



UNITED STATES MARINE CORPS
JUNIOR RESERVE OFFICERS TRAINING CORPS
SHIPROCK HIGH SCHOOL
P.O. BOX 3578, HIGHWAY 64 WEST
SHIPROCK, NEW MEXICO 87420-3578

IN REPLY REFER TO

PARENTAL PERMISSION SLIP

We hereby request that our child, Cadet _____ be permitted to participate in the Shiprock High School Marine Corps Junior Reserve Officers Training Corps (MCJROTC). We understand that MCJROTC is a regular academic class offered by Shiprock High School. Further it is understood that our child may be required to participate in a physical fitness program, conduct live firing marksmanship training, and take part in various activities/field trips off the school campus.

We understand that the United States Marine Corps recommends that each Cadet participating in the MCJROTC Program be covered by adequate medical insurance at the parent's expense, in the event that the school does not provide this insurance. This medical insurance should cover any and all injuries that may occur on or off campus while participating in a MCJROTC activity.

We further attest and verify that the following physical condition of our child exists.

My child is physically qualified to participate in the MCJROTC Program.

My child is physically qualified to participate in the MCJROTC Program with the following limitations _____

My child is not physically qualified to participate in the MCJROTC Program.

We certify that we are the legal parents/guardians of the above named child and that we have the legal right to execute this authorization.

Signature of Father or Guardian

Address

Date

Signature of Mother or Guardian

Address

Date

I, _____ an instructor in the MCJROTC Program certify that I have received and reviewed this parental permission slip this _____ day of _____ 20____.

Signature