

# Caddo Parish and Northwest Area JROTC High Schools



(Place a check mark next to the appropriate high school.)

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> C.E. Byrd<br>(868-0369)  | <input type="checkbox"/> Caddo Magnet<br>(424-0948)    | <input type="checkbox"/> Captain Shreve<br>(865-5778) | <input type="checkbox"/> Fair Park<br>(635-1504)    |
| <input type="checkbox"/> Green Oaks<br>(222-3492) | <input type="checkbox"/> Huntington<br>(687-4102)      | <input type="checkbox"/> North Caddo<br>(375-3761)    | <input type="checkbox"/> Northwood<br>(929-2022)    |
| <input type="checkbox"/> Southwood<br>(686-3091)  | <input type="checkbox"/> B.T. Washington<br>(221-7951) | <input type="checkbox"/> Woodlawn<br>(687-0784)       |   |
| <input type="checkbox"/> Mansfield<br>(872-0793)  | <input type="checkbox"/> Minden<br>(334-379-6427)      | <input type="checkbox"/> Natchitoches<br>(352-9656)   | <input type="checkbox"/> North DeSoto<br>(925-6405) |

My cadet, \_\_\_\_\_, has my approval to attend, travel to, and participate in the following event:  
(Printed Name of Cadet)

Name of Event (Trip): \_\_\_\_\_  
(Enter the Name and Location)

Date of Event (Trip): \_\_\_\_\_  
(Enter Date)

### Hold Harmless

I agree to assume full responsibility for the student's safety, to indemnify, save, hold harmless and defend the Government of the United States, Caddo Parish School Board and Caddo Parish High Schools JROTC and all of their respective employees and agents, acting officially or otherwise, from and against any and all liability, claims, demands, actions, debts, and attorneys' fees arising out of, claimed on account of, or in any manner predicated on loss or damage to the property of an injuries to or death of any persons whatsoever which result from the undersigned student's presence and participation in any of the above mentioned programs and do hereby waive forever my demands or claims therefore.

### Medical Release & Waiver

I fully understand that the US Army and the Caddo Parish School Board can not be held responsible for injury resulting from any accident incurred during the event. In the event of illness or injury occurring to my dependent during participation in the competition, I do hereby consent in advance to whatever X-ray examinations, anesthesia, medical, and surgical diagnostic procedures or treatment is considered necessary in the best judgment of the attending physician or Army Medic, and performed by or under the supervision of the medical staff or a hospital furnishing serves to the program. I understand that in the event of injury or illness to my dependent, I will be notified and that every reasonable means will be utilized to notify me as soon as possible. In consideration of this entry, intending to be legally bound, I do hereby for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against the US Army and the Caddo Parish School Board System, their representatives, successors, and any assigns for any injuries or damage by me or because of this event and its attending activities

Medical Information: \_\_\_\_\_  
Medical Insurance Company
Policy Number

List any prescription medication or physical condition (i.e., allergic reaction to bee stings, penicillin, asthma, inhalers, etc.):

\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Parent Phone Number

\_\_\_\_\_  
Signature of JROTC Instructor