her acceptance of NJROTC training, do hereby release from any and all claims demands, actions or causes of actions due to death, illness or injury, the government of the United States and all its officers, representatives and agents acting officially or otherwise and also its local, regional and national Navy officials of the United States, the U. S. Naval Junior Reserve Officers Training Corps, the Clay County School Board, and its officers and officials.

I/We 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/our son/daughter during his/her period of training, as is deemed necessary by a qualified practitioner.

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

He/she requires medication for the treatment of: _____

Below are listed any other medical conditions which my son/daughter/ward is known to have, which may preclude or limit in any way his/her participation in physical exercise and athletic programs:

His/her physician is:

Name: _____

Address: _____

Telephone: _____

Medical Insurance Information (Not Required)

Co. Name: _____

Address: _____

Policy #: _____

Telephone: _____

Dental Insurance Information (Not Required)

Co. Name: _____

Address: _____

Policy #: _____

Telephone: _____

High School: _____

Age: _____ Grade (next year): _____

Naval Science (next year): 2 3 4

T-Shirt Size: XSM SM MED LG XLG 2XLG

Short Size: XSM SM MED LG XLG 2XLG

NJROTC Instructor's Name: _____

Instructor's Phone: _____

Parent's Name: _____

Parent's Home Phone: _____

Parent's Work Phone: _____

Parent's Cell Phone: _____

Emergency Contact's Name: _____

Emergency Phone: _____

Note: All cadets are required to have a point of contact in case of emergency. If parents will not be home, they must designate a responsible person to contact in case of emergency. This person must have the ability to transport the cadet home if necessary.

I authorize the officials of the Basic Leadership Training Camp to administer over-the-counter medications for minor injuries or illnesses that may occur during the course of training at BLTC.

PRIVACY ACT NOTIFICATION: Under the authority of 5 U. S. C sec 301, the information provided regarding your child's/ward's health, medical condition and treatment 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 USC, Sec 552, the requested information will not be divulged without your written authorization to anyone other than NJROTC area personnel involved with the administration of the NJROTC activities, and medical/dental personnel requiring the information in order to effectively treat any health 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.

I/We the parent(s) or guardian(s) of _____ do expressly agree and covenant that I/We will never sue or bring any legal action or proceeding against any participating High School, the Clay County School Board and the Naval Science Instructors thereof; Staff personnel thereof; the United States Navy; the United States Government, or any person or organization connected therewith, for or on account of any injury or damage my/our child may sustain while using the facilities of Camp Blanding, FL; and that this document may be pleaded as a complete defense to any action or other proceeding which may be brought by me/us, my/our heirs, or my/our legal representatives against any and all of the above names, persons, and organization, with whom I/ We so covenant.

| | | | |
|---|---------------|---|---------------|
| _____ Father / Guardian | _____ Date | _____ Mother / Guardian | _____ Date |
| _____ Witness for Father's Signature | _____ Date | _____ Witness for Mother's Signature | _____ Date |

Note: Notary is not required.

CAMP BLANDING JOINT TRAINING CENTER

PARTICIPANT RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

NOTICE: This agreement contains a release and waiver of liability and when signed is a contract with legal consequences. Please read it carefully before signing your name.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE CAMP BLANDING JOINT TRAINING CENTER / DEPARTMENT OF MILITARY AFFAIRS / ARMORY BOARD USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE CAMP BLANDING JOINT TRAINING CENTER / DEPARTMENT OF MILITARY AFFAIRS / FLORIDA STATE ARMORY BOARD IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE CAMP BLANDING JOINT TRAINING CENTER / DEPARTMENT OF MILITARY AFFAIRS / FLORIDA STATE ARMORY BOARD HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

TO CAMP BLANDING JOINT TRAINING CENTER / FLORIDA DEPARTMENT OF MILITARY AFFAIRS / ARMORY BOARD:

