



# YOUNG MARINE RE-REGISTRATION

PLEASE PRINT

Please indicate changes to current information.

## YOUNG MARINES INFORMATION

Last Name		First Name		Middle Initial
Age	Birthdate (MM/DD/YYYY)	Social Security Number		Living With: <input type="checkbox"/> Mother & Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Father
YM Cell Phone		YM Email Address		
Anticipated High School Graduation (MM/YY)	Rank	Forms Updated: <input type="checkbox"/> YMFORM2 <input type="checkbox"/> YMMEDFORM1 <input type="checkbox"/> YMMEDFORM2 <input type="checkbox"/> YMMEDFORM3		

## MEDICAL INSURANCE INFORMATION (Please provide copy of front & back of current medical insurance card)

Name of Medical Insurance Company	Policy Number	Group Number	Contact Telephone Number
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## PARENT 1/MOTHER'S INFORMATION

Last Name		First Name		Middle Initial
Home Address Street		City	State	Zip Code
Primary Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell		Alternate Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell		
Work Phone		Email Address		

## PARENT 2/FATHER'S INFORMATION

Last Name		First Name		Middle Initial
Home Address Street		City	State	Zip Code
Primary Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell		Alternate Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell		
Work Phone		Email Address		

## LEGAL GUARDIAN'S INFORMATION

Last Name		First Name		Middle Initial
Home Address Street		City	State	Zip Code
Primary Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell		Alternate Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell		
Work Phone		Email Address		
Jurisdiction		Court Docket Number		

## PRIMARY EMERGENCY CONTACT

(Check if Applicable) Contact is the same as: <input type="checkbox"/> Parent 1/Mother <input type="checkbox"/> Parent 2/Father <input type="checkbox"/> Legal Guardian					
Last Name		First Name		Middle Initial	Relationship
Home Address Street		City	State	Zip Code	
Primary Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell		Alternate Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell			
Work Phone		Email Address			

ALTERNATE EMERGENCY CONTACT #1 (Other than Parents/Guardian)			
Last Name	First Name	Middle Initial	Relationship
Home Address Street		City	State Zip Code
Primary Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell		Alternate Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell	
Work Phone		Email Address	

ALTERNATE EMERGENCY CONTACT #2 (Other than Parents/Guardian)			
Last Name	First Name	Middle Initial	Relationship
Home Address Street		City	State Zip Code
Primary Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell		Alternate Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell	
Work Phone		Email Address	

**AGREEMENTS/WAIVERS**

**PARTICIPATION AGREEMENT** I/We, the undersigned, parent(s)/guardian(s) of \_\_\_\_\_ a minor, do hereby give permission for my/our child to participate in activities sponsored by Young Marines of the Marine Corps League and its chartered units. I/We agree that my/our child will abide by all rules and regulations adopted and published by the Young Marines relating to the operation and conduct of the program and the use of facilities provided for the program. I/We understand that the failure of my/our child to observe these rules and regulations may result in his/her exclusion from participation in the program and a forfeit of all registration fees paid to the program. Furthermore, I/We understand the program will involve rigorous physical, recreational and outdoor activities and represent that my/our child is physically able to participate in the program.

**HOLD HARMLESS AGREEMENT** I/We fully understand that his/her participation may entail the risk of physical injury. I/We voluntarily agree(s) to waive, release, discharge and relinquish any actions or causes of action, whether resulting from injury, property damage, or wrongful death, and further agree to release, indemnify, and hold harmless the program, Young Marines of the Marine Corps League, the U.S. Marine Corps, Department of the Navy, Department of Defense and/or any participating Military/National Guard Base, Station, Installation, Training Center, or Federal, State agency or against any officers, employee or administrator of the same or any agents hired or volunteer acting on behalf or for the Young Marines, Inc. from any and all liability occurring as a result of his/her participation in the program.

**MEDICAL CLAIM AGREEMENT\*** I/We understand that as parent(s)/guardian(s), my/our health insurance will be responsible for any financial costs incurred as a result of his/her participation in the program, including, without limitation, transportation and/or medical expenses incurred as a result of any injury. Financial costs not covered by my/our child's health insurance will be submitted to Young Marines National Headquarters for claim. **\*NOTE: All medical claims require an Injury Report Form and Attending Physicians Report be submitted to Young Marines National Headquarters within 10 days of injury. Forms are available in the Young Marines National Library.**

**PHOTO CONSENT** The Young Marines may encounter the news media, video and film crews, or photographers hired by the Young Marines for the purpose of taking promotional or publicity photographs, video or film. There is a possibility that Young Marines and adults attending programs will be photographed. I/We give my consent to authorize the Young Marines of the Marine Corps League, or any entity or person authorized or designated by them the use and reproduction of any and all photographs, video or film taken of the person named as the subject of this application during Young Marines training or related activities. I/We understand there will be no compensation to me. All negative and positives, together with said prints, video or film are the property of the Young Marines of the Marine Corps League or the entity or person authorized or designated by it, solely and completely. I/We also waive any right to inspect or approve any photo, video or film taken during said training or related activities. I/We affirmatively release and discharge the Young Marines of the Marine Corps League from responsibility for any distortion or manipulation, whether intentional or otherwise, of photos, video or film taken of my/our child while a participant in the Young Marines Program.

- I hereby agree with the above stated Photo Consent
- I DO NOT agree with the above stated Photo Consent for the reason of: \_\_\_\_\_

**PARENT/GUARDIAN CERTIFICATION**

*I/We, the undersigned, certify that I/we have read Participation Agreement, understand its contents and have signed it voluntarily. The undersigned further represents that I/we have not relied on any promise or representations by any of the persons or entities being released.  
I/we further certify that this application is complete, correct, and true to the best of my/our knowledge.*

Parent/Legal Guardian Signature	Date
Parent/Legal Guardian Signature	Date