



**UNITED STATES MARINE CORPS  
MARINE CORPS JUNIOR RESERVE OFFICER'S TRAINING CORPS  
TOLLESON UNION HIGH SCHOOL  
9419 WEST VAN BUREN ST.  
TOLLESON, AZ 85353**

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**MCJROTC**

**MARKSMANSHIP TRAINING RECORD PAGE**  
**Parental / Guardian Consent / Non- Consent Record**

CADET NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Last Name) (First Name) (MI) (Mo) (Day) (Yr)

**CONSENT FOR MARKSMANSHIP TRAINING**

1. We/I, hereby request that our/my son/daughter, named above, be permitted to participate in the Tolleson Union High School MCJROTC Marksmanship Classroom curricular training.
  - a. We/I, grant our/my consent, with the knowledge that training will involve the firing of the unit's air pellet rifles, after safety instruction is conducted, and that all such firing will take place under the supervision of qualified adult instructors.
  - b. We/I, know of "NO REASONS" that would prevent our/my son/daughter of being at risk of learning marksmanship training, for physical and/or behavioral reasons.
  - c. We/I, understand that we/I, may arrange to visit the marksmanship training facilities and acquaint ourselves/myself, with the procedures and safety precautions.
  - d. We/I, understand that Marksmanship Training is part of the "Core curriculum" for the MCJROTC program, and that our/my son/daughter will be graded on his/her performance.
  
2. We/I, hereby acknowledge, that we/I, support the ***Safe Handling of Weapons***, e.g. air pellet rifles, and demilitarized nonfunctioning M14 Training Rifles [used for drill]/Color Guards, at all times. Additionally, our/my son/daughter understands the importance and consequences of the safe handling weapons. And, that failure for our/my son/daughter to properly handle weapons in a safe manner could result in injury to our/my son/daughter and/or to other individuals. At the very least, our/my son/daughter will be subject to disciplinary action, for intentional safety violations. Depending on the violation, additional disciplinary action may result.

Print Name of Signature entered below: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/ Guardian of Cadet (Mo) (Day) (Yr)

**NON-CONSENT MARKSMANSHIP TRAINING**

1. Our/my son/daughter, is "***NOT AUTHORIZED***" to perform marksmanship training in the MCJROTC program at Tolleson Union High School, due to *religious beliefs, physical restrictions, or other personal reasons*.
  - a. We/I, understand, that our/my child's grade will not be affected, and that he/she will be excused from Marksmanship training.

Print name of signature entered below: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent / Guardian of Cadet) (Mo) (Day) (Yr)