In consideration for the privilege of _____, and using the facilities located on the Camp
NAME OF CADET/PARTICIPANT

Blanding Joint Training Center or using the installation, I, _____, the
NAME OF PARENT/PARTICIPANT

undersigned participant or parent/ guardian, freely appreciate, agree to and make the following contractual representations and agreements:

I, the undersigned participant or parent/guardian (RELEASOR), do hereby knowingly, freely, and voluntarily assume all risk and liability for any damage or injury that may occur as a result of my own or my dependent(s)'s participation in these activities and agree to **release, waive, discharge, and covenant not to sue, to the fullest extent allowed by law, the CAMP BLANDING JOINT TRAINING CENTER / FLORIDA DEPARTMENT OF MILITARY AFFAIRS / ARMORY BOARD,** their officers, officials, agents, board members, employees, volunteers, assigns and successors (RELEASEES) from any and all liability or claims that may be sustained by me or a third party directly or indirectly in connection with, or arising out of participation in these activities, whether caused in whole or in part by the negligence of the CAMP BLANDING JOINT TRAINING CENTER / FLORIDA DEPARTMENT OF MILITARY AFFAIRS / ARMORY BOARD or otherwise.

I, the Releasor, being of lawful age, in consideration of being permitted to participate in the activity described herein, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, or as parent/guardian or the minor participant, HEREBY

1) Acknowledge the risk of injury from the activities

involved in this program is significant, including the potential for permanent paralysis and death, and while particular skill, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist, and,

2) KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OR CARELESSNESS OF THE RELEASEES (CAMP BLANDING JOINT TRAINING CENTER / FLORIDA DEPARTMENT OF MILITARY AFFAIRS / ARMORY BOARD or others), and assume full responsibility for my participation or the participation of my ward/child; and,

3) Willing agree that all participants will comply with the stated and customary terms and conditions for participation in these activities. If, however, I observe any unusual significant hazard during my presence or participation, I will safely remove myself from the participation and bring such to the attention of the CAMP BLANDING JOINT TRAINING CENTER / FLORIDA DEPARTMENT OF MILITARY AFFAIRS / ARMORY BOARD; and,

4) RELEASE, INDEMNIFY, AND HOLD HARMLESS THE CAMP BLANDING JOINT TRAINING CENTER / FLORIDA DEPARTMENT OF MILITARY AFFAIRS / ARMORY BOARD, their officers, officials, agents, board members, employees, volunteers, assigns and successors from any and every claim, demand, action or right of action, of whatever kind or nature, either in law or in equity arising from or by reason of any bodily injury or personal injuries known or unknown, death or property damage resulting or to result from any accident which may occur as a result of participation in this activity or at the Camp Blanding Joint Training Center, whether by negligence or not.

5) Further release all officials and professional personnel from any claim whatsoever on account of first aid treatment or services rendered to me during my participation in the activity occurring on or at the Camp Blanding Joint Training Center.

6) Understand that the CAMP BLANDING JOINT TRAINING CENTER / FLORIDA DEPARTMENT OF MILITARY AFFAIRS / ARMORY BOARD does not carry insurance to cover participants in the certain activities held on or at the Camp Blanding Joint Training Center, in which I may be participating.

7) Understand there are risks associated with these activities, and agree to assume the risk of any injuries that may be sustain during any of these activities, including but not limited to the risk of death.

8) Understand that activities conducted on Camp Blanding Joint Training Center may be hazardous to my health and understand that there is a risk of serious injury or death if I participate in these sports/activities.

9) Understand that THE CAMP BLANDING JOINT TRAINING CENTER / FLORIDA DEPARTMENT OF MILITARY AFFAIRS / ARMORY BOARD, their officers, officials, agents, board members, employees, volunteers, assigns and successors, may take photographs or video recordings for use in CAMP BLANDING JOINT TRAINING CENTER / FLORIDA DEPARTMENT OF MILITARY AFFAIRS / ARMORY BOARD publications and news releases without my written consent.

