

AFJROTC Unit AZ-083 CADET CONTRACT

APPLICATION AND AGREEMENT

(Print - Student's Last Name, First Name, Middle Initial)

1. **UNDERSTANDING:** Belonging to the Cadet Corps is a **privilege** and not a right. If cadets are not meeting the minimum standards spelled out in this contract, the staff will recommend cadet removal to the school administration.
2. **OBLIGATIONS AND CONSIDERATIONS:** Participation in AFJROTC does not commit or obligate any student to military service. It does not guarantee special consideration if a student chooses to enter any military service. However, a cadet who completes two or three years of AFJROTC may qualify for advanced rank upon enlistment in the military.
3. **APPLICATION:** I, the above named cadet, hereby apply for enrollment in the AZ-083 Air Force Junior ROTC Program.
4. **AGREEMENT: (Aerospace Science Instructors)** Upon acceptance of this application and the cadet's fulfillment of conditions, the Senior Aerospace Science instructor (SASI) and the Aerospace Science Instructor (ASI) agree to:
 - (1) Instruct the students about aerospace science/leadership
 - (2) Help develop informed citizens
 - (3) Strengthen and develop character and promote the benefits of being a positive team member
 - (4) Help students understand their roles in a democratic republic
 - (5) Familiarize students with the U. S. military, scholarships and career opportunities it offers to qualified graduates

In sum, to help cadets build a foundation of values with which to make better choices in the future, regardless of career path.

5. **AGREEMENT: (Cadet)** In order to maintain the high standards of courtesy, personal conduct, and appearance required of cadets, I understand and agree to:
 - A. Meet the standards of behavior, attitude, and courtesy established and taught by the instructors. I understand and agree that indifference to training or discipline problems such as dishonesty, failure to follow directions of those in authority, initiating a fight, or suspension from school for misbehavior may result in non-selection for future enrollment in AFJROTC.
 - B. Once issued, I will wear the regulation Air Force uniform on those occasions the SASI prescribes. Refusal to wear the uniform weekly or improper use of the uniform may result in my removal from AFJROTC. More than three unexcused not-in-uniform incidents (blues, ABUs, or PT) may result in an "F" for the class.
Note: If failure to wear the uniform on the designated day occurs for acceptable reasons (excused absence, field trip, etc.), it can be made up. However, the cadet must wear it on the next class day (except PT wear days) to receive full credit. If the failure to wear the uniform occurs for unacceptable reasons (unexcused absence, "in the cleaners" or "I forgot," "got up late," etc.), the cadet may wear the uniform prior to the next week's inspection for 50% credit.

- C. Once issued, I will maintain the uniform in a clean, properly fitted, and repaired manner. This includes hanging the uniform when it is not being worn. I will turn in the complete uniform upon demand. I am responsible for the cost of cleaning and loss, theft, or damage of uniform items. **All uniforms must be returned dry-cleaned.**
- D. I will meet and maintain the Air Force personal grooming standards. I will pay particular attention to **military hair cut standards, facial hair, body piercing, tattoos, and body jewelry** as described in the AFJROTC Cadet Handbook.
- E. I must maintain an acceptable standard of academic performance in all classes. I cannot participate in any AFJROTC activities/clubs if I am failing any of my high school classes. If I receive an **"F"** in any of my high school classes, I will not be eligible for promotion from Cadet Airman First Class (A1C) though Cadet Staff Sergeant (SSgt). If I receive a **"D"** in any of my classes, I will not be eligible for promotion from Cadet Technical Sergeant (TSgt) through Cadet Colonel.
- F. I will respond positively to other cadets who have been appointed to leadership positions in the Cadet Group. Rendering proper military courtesies to instructors and other cadets with senior rank is a necessity. I will express courtesy and respect to administrators, teachers, coaches, and other adults with whom I come into contact. When I am entrusted with a position of leadership, I will set a positive example of behavior for others to follow.
- G. I will meet the objectives of the Cadet Group:
 - (1) Encourage a high degree of personal honor, self-reliance and leadership
 - (2) Promote patriotism
 - (3) Develop habits of orderliness and precision
 - (4) Develop a respect for constituted authority, and
 - (5) Develop the ability to perform basic military skills associated with drill
- H. I will strive to develop self-discipline and accept personal responsibility for my actions.
- I. I will take proper care of Air Force provided textbook materials and when requested, return them. I will make payment to the AFJROTC office for any books damaged or lost.
- J. I will not be involved with any illegal narcotics (drugs), underage drinking, tobacco use or prescription drug abuse.
- k. I will read, understand, and **comply** with the requirements and information provided to me in the AZ-083 Cadet Guide.

