



## Eagle Application - 2025

### Encampment Commander's Cover Letter to Prospective Eagles

I appreciate your interest in returning to the Devil Program in the capacity of Eagle. Your interest and application serve as evidence of your commitment to the program. Unlike recent years, we will limit the number of Eagles selected this year to twenty-four or less. Unfortunately, many highly qualified applicants will not be chosen simply due to reduced numbers. Eagle applicants must be 14-17 years of age. **If selected to serve as an Eagle, you will be required to pay a \$100 application fee. This fee will be used to offset increased costs for the Encampment.**

Eagles serving the 2025 Encampment will report on Sunday, 6 July 2025, between 0900-1200 (exact site TBD). Establishing the Encampment is scheduled for 7-9 July. Devil Pups will arrive on 9 and 10 July and graduate on 19 July at 1200. **Eagles service runs from 6-19 July, 1600.**

As most of you know, serving as an Eagle is demanding. The hours are long, and the tasks seem to be never-ending. These are trademarks of any training-related environment. Applicants should be fully aware the standards and expectations of Eagles far exceed those of Devil Pups. Serving as an Eagle is an honor and privilege; it is a duty and billet that garners the respect of our staff and active-duty Marines alike.

The primary focus of the Eagle program is to serve every Devil Pup in a manner that reflects compassion, modeling excellence, setting the example, and peer mentoring. Everything this program does is aimed at serving the Devil Pups. Priority #1 is ensuring the safety and success of every Devil Pup. Reaching the standard set for safety is always maintained. Reaching the standard of achieving success for every Devil Pup is a dynamic target.

As you already know, Devil Pups arrive in four age groups (14-17), possess varied skill sets, arrive from incredibly diverse family situations, and reflect a wide range of personal aspirations. Reaching, impacting, and shaping the Devil Pups in the areas mentioned requires leadership. Eagles will be expected to demonstrate positive leadership skills 24/7.

The Devil Pup staff will conduct various leadership discussions exclusively with the Eagle cadre. Our objective is twofold: first, to improve the leadership skills of each Eagle; second, to enable Eagles to exercise leadership throughout the training schedule.

Every selected Eagle must understand and comply with the standards in executing this demanding duty. We will not hesitate to remove an Eagle from training or send an Eagle home. This experience promises to be a lifetime highlight and positive endeavor; however, it requires a selfless applicant who possesses a high degree of initiative and unapproachable integrity.

We look forward to serving with you if you are indeed that person. Selections and notifications of both those selected and not selected will be completed by 30 May 2025.

Respectfully,  
Encampment Commander Chief Warrant Officer 3 David M. Caballero  
USMC (Ret)



## Eagle Application - 2025

### Important Notes and Instructions

#### Important Notes:

- Once your application has been completed, it is highly recommended to save a copy.
- Email your completed application to [rcaballero4@cox.net](mailto:rcaballero4@cox.net) Or you may mail your completed application to:  
CWO3 David M. Caballero  
602 W. Cabot Drive  
Tucson, AZ 85756
- **Do Not Mail application via certified mail!**
- Application deadline is 9 May 2025. All applicants will be notified by 30 May 2025 whether they were selected or not.

#### Instructions:

- Place the application in the following order depicted below.
  1. Encampment Commander's Cover Letter
  2. Important Notes & Instructions
  3. Personal data form (*ensure the email address submitted is clearly stated; this will be the source used to notify whether you were selected or not*)
  4. You **must** have an endorsement from your Liaison Rep (LR). The LR may submit his/her endorsement via email. Inform your LR to send endorsement to [rcaballero4@cox.net](mailto:rcaballero4@cox.net) If your LR would instead mail the endorsement to me, use this address: CWO3 David M. Caballero  
602 W. Cabot Drive  
Tucson, AZ 85756
  5. You **must have one other letter of endorsement** in addition to your LR. This letter may be submitted by a teacher, coach, law enforcement official, firefighter, EMT, church leader, manager, counselor, school administrator, scout leader, active duty, or retired armed service member.
  6. Signed **Compliance form** (p. 6 of this application)
  7. Hold Harmless form x 2 (download from required Devil Pups forms - all 3 pages)
  8. Medical Treatment Authorization form (download from required Devil Pup forms) L4
  9. Health Information (download from required Devil Pup forms) L3
  10. Participation Agreement (download from required Devil Pup forms) L2
  11. Photo-Video Release form (download from required Devil Pup forms) R8
  12. Physical Examination \*must be valid through 20 July 2025 / sports physical is also valid L5
  13. Unofficial copy of school transcripts (access via school counseling office)