10) Acknowledge this release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

11) Further state that the undersigned has carefully read the foregoing release and knows the contents thereof and signs this release as his/ her own free act.

12) Agree the participant will follow all posted and published rules associated with the activity described herein and comply with all of the rules and policies of the Camp Blanding Joint Training Center.

If the participant is a minor, the undersigned parent or legal guardian warrants and represents that this RELEASE, its significance and the assumption of risk has been explained to and understood by the minor child or ward.

The undersigned consents to having participant/s photo and/or video taken for promotional use only, to be used in, but not limited to, websites, publications, media and/or publicity outlets. The undersigned agrees there will be no monetary compensation for such use.

The undersigned participant or parent/guardian, have read this PARTICIPANT RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, fully understand its terms, and understand that I, on behalf of myself (or my dependent described herein), have given up substantial rights by signing it and have signed it freely and without any inducement, coercion or assurance of any nature and intend it to be a complete and unconditional release of any and all liability to the greatest extent allowed by law and agree that if any portion of this contract is held to be invalid the balance notwithstanding, shall continue in full legal force and effect.

WITNESS SIGNATURE IS REQUIRED ON EACH FORM

Name of Participant (Print): _____

Participant (signature): _____

Name of Parent/Legal Guardian (Print): _____

Parent/ Legal Guardian (Signature): _____

Witness (print): _____

Witness (signature): _____

List all drivers who will drop off or picking up your cadet(s), including drivers attending the Graduation Pass in Review on Saturday. These names will be given to security to access the front gate.

Print Last Name, First Name

Print Last Name, First Name

Print Last Name, First Name

Enclosure (3)



DEPARTMENTS OF THE ARMY AND THE AIR FORCE
FLORIDA NATIONAL GUARD
MULTIJURISDICTIONAL COUNTERDRUG TASK FORCE TRAINING
5629 STATE ROAD 16 WEST BUILDING 3807
STARKE, FL 32091

RELEASE AND WAIVER OF LIABILITY AGREEMENT

I, _____ (participant), acknowledge that I have voluntarily requested to participate in the following activities: Obstacle Course training of the Florida Counterdrug Program.

I AM AWARE THAT THE ABOVE DESCRIBED ACTIVITIES ARE HAZARDOUS ACTIVITIES AND I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE.

I VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: _____

As consideration for being permitted by MCTFT and the Florida Counterdrug Program to participate in these activities and use their facilities, I hereby agree that I, my assignees, heirs, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of the MCTFT, Florida Army National Guard, the State of Florida or any of their affiliated Representatives for injury or damage resulting from the negligence or other acts, however caused, by any employee, agent or personnel of the MCTFT, Florida National Guard, the State of Florida or any of their affiliated organizations as a result of my participation in the activities described above. I forever release the MCTFT, Florida Army National Guard, the State of Florida or any of their affiliated organizations and/or Representative from any and all action, claims, or demands that I, my assignees, heirs, guardians, next of kin, servants, spouse and legal representatives now have or may hereafter have for the injury or damage resulting from any participation in the activities described above. I further acknowledge that Obstacle Courses by nature are unsafe in that they require participants to conduct at least the following physical activities:

1. Walking/ running on improved and unimproved surfaces
2. Lifting personnel and gear onto obstacles and conducting rope climbs
3. Running, jumping from heights up to three feet, climbing heights greater than 12 feet, and sliding on obstacles
4. Performing timed events such as maximum efforts

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND CONTRACT BETWEEN MYSELF AND THE MCTFT, FLORIDA ARMY NATIONAL GUARD, THE STATE OF FLORIDA AND/OR THEIR AFFILIATED ORGANIZATIONS AND SIGN IT OF MY OWN FREE WILL.

