

ATTACHMENT FIVE

YOUTH PROGRAM FORMS, REPORTS
(as referenced from pages 81, 86, & 88)



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YOUTH PROGRAMS ACTIVITY REPORT

From: Chairperson, Youth Programs Committee

To: President, _____ Council

Subject: Youth Programs Activity Report

1. The following Youth Programs activity was conducted on (or during the period):

_____.

a. Nature of Activity: _____

b. Host command/organization: _____

c. Location: _____

d. Youth groups involved/number of participants from each:

e. Media Coverage: _____

Newspaper: _____

Radio: _____

TV: _____

2. Comments: _____

(Chairperson, Youth

Programs)

**YOUTH PROGRAM
ADOPT-A-UNIT**

NLCC/NSCC NJROTC Unit Adoption Form

The _____ Council of _____
(Council name) (Council location)

hereby agrees to promote the Navy League's dedication to youth by sponsoring the following NLCC, NSCC, or NJROTC Unit.

NLCC Unit _____
(Enter Unit Name)

NSCC Unit _____
(Enter Unit Name)

NJROTC Unit _____
(Enter Unit Name)

NOTE: The National Headquarters of the Navy League will provide the council with a certificate to present to each adopted unit.

(Signature of Council President)

(Signature of Council Treasurer)

Councils Sponsoring Sea Cadet, League Cadet, and/or NJROTC units and supporting the presentation of the Navy League Outstanding Cadet Award may order the medal, ribbon bar and certificate for each presentation by contacting the Navy League Headquarters for the current vendor address and telephone numbers.

**NAVY LEAGUE OF THE UNITED STATES
STANDARD RELEASE FORM**

Date: _____

I, _____, being the legal parent/guardian of _____, in consideration of his/her participation in the youth program activity planned by the Navy League of the United States _____ Council on _____ (or during the period _____ to _____) on board _____ (name of ship/station), do hereby release from any and all claims, demands, actions or causes of action, due to death, injury or illness, the Government of the United States and all its officers, representatives and agents acting officially or otherwise and also the local, regional and national Navy League of the United States.

I further consent to the treatment of _____, my son/daughter/ward, by the medical facilities of the Department of Defense, Coast Guard, Public Health Service or civilian physicians/medical facilities as may be required, in the event of any illness/accident arising while aboard Department of Defense or Coast Guard facilities or vessels. This consent includes any medical, anesthesia, or surgical treatment or hospital services rendered under the general and special instructions of the attending physician or other physicians assigned to his/her care. I also promise to pay any necessary costs which may arise from such treatment.

Permission is also granted by me for _____ son/daughter/ward to be transported in military aircraft while participating in the above named activity.

Signature of Parent/Guardian

Address

City State Zip

Witness (other than relative)

Address

City State Zip

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