#### Contact Information:

CWO3 David M. Caballero

Email: [rcaballero4@cox.net](mailto:rcaballero4@cox.net)

Cell: (520) 977-9508

Eagle Application - 2025

**Eagle Personal Data Form**

LAST NAME	FIRST NAME	AGE
EMAIL ADDRESS (yours or parent)	HOME ADDRESS	DATE OF BIRTH
	STREET ADDRESS and/or Apartment Number	MONTH
	City	DAY
	State	YEAR
	Zip Code	
NAME OF EMERGENCY CONTACT (Please list two resources)	PHONE # OF EMERGENCY CONTACTS	YOUR RELATIONSHIP TO EMERGENCY CONTACTS
#1	(     )	
#2	(     )	
NAME OF LIAISON REPRESENTATIVE (Required)	YOUR DEVIL PUP/EAGLE HISTORY	YEAR IN SCHOOL FALL OF 2025 (CIRCLE)
	Year you graduated Devil Pups:	8 <sup>TH</sup> GRADE      9 <sup>TH</sup> GRADE (frosh)
	Which Platoon: 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> 5 <sup>th</sup> 6 <sup>th</sup> (circle platoon #)	10 <sup>TH</sup> GRADE      11 <sup>TH</sup> GRADE (sophomore)      (junior)
	Did you receive any honors? Please list:	12 <sup>TH</sup> GRADE      COLLEGE (senior)
	Have you served as an Eagle before?	
	What year did you serve as an Eagle?	



## Eagle Application - 2025

### Endorsements

**(Two are required. One from LR and other source)**

Instructions for Liaison Representative:

Eagle applicants **must** have an endorsement from their Liaison Rep (LR). The LR may submit his/her endorsement via email to [rcaballero4@cox.net](mailto:rcaballero4@cox.net)

If LR would instead mail the endorsement to me, use this address:

CWO3 David M. Caballero  
602 W. Cabot Drive  
Tucson, AZ 85756

Please describe why you believe this applicant would be a responsible leader and peer mentor. It would be most helpful to include evidence and a history of leadership exhibited by the applicant. I really appreciate any help you can provide. Your endorsement is highly valued and appreciated.



Eagle Application - 2025

### **Endorsements**

**(Two are required. One from LR and other source)**

The second endorsement can be from a variety of professional sources, including but not limited to: teacher, coach, law enforcement official, firefighter, EMT, church leader, manager, counselor, school administrator, scout leader, active-duty or retired armed service member.

Please describe why you believe this applicant would be a responsible leader and peer mentor. Including evidence and a history of leadership exhibited by the applicant would be most helpful. I appreciate any help you can provide. Your endorsement is highly valued and appreciated.

Please feel free to submit your endorsement via email to [rcaballero4@cox.net](mailto:rcaballero4@cox.net)

Or mail the endorsement to me at the address listed below:

CWO3 David M. Caballero  
602 W. Cabot Drive  
Tucson, AZ 85756



## Eagle Application - 2025

### Eagle Compliance Form

**BOTH applicant and a parent/guardian must sign this form.**

Policy #	Parent Signature	Applicant Signature	Policy
1			Any actions that may be construed as sexual harassment, hazing, bullying, inappropriate behavior, or threatening is cause for immediate dismissal from the program.
2			Eagles are responsible for their own transportation to and from Camp Pendleton. Eagles will be provided a drop off site and time to report to Camp Pendleton. They will be released on graduation day at approximately 1600 (4 pm).
3			Unless cleared by a Devil Pup staff member, Eagles are not permitted to be in a vehicle driven by anyone other than a Devil Pup staff member.
4			You may bring a cell phone; however, you will not maintain possession of it after reporting for duty. There will be time allotted for daily phone calls home at a prescribed time and location.
5			Eagles, Devil Pups, and staff members do not share a rack (bed) with another person. This action will result in immediate dismissal and parent/guardian informed.
6			Eagles will wear their hair to the same standard of our active duty Marines. No jewelry, excessive make-up (females only, males will not wear make-up).
7			Eagles will stand duty on scheduled days and nights. They will be scheduled with Devil Pup staff members and active-duty Marines. All three of these said groups stand duty each night.
8			Fraternization is absolutely prohibited. Active-duty personnel are subject to the UCMJ. This program is not a dating service.