CADET SIGNATURE: _____ **DATE** _____

6. PARENTAL/GUARDIAN APPROVAL: I hereby give my permission for my student to enroll in the AFJROTC program and will encourage her/his participation. My student has read this contract with particular attention to section 5 and understands the program requirements. I understand there is no commitment for military service associated with participation in AFJROTC and uniforms are issued free of charge. I will help my student maintain the high standards expected of an AFJROTC cadet.

PARENT/GUARDIAN SIGNATURE: _____ **DATE** _____

PARENT/GUARDIAN CONTACT # _____

PARENT/GUARDIAN EMAIL _____

CADET HEALTH/WELLNESS PROGRAM
CADET PARTICIPATION CONSENT HEALTH SCREENING QUESTIONNAIRE
SY: 2021 UNIT: AZ-083

AFJROTC Cadet Health/Wellness Program is designed to work with the cadet to help them improve their physical fitness. All physical activity sessions will be supervised and monitored by at least one of our instructors. These sessions include walking, running, and calisthenics exercises. The AFJROTC instructors have been trained in administering CPR if needed.

Parent/Guardian

By granting permission, we understand there are risks associated with any physical activity. It is our responsibility to inform the AFJROTC instructor of anything that should keep our child from participating in the AFJROTC Cadet Health/Wellness Program. In the event of a medical problem, we understand that any medical care that may be required is our personal financial responsibility.

_____ has permission to participate in the Cadet Health/Wellness Program **YES - NO**
 (Printed Name of Cadet) (Circle one)
 Last Name/First Name/Middle Initial

Printed Name Parent/Guardian: _____ Signature Parent/Guardian: _____

Dated: _____

It is mandatory to complete this screening form prior to participating in the Cadet Health/Wellness Program.

Return this completed questionnaire to your SASI or ASI, and advise them if you responded "Yes" to any of the questions below.

1. Has there been any significant change to your health in the past 6 months? **(Circle one) YES - NO**
2. Are you currently on a medical profile exempting you from PT activities? **YES - NO**
3. Has a physician ever indicated you have heart disease, heart or breathing troubles? **YES - NO**
 - a. Do you suffer from pains in your chest, especially with physical activity? **YES - NO**
 - b. Do you feel faint or have dizzy spells during or after physical activity? **YES - NO**
 - c. Do you have shortness of breath related to asthma or any other condition that exercise could aggravate? **YES - NO**
4. Have you experienced a significant weight change in the past 6 months? **YES - NO**
 If "Yes", indicate the estimated amount: Gained / Lost _____ lbs.
5. Have you ever been diagnosed or displayed symptoms of heat stress? **YES - NO**
6. Do you take any dietary, herbal or nutritional supplements, which contain any of the following
 Substances: Ephedra/Ephedrine, Guarana, Phenylephrine, Pseudoephedrine? **YES - NO**
 If "Yes" please list: _____
7. Do you have any other medical issues that may cause a safety concern during physical exercise? **YES - NO**
 (i.e., allergies, pregnancy, etc.)
 If "YES" please list: _____

Note: If a cadet's health status changes during this school year cadet will notify AFJROTC instructor

This form is to gather information to be used for screening a candidate for participation as an AFJROTC cadet in the following areas: AFJROTC Cadet Health Wellness Program, Photo Consent and Cadet Access Module participation. This form is for internal use only

Parental/Guardian Release Forms

UNIT: AZ-083

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Printed Name of Cadet: _____

Last Name/First Name/Middle Initial

Cadet Photo Release Form: SY 2021

We (Air Force Junior ROTC) are sending you this parental consent form to request permission to use your child's photo/image and name for US Air Force advertising purposes to include on social and other media. Please check one of the following choices:

- ☐ I GRANT permission for my child's photos/images and name to be used for US Air Force advertising purposes to include on social and other media.
- ☐ I GRANT permission for photos/images of my child without any other personal identifiers to be used for US Air Force advertising purposes to include on social and other media.
- ☐ I DO NOT GRANT permission for photos/images of my child to be used for US Air Force advertising purposes to include on social and other media.

Cadet Access Module and Data Entry into WINGS: SY 2021

We (Air Force Junior ROTC) are sending you this parental consent form to inform you that AFJROTC cadets will be entering your student's information / participation in the Cadet Access Module of WINGS.

The information being input will fall in all of the following areas:

1. Physical Fitness (PT) Module: Health/Wellness Scores for each event
2. Events Module: Community Service, Curriculum in Action Trips, Fund Raisers, Competitions, Cadet Leadership School, Co-Curricular Activities that your student participated in while in JROTC
3. Unit Management Module: Issuing of Cadet Rank/Promotions, Cadet Awards, Creating Unit Goals
4. Logistics Module: Issuing / Returning and Ordering of Uniforms

The cadets accessing the Cadet Module of WINGS will not have access to any of the following information pertaining to your student: Address, Phone number, Email address, Date of Birth, Social Security Number.

