NAVAL JUNIOR RESERVE OFFICER TRAINING CORPS UNIT POINCIANA HIGH SCHOOL PERSONAL DATA

CADET'S NAME	(Last) (First)
CADET'S NAMESTUDENT ID NUMBER	CLASS LEVEL
ADDRESS	TELEPHONE
(Street Address) (City) (State) (Zip)	
PARENTS	
(Mother)	(Father)
agree that my son/daughter/ward (Nato participate fully in all phases of the be financially responsible for all the it is no physical limitation or medical program. I understand that my son/davalue may be in excess of \$350.00. If remain the property of the governme leaves the program. I voluntarily agreissued to him/her which are lost/dest hereby grant permission for my son/during his/her enrollment. I understant Visits to Naval/Military establishment government aircraft, or transport in of Guard, Rifle Teams and various Athlet supervised by the Naval Science Instruvehicle and/or flight as a passenger in he/she will be taking that trip voluntate permission extended by the government aircraft, I do hereby and officers, agents and employees, acting or causes of action, for damages of miduring said passage or flight operation	ION IN NJROTC AND ACCEPTANCE OF RESPONSIBILITY I hereby ame)
PARENT/Guardian SIGNATURE NOTE: Participation in other than gen	DATE eral classroom activities will not be permitted where a student is

determined to be uninsured.