## Devil Pups Indemnity, Release and Hold Harmless Agreement

I, \_\_\_\_\_ am the parent or legal guardian of  
(Parent/Guardian Name)

\_\_\_\_\_, in consideration of Devil Pups.  
(Minor's Full Name)

All participants, their parents, heirs, successors, assigns or any other person having claims by and through them, agree to participation in all events and programs run by or associated with Devil Pups Youth Program for America (aka Devil Pups, Inc.) (*hereinafter referred to as Devil Pups*) during **January 1, 2025 – December 31, 2025 subject to the terms and conditions set forth below.**

I hereby authorize my minor child to participate in any and all activities associated with Devil Pups, and all the programs offered including, but not limited to, transportation, physical exercise, training, team-building activities, community service, classroom instruction, dining, and living accommodations. I hereby agree for myself and for my child, my successors, heirs and assigns, family, and volunteer employees and other participants or persons having claims by or through me acting officially, voluntarily, or otherwise, to assume all risks and to fully and forever release Devil Pups, its heirs, successors, assigns, employees, directors, representatives, and assigns, from, and waive any and all claims for, all liabilities, claims, damages, expenses, personal liability, losses, demands, actions or causes of action that I, and my child, may have on account of any injury, loss, claim, damage to his/her person or property, injury, illness, death or economic loss, known or unknown, anticipated or unanticipated, arising directly or indirectly in any manner whatsoever from his/her presence, attendance at, association with or participation in Devil Pups including during training, classroom instruction, teambuilding activities, transportation, living accommodations, dining, and community service at MCB Camp Pendleton, in my local area with a designated Devil Pups Liaison Representative, or at any location associated with, part of or connected to Devil Pups.

Devil Pups strictly follows federal, state and local COVID-19 mandates and preventive measures; however, Devil Pups cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, by signing this agreement you and your child, successors, heirs, assigns, and any other persons having claims through your, agree and understand that participating with Devil Pups could increase your risk and your child(ren)'s risk of contracting COVID-19.



## Devil Pups Indemnity, Release and Hold Harmless Agreement

By signing this agreement, I acknowledge the contagious nature of COVID-19, that participating in activities related to Devil Pups could increase my or my children's risk of contracting COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending Devil Pups events & activities and that such exposure or infection may result in injury, personal injury, illness, permanent disability, and/or death. I understand that the risk of becoming exposed to or infected by COVID-19 at Devil Pups may result from the direct actions, omissions, or negligence of myself and others, including, but not limited to, Devil Pups employees, volunteers, staff members, trustees, Marine Corps officials and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at Devil Pups or participation in Devil Pups programming.

I hereby agree for myself and for my child, my successors, heirs and assigns, family, and volunteer employees and other participants or persons having claims by or through me acting officially, voluntarily, or otherwise, to assume all risks and accept sole responsibility for any injury, disability, illness, death, loss, claim, liability damage or expense, and to fully and forever release Devil Pups, its heirs, successors, assigns, employees, directors, representatives, and assigns, from, and waive any and all claims for, all liabilities, claims, damages, expenses, personal liability, losses, demands, actions or causes of action that I, and my child, heirs, successors, or assigns, may have on account of any injury, loss, claim, damage to his/her person or property, injury, illness, death or economic loss, known or unknown, anticipated or unanticipated, arising directly or indirectly in any manner whatsoever from his/her presence, attendance at, association with or participation in Devil Pups including during training, classroom instruction, teambuilding activities, transportation, living accommodations, dining, and community service at MCB Camp Pendleton, in my local area with a designated Devil Pups Liaison Representative, or at any location associated with, part of or connected to Devil Pups.





## Devil Pups Indemnity, Release and Hold Harmless Agreement

On my behalf, and on behalf of myself, my children, heirs, family, successors, and assigns and any other persons having claims through me, I hereby fully, without qualification or limitation assume all risks and fully and forever release, covenant not to sue, discharge, and hold harmless Devil Pups, its employees, agents, heirs, successors, assigns, employees, directors, and representatives, of and from Devil Pups during programming, training, housing, dining, physical fitness, training, classroom instruction, teambuilding, including all liabilities, claims, actions, damages, illness, injury, costs, damage to or loss of property, economic loss, or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Devil Pups programming, training, physical fitness, housing, dining, community service, transportation, or other associated activities based on the direct actions, omissions, or negligence of Devil Pups, its employees, agents, and representatives, staff members, trustees, directors, or Marine Corps officials whether a COVID-19 infection occurs before, during, or after participation in any Devil Pups programs.

