



Hillgrove Navy JROTC New Cadet Camp

June 18-20, 2019

Find out what NJROTC is all about. Learn the basics of Drill, Orienteering, Air Rifle, and Physical Training. Tour the University of North Georgia and participate in team-building tubing the Chestatee River in Dahlonega.

Where: Hillgrove High School Navy JROTC Classroom (Room 1305)

Cost: \$25 (checks made payable to “Hillgrove NJROTC CPO”). Camp cost includes a camp T-shirt, drinks/snacks, and lunch/tubing in Dahlonega, GA.

Required: In order to participate in all activities (physical training, orienteering) both sides of this form must be completed in their entirety. **Please wear athletic shorts, t-shirt, and running shoes each day!**

Camp Dates/Times: (Meet in room 1305)

June 18	0830 – 1230	Intro to NJROTC, Physical Training, Orienteering, and Campus Tour
June 19	0830 – 1230	Physical Training, Marksmanship, Academics, and Drill Instruction
June 20	0730 – 1800	Visit University of North Georgia and Tubing Trip in Dahlonega, GA

RSVP or questions: Email LCDR Ron Hojnowski @ ronald.hojnowski@cobbk12.org

Completed forms/payment can be mailed or dropped off at Hillgrove HS Monday – Thursday, Attn: NJROTC. You may also scan and email form to LCDR Hojnowski and pay morning of event. Please RSVP by June 14, 2019.

For more information:

ronald.hojnowski@cobbk12.org
(678)331-3961 x069
www.hillgrovenjrotc.com

Mail completed forms/payment:

Hillgrove HS Navy JROTC
Attn: LCDR Ron Hojnowski
4165 Luther Ward Rd
Powder Springs, GA 30127

Student name (last, first): _____ Gender: M F (circle)

Age: _____ Entering Grade: _____ Phone: _____ T-shirt Size: _____

Student email address: _____

Parent/guardian name: _____

Parent/guardian email address: _____

Home phone: _____ Cell/Work phone: _____

Bring a Friend: Have a friend attending Hillgrove who is not enrolled in NJROTC this fall? Bring them to the camp for FREE, so they can see how much fun Navy JROTC really is!

Hillgrove is a Distinguished NJROTC Unit (5 years in a row) and ranked #3 of 60 units in GA!

This is a fun, interactive camp; we look forward to having you join this winning team!

(Please complete both sides of form)

**NAVAL JUNIOR RESERVE OFFICERS TRAINING CORPS (NJROTC)
STANDARD RELEASE FORM**

Date: _____

I, _____, being the legal parent/guardian of _____, a member of the Naval Junior Reserve Officers Training Corps, in consideration of the continuance of his/her membership in the Naval Junior Reserve Officers Training Corps and/or his/her acceptance for Naval Junior Reserve Officers Training Corps training, 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 and also the local, regional, and national Navy Officials of the United States.

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

I understand that care at a military medical facility for non-military dependents will normally be rendered on a temporary (emergency) basis only: if further care is indicated, the patient will be transferred to non-military care as soon as possible. Emergency care provided to cadets who are not military dependents at a military facility may be subjected to reimbursement, and I may be billed for the care provided. For Navy Medical Department facilities, such care is authorized by NAVMEDCOMINST 6320.3B.

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

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He/she requires medication for the treatment of:

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

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His/her physician is:

Name:

Address:

Telephone (include area code):

Medical Insurance Company *

Name:

Street:

City, State, Zip Code:

Policy/ID Number:

Telephone Confirmation Number: ()

Dental Insurance Company*

Name:

Street:

City, State, Zip Code:

Policy/ID Number:

Telephone Confirmation Number: ()

***This insurance is not required. However, the information provided may be required to obtain non-emergency care.**

PRIVACY ACT NOTIFICATION

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

Signature of Parent or Guardian:

Address:

City:

State:

Zip:

Telephone (include area code):