- ☐ I GRANT permission for cadets to upload data relating to my child as outlined above.
- ☐ I DO NOT GRANT permission for cadets to upload data relating to my child as outlined above.

Printed name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

PHOTO & VIDEO RELEASE FORM

Student Name: _____

Parent/Guardian Name: _____

Background: During the school year students may be photographed, recorded or filmed by Peoria Unified School District staff or other approved individuals, including the news media, while participating in school programs and activities. Students may also create schoolwork and/or other intellectual property, such as artwork, essays, and poetry ("creative work") as part of the educational process.

Purpose: The purpose of this Photo and Video Release Form is to identify those families who do not consent to give the Peoria Unified School District permission and authority to use and/or publish you and/or your child's name, image, and/or creative works to further the district's educational mission. The district is asking that all parents/guardians sign and return this form. **If you do not sign or return this form, the district will assume you are granting permission to participate in pictures, videos or other promotional opportunities.**

Consent and Release:

The district may use, release, and/or publicize my and/or my child's name, image (in any form), and creative work through any medium whatsoever, including, but not limited to, the internet, written publication, and broadcast for any educational, editorial, promotional, business or other purpose without prior notice or compensation. The district may exercise its rights as it deems appropriate for its productions, for advertising, and for other purposes. By signing below, I intend for the district to rely upon this Release; and

I agree to release, not to sue, and to indemnify and hold the district harmless for, from and against any and all injuries, claims, demands, damages, actions, causes of action, suits or judgments of any kind or nature whatsoever (including attorneys' fees and other costs in the defense of any such claim or suit) brought by myself or on behalf of myself or my child as a result of any claim, loss, damage, or injury to any persons or property arising out of or in any way relating to any action, inaction, or participation in any video or photographic production of the district.

☐ I **do** consent to the above. ☐ I **do not** consent to the above.

☐ I **do not** consent to the above, however, I do grant permission for my child's photograph to be included in the school yearbook.

Student Signature (if over 18)

Date

Parent/Guardian Name (Please print)

Parent/Guardian Signature
(Required for all students under 18)

Date

Career and Technical Education

ASSUMPTION OF RISK AND RELEASE OF LIABILITY 2020-2021

_____ has my permission to participate in a course in the following programs: Accounting, Advanced Software Development, Air Force JROTC, Environmental and Agriculture Systems, Automotive, Business, Construction, Culinary Arts, Fashion, Early Childhood Education, Education Professions, Engineering, Film & TV, Finance, Fire Science, Law Enforcement, Marketing, Medical Assisting, Nursing, Software Development, Sports Medicine, Technology Life Careers, Welding **(CIRCLE APPLICABLE PROGRAM)**

All PUSD CTE programs emphasize safety, workplace simulated labs, and hands-on learning. Students will be instructed on safe working procedures, and all safety measures **are required** to be followed at all times. Safety equipment is provided and **must** be used by all students.

Students actively operate potentially dangerous equipment in these classes as part of the instructional program, during time spent in the lab after school, and during related student club activities. There is always the possibility of injury if the equipment is improperly used.

Parents are expected to be actively involved in assisting the instructors with the safety of their students. *If your child/ward is on any medication or affected by a medical condition that might affect his/her performance*, the instructor **must** be notified.

In the event of an accident, the school nurse will be contacted, and emergency protocol will be followed. If you do not have health insurance, we *highly* recommend that you purchase medical coverage for your child/ward. Student accident insurance is offered through a 3rd party vendor which is assembled at: <http://www.kandkinsurance.com>. Since students in non-paid Worksite Learning experiences are not considered employees, and employer/employee relationship does not exist, students should provide their own medical and accident insurance. Transportation to and from the place of the Worksite Learning experience is the responsibility of the student. Transportation arrangements must meet with the approval of parents and school administration. Parents or guardians will assume responsibility for the conduct and safety of the student from the time of leaving school until reporting to the job and from the time of leaving the job until arrival at home.

Students not actively participating during class or exhibiting problems with behavior are a safety risk. Failure to comply with all lab safety procedures and/or operate equipment in a safe manner may result in loss of credit and/or removal from the class.

I have carefully read this agreement and fully understand the risks, and I hereby agree to allow my child/ward to participate in this course. In exchange for benefits derived by my child/ward's participation in this course, I hereby agree, to the fullest extent permitted by law, to hold harmless Peoria Unified School District, its officers, employees, or volunteers from and against any claims, damages or liability for injury, death or damage to personal property arising out of, or in connection with my child/ward's participation in this course.

If permission is not granted, the student will be ineligible to participate in the class.

- ☐ I give my son/daughter permission to participate in the above indicated CTE class.
- ☐ I do not give my son/daughter permission to participate in the above indicated CTE class.

