

Required Forms Checklist

Due no later than June 15th, 2016

All incoming new cadets for the fall of 2016 will submit the following forms to the Commandant's Office no later than **June 15th, 2016**. Forms can be submitted by mail, fax, or e-mail to:

Office of the Commandant
141 Lane Hall (0213)
280 Alumni Mall
Blacksburg, VA 24061

corpsofcadets@vt.edu
Fax: (540) 231-3443

- New Cadet Guide**
Download and read the New Cadet Guide, available in *May 2016*, from <http://goo.gl/yAtYeE>.
- Form I: Board of Visitors' Cadet Participation Policy and Information Sharing Waiver**
Sign and date *BOTH* sections. This Information Sharing Waiver is only effective for the Corps of Cadets; you will see similar waivers in your academic departments.
- Form II: Report of Medical History**
This physical is to be completed by each student's primary care provider and is different from the immunization forms you are required to submit to the Virginia Tech Schiffert Health Center. DO NOT mail ups your immunization forms; send them directly to the Schiffert Health Center.
A copy of DODMERB Qualification Letters can be submitted in lieu of Forms II and III if the student is marked as "qualified." ROTC participants that are not yet DODMERB qualified could be asked to provide an additional copy of this form to their ROTC detachment.
- Form III: Report of Medical Examination**
This physical is to be completed by each student's primary care provider and is different from the immunization forms you are required to submit to the Virginia Tech Schiffert Health Center. DO NOT mail ups your immunization forms; send them directly to the Schiffert Health Center.
A copy of DODMERB Qualification Letters can be submitted in lieu of Forms II and III if the student is marked as "qualified."
- Form IV: Medical Care Authorization**
Sign and date. Parents/guardians must sign for students under the age of 18.
 - Copy of Medical Insurance Card**
Front and back! A copy of a military dependant identification card is sufficient for students with TRICARE. Medical insurance information is maintained for quick access in the event of an emergency.
- Form V: Waiver of Liability**
Sign and date. Parents/guardians must sign for students under the age of 18.
- Form VI: Media Release Statement**
Sign and date. Parents/guardians must sign for students under the age of 18.

All incoming new cadets for the fall of 2016 will complete the following digital forms no later than **June 15th, 2016**. Links will be e-mailed to students and will be accessible at <http://goo.gl/yAtYeE>.

- Student Profile Survey**
- Medical Survey**
- Sign-up for a New Cadet Week Check-in Arrival Time**

FORM I

BOARD OF VISITORS' CADET PARTICIPATION POLICY

Please sign this statement indicating that you have read and understand the Virginia Tech Board of Visitors' policy regarding cadet participation in the Corps of Cadets and the consequences of withdrawing from the Corps of Cadets prior to the last day to withdrawal from classes without penalty.

1. Pursuant to the student life policy established and directed by the Board of Visitors of Virginia Tech, all first semester students electing participation in the Virginia Tech Corps of Cadets are required to maintain their student status as a cadet and may not change to civilian student status and withdraw from the Cadet Regiment and until the last day to drop withdraw without penalty (after approximately six weeks of class).
2. Once in-processed, first semester students who desire to withdraw from the Cadet Regiment prior the "last day to drop withdraw without penalty" must withdraw from the University and re-enroll at Virginia Tech the next semester.
3. I understand and acknowledge the Board of Visitors' cadet participation and withdrawal policy and accept enrollment into the Corps of Cadets.

New Cadet Signature: _____ New Cadet Printed Name: _____

Student ID Number: _____ Date: _____

INFORMATION SHARING WAIVER

I grant permission for the Commandant of Cadets and his staff to discuss Corps, academic, and medical matters with my parents/legal guardians.

_____ Yes _____ No

New Cadet Signature: _____ Date: _____

FORM II CONTINUED

83. REMARKS. Applicant use only. Every "yes" response in items 7 through 81 must be explained in the space provided. Give specific dates and details including names of physicians and hospitals or clinics and the current status of the condition. If additional space is required, continue on a separate sheet and attach to this form.

84. CERTIFICATION. I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the physicians, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.