Executed on ____/____/____ (MM/DD/YYYY)

PARTICIPANT/RELEASER

WITNESS

Full Name _____

Full Name _____

Signature _____

Signature _____

MCTFT Attendance Date: _____

COVID-19 WAIVER

SCHOOL BOARD OF CLAY COUNTY, FLORIDA
RELEASE OF LIABILITY AND ASSUMPTION OF RISK RE: COVID 19 INFECTION

In consideration of being allowed to participate in any way in any activity which takes place on Clay County School District ("CCSD") property (facilities or grounds) I, the undersigned vendor, volunteer, parent, or legal guardian, acknowledge, understand, and agree that by participating in events and activities at Clay County School District facilities/property: (1) there are certain risks to me and my child(ren) arising from or related to possible exposure to communicable diseases including, but not limited to, COVID-19, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", which is responsible for the Coronavirus Disease (also known as COVID-19) and/or any mutation or variation thereof (collectively referred to as "Communicable Diseases"); (2) I am fully aware of the hazards associated with such Communicable Diseases and; (3) I knowingly and voluntarily assume full responsibility for any and all risk of personal injury or other loss that I may sustain in connection with such Communicable Diseases, and; (4) I, for myself or for my minor child(ren) or ward(s), and on behalf of my/our heirs, assigns, beneficiaries, executors, administrators, personal representatives, and next of kin, HEREBY EXPRESSLY RELEASE, HOLD HARMLESS, AND FOREVER DISCHARGE CLAY COUNTY SCHOOL BOARD ("The District") and its officers, officials, agents, representatives, employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises upon which CCSD related events and activities take place (the "Released Parties"), from any and all claims, demands, suits, causes of action, losses, and liability of any kind whatsoever, whether in law or equity, arising out of or related to any ILLNESS, INJURY, DISABILITY, DEATH, OR OTHER DAMAGES incurred due to or in connection with any Communicable Diseases, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASED PARTIES OR OTHERWISE, to the fullest extent permitted by law.

I agree that this Agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Florida, and if any portion hereof is held invalid, it is agreed that the remainder shall continue in full legal force and effect.

I certify that I am the legal parent/guardian of the MINOR CHILDREN listed below, and that I HAVE READ AND UNDERSTAND THE FOREGOING RELEASE and affirm that I, on behalf of myself and my minor child(ren), do consent and agree to the complete, total and unequivocal release of all the Released Parties as provided above.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant/Parent Signature

Date

Printed Name

Name of each minor child for whom this Release applies:

FORCE MAJEURE: Neither party to this Agreement shall be liable for delays or failures in performance under this Agreement (other than obligations relating to payment, confidentiality, and protection of ownership and intellectual property rights) resulting from acts or events beyond the reasonable control of such party (a "Force Majeure Event"), including acts of war, terrorism, acts of God, earthquake, flood, embargo, riot, sabotage, labor dispute, wide spread outbreak of disease or pandemic, governmental act, failure of the internet, power failure, or energy, utility, or telecommunications interruptions, provided that the delayed party: (i) gives the other party prompt notice of such cause; and (ii) uses its reasonable commercial efforts to promptly correct such failure or delay in performance. In the event that a Force Majeure Event lasts for more than 90 days, and the party experiencing the initial delay cannot correct its failure or delay in performance during that period of time, despite using its reasonable commercial efforts to do so, the other party may terminate the affected portions of this Agreement.

NJROTC Health Risk Screening Form

Cadet Name _____ (Please Print Clearly)

NJROTC UNIT: _____

Date of your most recent pre-participation sports physical examination _____ / _____ / _____
Day Month Year

Part A—TO BE COMPLETED BY CADET AND PARENT/GUARDIAN.

DO NOT leave any questions blank.

