



**YOUNG MARINES OF THE MARINE CORPS LEAGUE
WASHINGTON DC**

**Young Marines
Enrollment Application
PLEASE PRINT**

Last Name _____ **First Name** _____ **Middle Initial** _____
Age _____ Date of Birth ___/___/___ Social Security Number _____
Home Street Address _____ City _____ State ___ Zip Code _____

Living with: ___ Mother & Father ___ Mother ___ Father ___ Legal Guardian ___ other
Mother's Name _____
Home Street Address _____ City _____ State ___ Zip Code _____
Home Telephone Number (____) _____ Work Telephone Number (____) _____
Father's Name _____
Home Street Address _____ City _____ State ___ Zip Code _____
Home Telephone Number (____) _____ Work Telephone Number (____) _____
(Legal Guardian or Custodial Parent's Only) Name _____
Jurisdiction and Court Order Document Number _____
Home Street Address _____ City _____ State ___ Zip Code _____
Home Telephone Number (____) _____ Work Telephone Number (____) _____

PHOTO/VIDEO/FILM RELEASE

The Young Marines may encounter the news media, video and film crews, or photographers hired by the Young Marines for the purpose of taking promotional or publicity photographs, video or film. There is a possibility that students and adults attending programs will be photographed. I give my consent to authorize the Young Marines of the Marine Corps League, or any entity or person authorized or designated by them the use and reproduction of any and all photographs, video or film taken of the person named as the subject of this application during Young Marine training or related activities. I understand there will be no compensation to me. All negative and positives, together with said prints, video or film are the property of the Young Marines of the Marine Corps League or the entity or person authorized or designated by it, solely and completely. I also waive any right to inspect or approve any photo, video or film taken during said training or related activities. I affirmatively release and discharge the Young Marines of the Marine Corps League from responsibility for any distortion or manipulation, whether intentional or otherwise, of photos, video or film taken of your child while a participant in the Young Marine Program.

PERMISSION & WAIVER

I/We, the undersign, do hereby certify that I/We have read and fully understand the attached release and waiver; that I/We have fully consented to such release and waiver and expressly give this minor permission to participate in the Young Marines Program. Furthermore, I/We certify that this application is complete, correct, and true to the best of my/our knowledge.

Mother /Legal Guardian Date _____
Father/Legal Guardian Date