Initials

I acknowledge that my child does not currently have COVID-19, they are not currently experiencing Covid 19 symptoms and to my knowledge, they have not recently been in contact with anyone who has had Covid 19. I acknowledge that they will follow all COVID-19 mitigation measures implemented by federal, state, and local authorities, including but not limited to wearing masks, maintaining social distancing, and/or any other requirement implemented by federal, state, or local authorities.

\_\_\_\_\_  
**PRINT NAME OF PARENT OR LEGAL GUARDIAN**

\_\_\_\_\_  
**Date:**

\_\_\_\_\_  
**SIGNATURE OF PARENT OR LEGAL GUARDIAN**

**ADDRESS:** \_\_\_\_\_  
Street (Apt or Space #)

\_\_\_\_\_  
City County State/Zip

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Cell Phone Number 2<sup>nd</sup> Contact Phone Number

**Email:** \_\_\_\_\_



## PERSONAL INFORMATION

PLEASE PRINT

Enrollment Date: _____		<input type="radio"/>	<input type="radio"/>
Last Name: _____	First Name: _____	Middle Initial _____	
<input type="radio"/> Male <input type="radio"/> Female	Date of Birth: _____	Age: _____	
Student Email: _____		Extra-Curriculars: _____	
Home Street Address: _____			
City: _____	Local County: _____	State: _____	Zip Code: _____
<b>EMERGENCY CONTACT:</b> <input type="radio"/> Both Parents <input type="radio"/> Parent1 <input type="radio"/> Parent 2 <input type="radio"/> Legal Guardian			

### Parent 1 Information

Last Name: _____	First Name: _____	Middle Initial _____
Mailing Address: _____		
City: _____	State: _____	Zip Code: _____
Cell Phone: ( ) _____	Home/Work Phone: ( ) _____	
Relationship to Pup: _____	Adult Email: _____	

### Parent 2 Information

Last Name: _____	First Name: _____	Middle Initial: _____
Mailing Address: _____		
City: _____	State: _____	Zip Code: _____
Cell Phone: ( ) _____	Home/Work Phone: ( ) _____	
Relationship to Pup: _____	Adult Email: _____	

### Legal Guardian (grandparent/foster parent/other)

Last Name: _____	First Name: _____	Middle Initial _____
Mailing Address: _____		
City: _____	State: _____	Zip Code: _____
Cell Phone: ( ) _____	Home/Work Phone: ( ) _____	
Relationship to Pup: _____	Adult Email: _____	



## PARTICIPATION AGREEMENT

In consideration of my child, a minor under the age of eighteen years, being afforded the use of the facilities of the U.S. Marine Corps and Devil Pups, Inc., I do hereby release and discharge the United States of America and officers and employees and other personnel of the United States Marine Corps, United States Navy and Marine Corps Base, Camp Pendleton, California, and Devil Pups, Inc., its agent and employees for all claims of damages, demands and action whatsoever in any manner arising from my child's participating in the Devil Pups Program.

Nothing herein is to constitute a waiver of any right that my child has to medical treatment based upon his/her status as a military dependent of an active duty member of the U.S. Armed Forces or a retiree of the United States Armed Forces.

I attest and verify that I have full knowledge of the risks involved in this activity and that he/she is physically fit and sufficiently trained to participate therein.

I understand that if my child is injured or becomes ill while at Devil Pups, he/she will be given medical treatment, and I hereby authorize and consent to any X-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and rendered under the general supervision of U.S. Naval Medical or Civilian Medical personnel. I further agree to pay the cost of any such care and treatment. In the event I have health insurance which provides benefits for my child, I hereby assign such benefits payable to me for the medical care and treatment and the hospitalization of my son/daughter to the U.S. Navy and/or the U.S. Marine Corps operating the medical facilities providing such care and treatment.

I understand and agree to pay the cost of transportation of my child from Camp Pendleton to my home should my son/daughter leave the program either at my request or the request of Devil Pups, Inc., prior to completion of the program. Should my child for any reason, miss the scheduled transportation provided immediately following graduation, I will Pay for his/her transportation home. My child will bring \$40.00 cash to the encampment to cover incidental items.