For each question circle Yes or No

- | | | |
|---|-----|----|
| 1. Do you have difficulty doing strenuous (great effort) exercise? | Yes | No |
| 2. Have you been told NOT to participate in long distance runs, such as the 1 mi. run? | Yes | No |
| 3. Have you been told NOT to do curl-ups or push-ups by a physician or other medical professional? | Yes | No |
| 4. Do you exercise less than three times a week for at least thirty minutes? | Yes | No |
| 5. Have you had any broken bones or a serious injury in the past three months? | Yes | No |
| 6. Do you use tobacco of any kind? | Yes | No |
| 7. Have you experienced any chest, neck, jaw, or arm discomfort while doing physical exercise? | Yes | No |
| 8. Do you have asthma or are you using an inhaler to aid in breathing? | Yes | No |
| 9. Do you experience any shortness of breath with relatively low levels of exercise or exertion? | Yes | No |
| 10. In the last month, have you felt any chest pain while at rest? | Yes | No |
| 11. Do you have any known cardiac (heart) problems? | Yes | No |
| 12. Do you think you are overweight? | Yes | No |
| 13. Do you have dizzy/fainting spells, frequent headaches or frequent back pain? | Yes | No |
| 14. Have you experienced dehydration after strenuous physical exercise? | Yes | No |
| 15. Are you currently under treatment by a physician or other medical professional? | Yes | No |
| 16. Has your Mother or Sister died without explanation or suffered a heart attack before age 55? | Yes | No |
| 17. Has your Father or Brother died without explanation or suffered a heart attack before age 45? | Yes | No |
| 18. Do you have high blood pressure or are you on blood pressure medication? | Yes | No |
| 19. Has a doctor ever told you that you have high cholesterol or are you on cholesterol medication? | Yes | No |
| 20. Do you have sugar diabetes? | Yes | No |
| 21. Have you experienced periods of rapid beating or fluttering of the heart? | Yes | No |
| 22. Do you suffer from lower leg swelling of both legs? | Yes | No |
| 23. Do you have difficulty breathing or sudden breathing problems at night? | Yes | No |
| 24. Do you have any personal history of metabolic disease (thyroid, renal, liver)? | Yes | No |
| 25. Do you have any bone, joint, or muscle problem that prevents you from doing strenuous exercise? | Yes | No |
| 26. Have you unintentionally lost/gained more than 10% of your body weight since your last PFT? | Yes | No |
| 27. Have you ever been diagnosed with sickle cell trait? | Yes | No |
| 28. Do you have a current prescription for epinephrine (or "epi" pen) for situational use? | Yes | No |
| 29. Do you have any food allergies that require a special menu or special accommodations? | Yes | No |

Cadet Signature _____

date _____

Parent/Guardian Signature _____

date _____

Part B--If any of the answers to the questions above were YES, then the following section must be completed and signed by a licensed medical doctor.

Significant clinical history and/or current medications and treatment regimen of the above cadet (use reverse if necessary.):

Above named cadet is **(released) (not released)** (circle one) for participation in strenuous physical activities, including a 1 mile run, push-ups, curl-ups, etc.

Signature of Medical Doctor _____

Date _____

Printed Name of Medical Doctor _____

Enclosure (6)



Florida High School Athletic Association

Preparticipation Physical Evaluation (Page 1 of 2)

This completed form must be kept on file by the school.

Part 1. Student Information (to be completed by student or parent).

Student's Name: _____ Sex: _____ Age: _____ Date of Birth: ____/____/____
 School: _____ Grade in School: _____ Sport(s): _____
 Home Address: _____ Home Phone: (____) _____
 Name of Parent/Guardian: _____
 Person to Contact in Case of Emergency: _____
 Relationship to Student: _____ Home Phone Number: (____) _____ Work Phone Number: (____) _____
 Personal/Family Physician: _____ City/State: _____ Office Phone: (____) _____

Part 2. Medical History (to be completed by student or parent). Explain "yes" answers below. Circle questions you don't know answers to.

