ARMY CADETS OF AMERICA	CADET APPLICATION	*FOR OFFICIAL USE ONLY*

INSTRUCTIONS: PLEASE PRINT OR TYPE ONLY FILL IN ALL BLOCKS THAT APPLY, THOSE THAT DO NOT, ENTER "NOT APPLICABLE" OR N/A

1. APPLICANT INFORMATION

1a. Last Name	**1b.** First Name	**1c.** Middle Name	**1d.** Sex ☐ Male ☐ Female

1e. Home Address	**1f.** City	**1g.** State	**1h.** Zip Code + 4

1i. Social Security Number	**1j.** Date of Birth (DD MMM YY)	**1k.** Home Phone	**1l.** E-Mail Address

1m. Full-time Student? ☐ Yes ☐ No *If yes grade:*	**1n.** School Name & City	**1o.** GPA

1p. Has the applicant ever been arrested? *(use an additional sheet if necessary)*
☐Yes ☐ No *If yes please explain:*

1r. Citizenship ☐ U.S. Citizen (*U.S. Citizenship Required*)	**1s.** Referred/Recruited by

2. APPLICANT AGREEMENT AND CONFIRMATION

I agree to be governed by the regulations for administration of the Army Cadets of America/ACA; and to obey all lawful orders, to attend drills regularly, and to take proper care of any uniforms or equipment entrusted to me. I also commit to being drug, alcohol, and gang free while I am a member of the Army Cadets of America/ACA.

2a. Applicant Signature	**2b.** Date (DD MMM YY)

3. PRIMARY PARENT/LEGAL GUARDIAN INFORMATION *(will be listed as next of kin and first contact in case of an emergency)*

3a. Name	**3b.** Relationship ☐ Mother ☐ Father ☐ Guardian ☐ Other:

3c. Address	**3d.** City	**3e.** State	**3f.** Zip Code + 4

3g. Day Phone	**3h.** Evening Phone	**3i.** E-Mail Address

4. SECONDARY PARENT/LEGAL GUARDIAN CONTACT INFORMATION

4a. Name	**4b.** Relationship ☐ Mother ☐ Father ☐ Guardian ☐ Other:

4c. Address	**4d.** City	**4e.** State	**4f.** Zip Code + 4

4g. Day Phone	**4h.** Evening Phone	**4i.** E-Mail Address

5. EMERGENCY CONTACT INFORMATION (*will be contacted in case primary or secondary contacts are unreachable in case of an emergency*)

5a. Name	**5b.** Relationship ☐ Grandparent ☐ Other Relative ☐ Family Friend

5c. Address	**5d.** City	**5e.** State	**5.** Zip Code + 4

5g. Day Phone	**5h.** Evening Phone	**5i.** E-Mail Address

6. MEDICAL INFORMATION (Personal Medical Insurance Will Be Primary and All Others Are Secondary)

6a. Medical Insurance Provider Name	**6a.** Medical Insurance Policy Number
6c. Medical Insurance Provider Address	**6d.** Medical Insurance Provider Phone

7. DEMOGRAPHICS

7a. Ethnicity
☐ White (Non-Hispanic) ☐ Black (Non-Hispanic) ☐ Hispanic ☐ Asian ☐ Native American/Alaskan Eskimo ☐ Pacific Islander ☐ Other ☐ Decline to State

7b. Community Profile
☐ Inner City ☐ Urban ☐ Suburban ☐ Rural ☐ Other ☐ Decline to State

CADET APPLICATION

8. PARENT/LEGAL GUARDIAN AGREEMENT & CONFIRMATION

I hereby consent to my child/ward enrolling in the Army Cadets of America (ACA). I understand that the Army Cadets of America/ACA is organized along military lines and that Army Cadets of America regulations govern my child's/ward's membership and that violation of regulations may result in my child's/ward's discharge from the Army Cadets of America/ACA. I will ensure that my child/ward abides by all regulations and lawful orders from superior officers, NCO's and cadets. I certify that, to the best of my knowledge, he/she is physically and mentally fit to take part in vigorous activities and is not suffering from any communicable disease. I further agree to be responsible for the value of any uniforms and/or equipment loaned him/her, reasonable wear and tear expected. I understand that such uniforms or equipment shall remain the property of the Army Cadets of America while on loan, and I agree to return them when my child/ward ceases to serve as a cadet, or at any other time upon request of an Army Cadets of America/ACA officer NCO or other authorized agent I have been briefed on the Army Cadets of America Exploring For Life/BSA medical insurance plan. I am aware this is an accident/illness "excess" policy and that the limit of the policy is a total of $10,000 for all accidental benefits/$7,500 for illness with no deductible. I understand that my personal medical insurance is the primary policy, but in the event that I do not have insurance and/or the Army Cadets of America policy limits are exhausted, I understand that I am responsible for all medical payment above $15,000 for accidents/$7,500 for illnesses. I also understand that payment of enrollment fees will be required ANNUALLY, and payment of uniform fees may be required upon enrollment. I agree to be bound by all Army Cadets of America regulations, policies, and amendments thereof that govern my child's/ward's membership and conduct; I further waive any right to challenge in any way any determination made by the Army Cadets of America/ACA regarding my child's/ward's continuance of membership in the Army Cadets of America/ACA should he/she violate said regulations.