**I HEREBY CERTIFY THAT MY SON/DAUGHTER IS NEITHER EPILEPTIC NOR ASTHMATIC AND HE/SHE DOES NOT HAVE CONGENITAL DEFECTS WHICH MAY BE AGGRAVATED IN THIS PHYSICAL ENVIRONMENT.**

**If possible, I will attend the graduation of my son/daughter at Camp Pendleton.**

Devil Pup: \_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Parent / Guardian Signature

Executed on \_\_\_\_\_ at \_\_\_\_\_, \_\_\_\_\_; \_\_\_\_\_  
Date City State Zip Code



## HEALTH INFORMATION

PLEASE PRINT

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Int. \_\_\_\_\_  
Age \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_  
Emergency Phone # \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

1. If the applicant has had, or now has any of the following, please check and indicate approximate date of occurrence:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Head Injury _____       | <input type="checkbox"/> Neck/Back Injury _____      | <input type="checkbox"/> Absence of one eye _____      |
| <input type="checkbox"/> Absence of Kidney _____ | <input type="checkbox"/> Loss of Consciousness _____ | <input type="checkbox"/> Shoulder/Elbow Injury _____   |
| <input type="checkbox"/> Fainting Spells _____   | <input type="checkbox"/> Knee/Ankle Injury _____     | <input type="checkbox"/> Kidney Disease _____          |
| <input type="checkbox"/> Convulsions _____       | <input type="checkbox"/> Hernia _____                | <input type="checkbox"/> Heart Disease or Murmur _____ |
| <input type="checkbox"/> Epilepsy _____          | <input type="checkbox"/> Asthma _____                | <input type="checkbox"/> Menstrual Disorder _____      |
| <input type="checkbox"/> Paralysis _____         | <input type="checkbox"/> Diabetes _____              | <input type="checkbox"/> Hearing Loss _____            |
| <input type="checkbox"/> Fractured Bones _____   | <input type="checkbox"/> Pregnancy _____             | <input type="checkbox"/> Perforated Ear Drum _____     |
| <input type="checkbox"/> Contact Lenses _____    | <input type="checkbox"/> Glasses _____               | <input type="checkbox"/> Other _____                   |

I acknowledge that vaccinations for Tetanus/Diphtheria, Measles, and Polio are current. YES ☐ NO ☐

2. List any health factor that requires a limited program of physical activity on the part of your son or daughter. If none, so state.

3. Is your son or daughter taking a prescribed medicine which must be continued while he/she is at Camp Pendleton? What is it? How often?

4. Has the applicant ever had significant allergies?

Hay Fever \_\_\_\_\_ Foods \_\_\_\_\_ Bee Stings \_\_\_\_\_ ASTHMA \_\_\_\_\_ Poison Ivy \_\_\_\_\_ Medicine \_\_\_\_\_ Other \_\_\_\_\_

5. Family Physician - Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_

6. List all health and accident policies which cover the applicant whether carried by you or by your employer for your benefit: (PLEASE ATTACH A PHOTO COPY OF YOUR INSURANCE BEHIND THIS PAGE)

Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

NOT - Eligible: Epileptics, Asthmatics, Congenital Defects which may cause increased aggravation/ injury in this physical environment.

I CERTIFY TO THE ABOVE TO BE COMPLETE, CORRECT, AND TRUE TO THE BEST OF MY KNOWLEDGE.

PARENT/LEGAL GUARDIAN (Name) \_\_\_\_\_ DATE: \_\_\_\_\_

Signature \_\_\_\_\_



## MEDICAL TREATMENT AUTHORIZATION

PLEASE PRINT

<b>Last Name</b> _____		<b>First Name</b> _____		<b>Middle Int.</b> _____
Age _____	Date of Birth ____/____/____			
Home Address: _____				
City: _____		State: _____		Zip: _____
<b>Emergency Contact Name:</b> _____			Relationship: _____	
Home # _____		Work # _____	Cell # _____	
Email Address (primary): _____			Pager #: _____	
<b>Insurance Information:</b>				
<b>Provider:</b> _____		<b>ID #:</b> _____	<b>Phone:</b> _____	

### Medical Consent

I, the undersigned Custodial Parent/Guardian of \_\_\_\_\_, do hereby authorize and consent to any X-Ray, examination, anesthetic, medical or surgical diagnosis and or treatment rendered under the general or specific supervision for the **Medicine Practice Act** or dentist licensed under the provisions of the **Dental Practice Act**, and or the staff of any acute general hospital holding a current license to operate a hospital from the State of CA. Dept. of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care, which the aforementioned physician In the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of **Section 6917 of the Family Code of Ca.**

This authorization is effective the entire time my child is with Devil Pups, Inc. until after his/her graduation.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Permission to Use Over-the-Counter Medication

My child, \_\_\_\_\_, has permission to take any over-the-counter medications in accordance with label instructions as needed with the exception of: \_\_\_\_\_ while attending the summer encampment, Devil Pups, Inc.