| | Yes | No | | Yes | No |
|--|-------|-------|---|-------------------|-----------------|
| 1. Have you had a medical illness or injury since your last check up or sports physical? | _____ | _____ | 26. Have you ever become ill from exercising in the heat? | _____ | _____ |
| 2. Do you have an ongoing chronic illness? | _____ | _____ | 27. Do you cough, wheeze, or have trouble breathing during or after activity? | _____ | _____ |
| 3. Have you ever been hospitalized overnight? | _____ | _____ | 28. Do you have asthma? | _____ | _____ |
| 4. Have you ever had surgery? | _____ | _____ | 29. Do you have seasonal allergies that require medical treatment? | _____ | _____ |
| 5. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler? | _____ | _____ | 30. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? | _____ | _____ |
| 6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? | _____ | _____ | 31. Have you had any problems with your eyes or vision? | _____ | _____ |
| 7. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? | _____ | _____ | 32. Do you wear glasses, contacts, or protective eyewear? | _____ | _____ |
| 8. Have you ever had a rash or hives develop during or after exercise? | _____ | _____ | 33. Have you ever had a sprain, strain, or swelling after injury? | _____ | _____ |
| 9. Have you ever passed out during or after exercise? | _____ | _____ | 34. Have you broken or fractured any bones or dislocated any joints? | _____ | _____ |
| 10. Have you ever been dizzy during or after exercise? | _____ | _____ | 35. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? | _____ | _____ |
| 11. Have you ever had chest pain during or after exercise? | _____ | _____ | If yes, check appropriate blank and explain below: | | |
| 12. Do you get tired more quickly than your friends do during exercise? | _____ | _____ | _____ Head | _____ Elbow | _____ Hip |
| 13. Have you ever had racing of your heart or skipped heartbeats? | _____ | _____ | _____ Neck | _____ Forearm | _____ Thigh |
| 14. Have you had high blood pressure or high cholesterol? | _____ | _____ | _____ Back | _____ Wrist | _____ Knee |
| 15. Have you ever been told you have a heart murmur? | _____ | _____ | _____ Chest | _____ Hand | _____ Shin/Calf |
| 16. Has any family member or relative died of heart problems or sudden death before age 50? | _____ | _____ | _____ Shoulder | _____ Finger | _____ Ankle |
| 17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? | _____ | _____ | _____ Upper Arm | _____ Foot | |
| 18. Has a physician ever denied or restricted your participation in sports for any heart problems? | _____ | _____ | 36. Do you want to weigh more or less than you do now? | _____ | _____ |
| 19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? | _____ | _____ | 37. Do you lose weight regularly to meet weight requirements for your sport? | _____ | _____ |
| 20. Have you ever had a hand injury or concussion? | _____ | _____ | 38. Do you feel stressed out? | _____ | _____ |
| 21. Have you ever been knocked out, become unconscious, or lost your memory? | _____ | _____ | 39. Record the dates of your most recent immunizations (shots) for: | | |
| 22. Have you ever had a seizure? | _____ | _____ | Tetanus: _____ | Measles: _____ | |
| 23. Do you have frequent or severe headaches? | _____ | _____ | Hepatitis B: _____ | Chickenpox: _____ | |
| 24. Have you ever had numbness or tingling in your arms, hands, legs, or feet? | _____ | _____ | FEMALES ONLY (optional) | | |
| 25. Have you ever had a stinger, burner, or pinched nerve? | _____ | _____ | 40. When was your first menstrual period? | _____ | |
| | | | 41. When was your most recent menstrual period? | _____ | |
| | | | 42. How much time do you usually have from the start of one period to the start of another? | _____ | |
| | | | 43. How many periods have you had in the last year? | _____ | |
| | | | 44. What was the longest time between periods in the last year? | _____ | |

Explain "Yes" answers here: _____

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. In addition to the routine medical evaluation required by s.1006.20, Florida Statutes, and FHSAA Bylaw 11.8, we understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (EKG), echocardiogram (ECG) and/or cardio stress test.