8a. Signature of Parent/Legal Guardian	**8b.** Date (DD MMM YY)	**8c.** Signature of Witness (Unit CO or other designated officer)

9. STANDARD RELEASE

I, being the parent/legal guardian of a member of the Army Cadets of America (ACA), in consideration of his/her acceptance and continuance of membership in the Army Cadets of America, I hereby release from any and all claims, demands, actions, or causes of action due to death, injury or illness the following: (1) the government of the United States of America and all its departments and agencies; (2) any jurisdiction (state, county, city, town, district or other political subdivision) where official Army Cadets of America (ACA) activities take place; (3) the Boy Scouts of America and the Learning For Life (4) any organization or association, public or private, that sponsors Army Cadets of America (ACA); (5) the Army Cadets of America (ACA); (6) all officers, representatives, and agents, acting officially or otherwise of the previously mentioned, jurisdictions, organizations, and associations.

I consent to the examination of my son/daughter/ward by the medical facilities of the Department of Defense (DOD), U.S. Army, National, Army Cadets of America (ACA), Oceanographic and Atmospheric Administration (NOAA), U.S. Public Health Service (USPHS), or civilian physicians/medical facilities to determine physical qualification for acceptance or continued participation in Army Cadets of America. I further authorize, as may be required treatment in said facilities in the event of any illness or accident arising at a DOD, USAAR, or ARNG facilities or during other authorized Army Cadets of America (ACA) activities. This consent includes any medical, anesthesia, or surgical treatment or hospital services rendered under the general and/or special instructions of the attending physician or other physicians assigned his/her care. This consent does not include major surgery unless, in the medical opinion of two physicians, it is reasonably necessary to save life, or where second opinions are similarly impracticable the concurring opinions of other physicians may be excused.

I also grant permission for my son/daughter/ward to be transported as a passenger in military aircraft, vessels and vehicles.

I consent to the taking of any records of my son/daughter/ward through photographic, cinematic, and digital media, and to the reproduction and/or publication of same by any photographic facility of the Army Cadets of America (ACA), DOD sponsoring organizations, media/press, and the subordinate agencies/units/organizations of said organizations. I consent to the use of said records in connection with education programs or activities of the said organizations. I further assign to the said organizations all right and title to and interest in above described records for any further use of them that may be in the area of motion pictures, video tapes, publicity photos, publication via digital media such as the Internet, etc.

This standard release shall remain in effect for the duration of my son's/daughter's/ward's membership in the Army Cadets of America (ACA). I also give my permission for facsimiles of this release to be made, and when presented by an authorized official of the Army Cadets of America, DOD, ARNG, USAR shall be considered as valid as the original signed by me.

9a. Cadet Full Name	**9b.** Social Security Number

9c. Parent/Guardian Name (Print of Type)	**9d.** Parent/Guardian Signature	**9e.** Date (DD MMM YY)
9f. Name of Witness (Unit CO or other Designated Officer - Print or Type)	**9g.** Signature of Witness (Unit CO or Designated Officer)	**9h.** Date (DD MMM YY)

UNIT USE – DO NOT WRITE BELOW THIS LINE

ENROLLMENT	**DATE**	**DISENROLLMENT**	**DATE**	Unit Name & Location
Cadet Application (ACA Form001)		**ID Card Returned**		
Medical History (ACA Form 020)		**Uniforms Returned**		
Medical Exam (ACA Form 021)		**Manuals Returned**		
Enrollment Fees Collected		**Deposit Refunded**		
Uniform Fees Collected		**201 File to NHQ**		
Uniforms Issued		**Reason for Disenrollment**		
Exploring Youth Application (BSA Form 524-309A)				