Signature (Parent/guardian)

DATE

Print Name

Contact Phone Number

Signature (Student)

DATE

Print Name

Contact Phone Number

ACCEPTABLE USE OF SCHOOL COMPUTERS - STUDENTS

Acceptable use of the electronic information services requires that the use of these resources be in accordance with the following guidelines and support the educational goals of Peoria Unified School District.

Summary: You will be held responsible for your actions. Your actions may be monitored and tracked while using school computers or the computer network. Do not download inappropriate or copyrighted material. Do not disclose personal information about you or your family. Notify your teacher if you receive a communication or access a website that you feel is inappropriate.

The student must:

- Agree to use the electronic information system for educational or district business purposes only.
- Agree not to submit, publish, display or retrieve/download any inappropriate material, including material that is defamatory, abusive, obscene, profane, sexually oriented, threatening, racially offensive, illegal, or deliberately inaccurate material; nor shall students provide direct links to such materials or encourage the use of controlled substances.
- Agree not to download, archive, distribute or share any software or digital file(s) (such as movies, music, or text) that would constitute a violation of copyright laws, including any trademark and/or license restrictions.
- Agree not to attempt to harm, modify system files or data belonging to other users.
- Agree not to attempt to gain unauthorized access to district systems or data, damage software or hardware or interfere with system operation or security.
- Agree to only access the PUSD network with his/her PUSD network user name unless directed by the teacher to use a "generic lab user name". Permission to use generic lab user name is valid only during the class period where permission was granted.
- Agree to keep his/her password private.
- Agree to notify his/her teacher if a password is lost or stolen, or if there is reason to believe that someone has obtained unauthorized access to the system.
- Agree not to use the network in a way that would disrupt the use of the network by others.
- Understand that e-mail should not be considered absolutely secure or private.
- Understand that e-mail in the district e-mail system is the property of the district.
- Understand that computer activities, including e-mail, may be monitored and tracked.
- Agree not to reveal anyone else's personal information without the proper permission or authority.
- Agree not to use the system to make any unauthorized purchases or to conduct any non-approved business.
- Agree that this policy specifically prohibits the use of games or simulations for entertainment purposes. A game or simulation used for an educational purpose may be authorized by your teacher during class time.
- Agree to follow all District Policies and Student Handbooks as written.
- Understand that the system administrators reserve the right to set quotas for disk usage on PUSD network system. Students who exceed their quota will be advised to delete files to return to compliance.
- Agree to notify his/her teacher, or email helpdesk@peoriaud.k12.az.us if the user believes he/she has discovered a security problem on any PUSD system. The student should not demonstrate the problem to any other user or attempt to exploit the problem in any way.

Student use of information systems is acknowledged to be a privilege, not a right. Students must adhere to strict district guidelines. Administrator(s) will deem what is appropriate and inappropriate use of information systems. Any action by a student determined to constitute an inappropriate use subjects the student to disciplinary action. Depending on the seriousness of the user's offense, consequences will be administered as stipulated in the Student Handbook and/or District Policy. Students will also be subject to all applicable state and federal laws.

Students and parents/guardians of students must understand that their student may have access to the Internet. Through the use of filtering software and supervision, Peoria Unified School District limits access to inappropriate materials on the Internet. **Students and parents should be aware that no filtering system is completely effective in preventing access to all inappropriate materials, and it is the student's responsibility to follow the above regulations and the directions of staff.**

I understand and will abide by the above terms and conditions of this PUSD acceptable use policy, and will use computer and electronic resources for curricular or district business purposes only. I further understand that any violation of this agreement is unethical and may constitute a criminal offense and may result in civil liability to me and my parents or guardians, if I am under age 18. Should I commit any violation, I am subject to consequences of the school and district disciplinary code and of state and federal law.

Student Signature Date

Parent/Guardian Signature Date

(Printed Student Name)

(Printed Parent/Guardian Name)

- ☐ My child has permission to use the Internet.
☐ My child does not have permission to use the Internet.

***Peoria CTE Course Parent and Student
Acknowledgement of Receipt of Syllabus***

CTE Course: AFJROTC

Please print legibly.

Student Name: _____

Current Mobile Number (Optional): _____

Current Email Address: _____

I have read the syllabus for this class. I hereby give my consent and approval for my child to participate in this course. Also, I give my approval to my child to participate in activities connected with this class.

Parents/Guardian and Student, please sign below if you understand and agree to the above statements.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Email: _____

Parent/Guardian Cell Phone: _____

Date submitted to instructor: _____

Additional documents to be completed, could include:

- MCCCCD Dual Enrollment Syllabus
- CTE Risk and Liability form **(Required)**
- PUSD Acceptable Use of School Computers form **(Required)**
- Photo Release **(Required)**
- If work based learning class, an entire Work Based Learning packet is provided
- If AP or IB course, additional information will be provided