Signature of Student: _____ Date: _____ Signature of Parent/Guardian: _____ Date: _____



Florida High School Athletic Association

Preparticipation Physical Evaluation (Page 2 of 2)

Revised 7/05

This completed form must be kept on file by the school.

Part 3. Physical Examination (to be completed by licensed physician, licensed osteopathic physician, licensed chiropractic physician or certified advanced registered nurse practitioner).

Student's Name: _____ Date of Birth: ____/____/____
 Height: _____ Weight: _____ % Body Fat (optional): _____ Pulse: _____ Blood Pressure: ____/____ (____/____, ____/____)
 Visual Acuity: Right 20/____ Left 20/____ Corrected: Yes No Pupils: Equal _____ Unequal _____

| FINDINGS | NORMAL | ABNORMAL FINDINGS | INITIALS* |
|---------------------------|--------|-------------------|-----------|
| MEDICAL | | | |
| 1. Appearance | _____ | _____ | _____ |
| 2. Eyes/Ears/Nose/Throat | _____ | _____ | _____ |
| 3. Lymph Nodes | _____ | _____ | _____ |
| 4. Heart | _____ | _____ | _____ |
| 5. Pulses | _____ | _____ | _____ |
| 6. Lungs | _____ | _____ | _____ |
| 7. Abdomen | _____ | _____ | _____ |
| 8. Genitalia (males only) | _____ | _____ | _____ |
| 9. Skin | _____ | _____ | _____ |
| MUSCULOSKELETAL | | | |
| 10. Neck | _____ | _____ | _____ |
| 11. Back | _____ | _____ | _____ |
| 12. Shoulder/Arm | _____ | _____ | _____ |
| 13. Elbow/Forearm | _____ | _____ | _____ |
| 14. Wrist/Hand | _____ | _____ | _____ |
| 15. Hip/Thigh | _____ | _____ | _____ |
| 16. Knee | _____ | _____ | _____ |
| 17. Leg/Ankle | _____ | _____ | _____ |
| 18. Foot | _____ | _____ | _____ |

* - station-based examination only

ASSESSMENT OF EXAMINING PHYSICIAN/NURSE PRACTITIONER

I hereby certify that each examination listed above was performed by myself or an individual under my direct supervision with the following conclusion(s):

____ Cleared without limitation. Reason: _____
 ____ Not cleared for: _____
 ____ Cleared after completing evaluation/rehabilitation for: _____ For: _____
 ____ Referred to: _____

Recommendations: _____

Name of Physician/Nurse Practitioner (print or type): _____ Date: _____
 Address: _____

Signature of Physician/Nurse Practitioner: _____

ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (if applicable)

I hereby certify that the examination(s) for which referred was/were performed by myself or an individual under my direct supervision with the following conclusion(s):

____ Cleared without limitation. Reason: _____
 ____ Not cleared for: _____
 ____ Cleared after completing evaluation/rehabilitation for: _____
 Recommendations: _____

Name of Physician (print or type): _____ Date: _____
 Address: _____

Signature of Physician: _____, MD or DO

Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine and American Osteopathic Academy for Sports Medicine.

BLTC PACKING CHECKLIST

MANDATORY ITEMS:

- _____ Complete Uniform (with rank, ribbons, white t-shirt, black socks, etc. -- No Medals)
- _____ Uniform Shoes and brass polish, shoe polish, and rags
- _____ (1 set) Navy PT Gear -- T-shirt and shorts
- _____ (2) T-shirts and shorts (NJROTC Unit PT gear and any other workout gear)
- _____ (8) Pairs of white athletic socks (2 changes per day)
- _____ (8) Underwear (2 changes per day)
- _____ (2) White bath towels and washcloths
- _____ (5) Clothes hangers
- _____ Sheets for a twin bed (one flat and one fitted) We will supply blankets
- _____ Pillow with white pillow case
- _____ Pair shoes-- sneakers or athletic shoes
- _____ Pair boat shoes, water shoes, or old sneakers (for use during canoeing)
- _____ Pair of shower shoes (flip flops)
- _____ Toiletry kit (toothbrush, toothpaste, razor, shaving cream, soap, deodorant, etc.)
- _____ Laundry bag
- _____ Rain Gear (Rain jacket or coat with hood)
- _____ Pen and Mechanical pencil with leads and eraser
- _____ Spiral notebook
- _____ Sunscreen or Sunblock
- _____ Bug repellent
- _____ Flashlight w/extra batteries
- _____ FEMALES – Hair securing devices (rubber bands, pins, etc.) and female hygiene products
- _____ If glasses are worn, bring a neck strap so glasses will not be lost during canoeing.