TYPED OR PRINTED NAME OF EXAMINEE/APPLICANT

SIGNATURE OF EXAMINEE/APPLICANT

DATE SIGNED
(YYYYMMDD)

85. EXAMINER'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA. Examiner shall comment on all "Yes" and blank answers, indicating the item number before each comment. Develop by interview any additional medical history deemed important, and record significant findings here. If additional space is required, continue on a separate sheet and attach to this form.

86. EXAMINER

TYPED OR PRINTED NAME OF EXAMINER

SIGNATURE OF EXAMINER

DATE SIGNED
(YYYYMMDD)

**87. NUMBER OF
ATTACHED
SHEETS**

FORM III

REPORT OF MEDICAL EXAMINATION

Last Name

First Name

Middle Name

Age

INSTRUCTION FOR MEDICAL EXAMINER The standard for acceptance into the Virginia Tech Corps of Cadets is the ability to fully participate in training activities. This includes strenuous physical exercise and activities which may occur in a hot and humid environment. Defects that have the potential to result in illness or injury brought on by physical exercise should be identified and other condition(s) which could interfere with full and unrestricted participation need to be listed and evaluated. Conditions that will or are likely to require treatment, particularly unresolved injuries and recurrent illnesses also must be listed. It is imperative that ALL the listed tests be done and all questions answered.

Height: _____ ft _____ in Weight: _____ lbs Obese?: Yes _____ No _____

Pulse: _____ Blood Pressure: _____ / _____

Eyes, ears, nose: _____

Vision Wear glasses: Yes _____ No _____ Wears contacts: Yes _____ No _____ Vision in both eyes: Yes _____ No _____

Lungs _____ Heart _____ Abdomen _____ Genitalia _____ Hernia _____ Spine _____

Orthopedic oriented examination (evaluation of conditions that may limit involvement in physical activities (i.e., sports, physical training, etc.):

Body Symmetry: _____ Cervical Spine Motion: _____ Upper Body Flexibility: _____

Lower Body Flexibility: _____ Knee Stability: _____ Other: _____

It is the opinion of the medical examiner that this examinee **has / does not have** a communicable (or other) disease, injury, or other condition that will restrict his / her participation in the Corps of Cadets Program. **Yes** _____ **No** _____

Could this cadet participate in daily calisthenics / physical fitness training for one week (running 1.5 miles, push-ups, sit-ups, other physical exercises)? **Yes** _____ **No** _____

If no, please indicate any specific limitations the cadet should observe: _____

Signature

Date

Typed or printed name of medical examiner

FORM IV

MEDICAL CARE AUTHORIZATION

We are providing this form in an effort to provide the best quality medical care in the event a new cadet becomes sick or injured. We intend to involve the parents or legal guardians in any significant medical treatment but medical care may be required when a parent or guardian is not available.

Please include with this form a copy (front and back) of the health insurance card or HMO card that your son/daughter is covered under. This is a precaution in an attempt to prevent unnecessary medical expenses in the event that your son/daughter needs to seek medical treatment.

I hereby grant permission for my son/daughter to receive medical attention while participating in the New Cadet Training Program and related activities should the need arise. This includes medical attention in cases of emergencies.

New Cadet Name: _____

New Cadet Signature: _____

Student ID Number: _____

Parent or Guardian Name: _____

Parent or Guardian Signature: _____

Date: _____

FORM V

WAIVER OF LIABILITY

Virginia Polytechnic Institute and State University ("Virginia Tech") and the undersigned member of the Corps of Cadets hereby agree to this waiver of liability. Member of the Corps participate in a number of activities, including but not limited to the Obstacle Course and Rappelling Tower facilities (the "Facilities"), and other events such as intramural sports, Caldwell March, Ironman Competition, and Squad Tactical Challenge. Virginia Tech and the Undersigned do hereby agree to the following:

Assumption of Risk. The Undersigned acknowledge the existence of risk in connection with use of the Facilities, and other activities, whether in an active or spectator capacity (including all elements of the Obstacle Course located along Smithfield Road and the Rappelling Tower located in Stadium Woods. **Participation by the Undersigned in Corps Activities by the Undersigned is hereby made with full knowledge of the risks of injury, illness or damage to property.** Activities may include physical exertion and risk of injury. The Undersigned accepts full responsibility for any injuries, illness or damage to property that the Undersigned may sustain in the course of such Activities. Participation in the Activities entails both known and unknown risks and dangers, and potential risks and dangers, which are characteristic of, intrinsic to or an integral part of such Activities, including, but not limited to, slipping or falling on or off equipment; collision with fixed objects or people; imperfect course conditions; having multiple participants participate in the Activities at one time; land, water and surface hazards; exposure to extreme conditions and circumstances; adverse weather conditions; safety measures which prove inadequate under certain circumstances; equipment failure; the physical or medical condition; and varying skill levels, fitness levels and abilities of participants. The specific risks vary from one activity to another, but potential risks include, but are not limited to: scratches, cuts, splinters, bruises, sprains, dislocations, broken bones, torn muscles, torn ligaments, joint or back injuries, nerve damage, eye injuries or loss of sight, heat stroke or exhaustion, heart attacks, strokes, concussions, brain or spinal cord injuries, temporary or permanent paralysis, loss of bodily functions, or even death. These risks may result from the use of the Facilities, or Activities, or in combination, or from the acts of others or from the unavailability of emergency medical care.

Waiver/Indemnify and Defend. The Undersigned hereby release, waive, discharge, indemnify, covenant not to sue, and agree to hold harmless for any and all purposes the Commonwealth of Virginia, Virginia Polytechnic Institute and State University, and respective employees, officers, or agents (hereinafter collectively referred to as the "Releasees") from any and all liability, claim, demand, causes of action, suits, losses, damages, property damage, property loss or theft, costs (including court costs and attorneys' fees) or injury, including death, that may be sustained by the Undersigned while participating in Corps activities, and/or using the Facilities. The Undersigned understands and intends that this Assumption of Risk and Release is binding upon the Undersigned and the heirs, executors, administrators and assigns of the Undersigned.

Acknowledgement of Policies. The Undersigned agree to abide by the policies, procedures and regulations of the Corps of Cadets and the University applicable to the Facilities and Activities. A copy of the Cadet Regulations that address operations at the Obstacle Course and Rappelling Tower is available upon request at the Commandant's Office and at <http://resources.vtcc.vt.edu>. The Corps of Cadets reserves the right to temporarily revoke or permanently terminate the privileges of the Undersigned for any violations of the above-referenced policies, procedures or regulations.

Prerequisite Skills and Training. The Undersigned represent that they have the requisite skills, qualifications, physical ability and training necessary to properly and safely use the equipment, Facilities, and to participate in the Activities, or are training to gain skills and qualifications under the supervision of authorized staff. The Undersigned agree to direct all questions about the skills, qualifications, or training necessary to properly use the Facilities to an appropriate member of the Commandant's Staff. The Undersigned acknowledge that no one can warn of all of the dangers associated with the Facilities' and that they have the responsibility to investigate any activity, hazard, or thing

FORM VI

MEDIA RELEASE STATEMENT

The Virginia Polytechnic Institute and State University/Virginia Tech Corps of Cadets (VTCC) periodically uses electronic and traditional media (e.g., photographs, video, audio footage, testimonials) for publicity and educational purposes. By my signature on this form, I acknowledge receipt of this document and give permission to the Virginia Tech Corps of Cadets and its designee to use such reproductions for educational and publicity purposes in perpetuity without further consideration from me.

I understand that I will need to notify Virginia Tech Corps of Cadets if any changes to my situation occur that will impact this media release permission. I have read the above release and am aware of its contents.

New Cadet Signature: _____ Date: _____

New Cadet Printed Name: _____

Home Address: _____

Signature of Parent or Guardian (if under 18) I am the guardian of the minor named above and hereby agree that we will be bound by this release:

Parent or Guardian Signature: _____ Date: _____

I DECLINE to give permission for any photograph, digital image, videotape, other picture, voice, performance, and comments to be used for promotional purposes by Virginia Tech.

New Cadet Signature: _____ Date: _____

New Cadet Printed Name: _____

Parent or Guardian Signature (if participant is under 18): _____

Date: _____