



# Louisiana Army Explorers TRAINING AUTHORITY

## INSTRUCTIONS

Submit typed original to National Headquarters not less than 30 days prior to commencement of training, with a copy in service record pending approval. Once approved, State Headquarters will return the original to the unit with a red ink endorsement, validating the orders. Complete form in its entirety. Incomplete information may cause return of this form without processing. This training authority is voided if all signatures and red ink endorsement are not contained herein upon reporting to training.

## PERSONAL INFORMATION

Date	Unit			Cadet Age		Medical Screen <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Name			First Name		MI	Date of Birth	SSN
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Weight	Height	T-Shirt Size	Rank/Rate	Date of Rank	Exp of Enrollment	Email Address
Home Address			City		State	Zip Code + 4	Home Phone

## EMERGENCY CONTACT INFORMATION

Next of Kin	Next of Kin Address (if different)	Next of Kin Phone
Emergency Contact (different from NOK)	Emergency Contact Address	Emergency Contact Phone

## TRAINING INFORMATION

Training Type <input type="checkbox"/> RT <input type="checkbox"/> ADT <input type="checkbox"/> NCOLDA <input type="checkbox"/> LDI <input type="checkbox"/> Other	Training Location	Start Date	End Date	Days of Training
Recruit Training Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	Passed Minimum Fitness Test? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	Requested Billet (Staff Only)		Deposit Received <input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$

## MEDICAL AND INSURANCE CERTIFICATIONS

Initials of Parent, Guardian, or Adult Staff Member	By initialing the following you, as the custodial parent, legal guardian, managing conservator, or adult staff member (minimum 18 years of age), certify that your child, ward, or self as a member of the Louisiana Army Explorers, for and in consideration of the opportunity to participate in the training referenced herein above, consent to the following:
	I understand that the training requested by the member is strenuous, both physically and emotionally. To the best of my knowledge and belief, the member has no medical, physical, mental, or emotional condition that would prevent participation in any aspect of the requested training. I also understand, that should a disqualifying medical, physical, mental, or emotional condition, including the need for any prescription or non-prescription medication, arise prior to training, the unit commanding officer will be notified of the member's ineligibility for training and that this Training Authority will be canceled. I further understand, that in the event I knowingly failed to disclose a medical, physical, mental, or emotional condition resulting in harm to the member, the Louisiana Army Explorers shall be held harmless for any such harm that may result from the member's participation in the training referenced herein above.
	I understand that should the member become disqualified physically or mentally during the training evolution that training will be terminated and this Training Authority cancelled. The cost of the return trip home is my responsibility.
	I authorize, per Louisiana Army Explorers guidelines, treatment for the member above by any medical care provider or medical facility. All additional costs, co-payments, or fees not covered by Louisiana Army Explorers insurance providers are my responsibility.
	I certify that in addition to the Louisiana Army Explorers accident insurance coverage, I have additional coverage for the above:
Insurance Provider Name	Insurance Policy Number
Insurance Provider Address	Insurance Provider Phone

## TRANSPORTATION INFORMATION

Transportation for personnel is not provide to Louisiana Army Explorers personal by the Department of Defense. Transportation to and from the training site must be provided by the member, LAE unit, or by other personal or unit arrangement. Transportation for members returned home due to illness, physical or emotional disqualification, disciplinary issue, at own request, or cancellation of training for any other reason, will be at the member's **PERSONAL EXPENSE**.

## ENDORSEMENTS

Parent/Guardian/Adult Staff Member (Print or Type)	Signature	Date	<b>State Headquarters Use Only</b>  <b>ORDERS APPROVED FOR TRAINING</b>  VOID if Endorsement is Not in RED Ink
Commanding Officer (Print or Type Name and Rank)	Signature	Date	
Commander, Training Unit (If Required)	Signature	Date	
State Headquarters	Signature	Date	
		Control Number	

<b>REPORTED</b>	Date Reported	Time Reported	Officer of the Day (Print Name and Rank)	Signature
	Date Detached	Time Detached	Officer of the Day (Print Name and Rank)	Signature