OPTIONAL ITEMS:

- _____ Extra socks
- _____ Camelback pack
- _____ Sports bra for females
- _____ Sunglasses
- _____ Additional Bath Towel(s)
- _____ Cadre: Clipboard & cough drops for PCs/SLs (To soothe sore throat from jodies.)

PROHIBITED ITEMS:

No cell phones-except for cadet staff

No electronic or electrical items of any kind.

No makeup or jewelry, including watches (except watches for cadet staff members).

No lighters, knives, guns or weapons of any sort.

No tobacco, alcohol or drugs (prescription drugs only, to be turned in upon arrival).

No food, candy, snacks, soda, etc.

No medals

ALL PROHIBITED ITEMS WILL BE CONFISCATED IMMEDIATELY.

Enclosure (8)

Camp Blanding Basic Leadership Training (BLT)
Cadet Cadre Application
Due NLT: 30 April

1. Name: _____ Rank: _____ Sex: M F School: _____
Home Phone: (____) _____ Cell phone: (____) _____ Grade (next year): _____
GPA: _____ Naval Science (next year): 3 4 Email: _____

2. What leadership position(s) do you hold/have you held? _____

3. What NJROTC teams are you on? What team leadership positions do you hold/have you held?

4. Have you (or will you) attended Leadership Academy? Yes No Year attended _____

5. Have you attended BLT before? Yes No Were you a Cadre? Yes No

6. PT Test: Fail Satisfactory Good Excellent Outstanding

7. Typing Skills: Slow Medium Fast

8. Computer skills: (Word, PowerPoint, Excel) Beginner Average Outstanding

9. Do you have any special skills or certifications (i.e. Lifeguard, Boy Scout Lifesaving Merit Badge, Photography, Culinary, First Aid, Canoeing, CPR, etc.)?

10. What Leadership Positions would you like to have and **WHY** are you qualified? Positions include Battalion/Company CO, XO, CMC, OPS, Supply, Admin, PAO, Galley, Platoon Commander (PC), Squad Leader (SL), and Activity Instructor (Academics, Drill, Obstacle Course, Leadership Reaction Course, Orienteering, Rifle Range, and Canoeing).

(Use back of this sheet or attach additional sheets, if you need more space.)

SNSI ENDORSEMENT: Ranked ____ of ____ cadets applying for BLTC Staff from our unit.

Comments: _____

Enclosure (9)



Clay County Field Trip COVID Guidelines Overnight or Out of State Field Trips



(Please attach these guidelines to your field trip request form)

☒ All participants have signed COVID-19 Waiver (not required for athletes; all athletes have already done so via Athletic Clearance process)

Travel Accommodations (Charter Bus, Rental Vans, Parents Driving etc):

We will be using a school bus. Most of the cadets will be seated by themselves.

Hotel Accommodations (room assignments/supervision etc):

The cadets will be sleeping in open bay barracks with approximately three feet between each bunk. We will have at least one chaperone per 10 cadets.

Mask Compliance:

Cadets will wear masks at all times except when eating, sleeping and participating in outside athletic events.

*don't see
many
paperwork -*

Social Distancing:

Social distancing will be maintained as much as possible.