Known Allergies: \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Physical Examination Form

**To be completed and signed by physician**

Patient Info:

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_  
Date of Examination \_\_\_\_\_ High School Grade ☐9 ☐10 ☐11 ☐12 Sex ☐Male ☐Female

Prior Injuries: ☐Yes or ☐No (If Yes, complete below. Attach a second page if needed)

Date	Injury

Date	Injury

Hospitalizations: ☐Yes or ☐No (If Yes, complete below. Attach a second page if needed)

Date	Reason

Date	Reason

Surgical procedures: ☐Yes or ☐No (If Yes, complete below. Attach a second page if needed)

Date	Reason

Date	Reason

Allergies: ☐Yes or ☐No (If Yes, complete below. Attach a second page if needed)

Bee stings ☐Yes or ☐No If Yes Medication taken \_\_\_\_\_  
Food ☐Yes or ☐No If Yes What type of food? \_\_\_\_\_  
Medications ☐Yes or ☐No If Yes List \_\_\_\_\_  
Other List \_\_\_\_\_

Mental Health: Conditions Present (Mark Yes or No and complete)

Anxiety ☐Yes or ☐No If Yes: ☐Mild ☐Moderate ☐Severe Medications \_\_\_\_\_  
Depression ☐Yes or ☐No If Yes: ☐Mild ☐Moderate ☐Severe Medications \_\_\_\_\_  
ADHD ☐Yes or ☐No If Yes: ☐Mild ☐Moderate ☐Severe Medications \_\_\_\_\_

Current medications: (Attach a second page if needed)

Medication Name	Dose	Frequency	Diagnosis	Physician Specialty	Date Prescribed

Menstruation is present and normal: ☐Yes ☐No ☐N/A

General Appearance and Vital Signs:

Blood Pressure \_\_\_\_/\_\_\_\_ Pulse \_\_\_\_ Respirations \_\_\_\_ Temp \_\_\_\_ Height \_\_\_\_ Weight \_\_\_\_

Evaluation of Systems:

System Name	Normal Findings?	
Skin	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Head/Face	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Eyes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ears	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nose	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mouth/Throat	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Neck	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lymph Node	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Thyroid	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chest/Lungs	<input type="checkbox"/> Yes	<input type="checkbox"/> No

System Name	Normal Findings?	
Heart	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Abdomen	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Liver	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Spleen	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hernia	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Extremities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sensory Abilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Balance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Posture	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Flexibility/Joints	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Describe abnormal findings here


\_\_\_\_\_  
Name of Physician (please print)

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

Physician Address: \_\_\_\_\_ Physician Phone Number: \_\_\_\_\_



**DEVILPUPS**<sup>SM</sup>  
YOUTH PROGRAM FOR AMERICA

## PHYSICAL FITNESS TEST FORM

Date \_\_\_\_\_

CANDIDATE NAME \_\_\_\_\_

AGE \_\_\_\_\_ ☐ MALE ☐ FEMALE

Application Fee \$ \_\_\_\_\_ 2 SA Envelopes \_\_\_\_\_ \$40 Cash \_\_\_\_\_

EVENT	CRUNCHES	PUSH-UP	PULL-UP	1 MILE RUN
SCORE				
POINTS				

Minimum passing score is 175

TOTAL  
SCORE \_\_\_\_\_

### FOR ENCAMPMENT PERSONNEL ONLY

#### Entrance PFT

Event	Score	Points
Crunches		
Push-ups		
Pull-ups		
1 Mile Run		

TOTAL  
SCORE \_\_\_\_\_

#### Exit PFT

Event	Score	Points
Crunches		
Push-ups		
Pull-ups		
1 Mile Run		

TOTAL  
SCORE \_\_\_\_\_



**DEVILPUPS**<sup>SM</sup>  
YOUTH PROGRAM FOR AMERICA

## SELECTION QUESTIONNAIRE

**Must be completed by the Devil Pup Candidate ONLY!**

PLEASE PRINT

Last Name _____	First Name _____	Middle Initial _____	Date of Birth _____	Age _____
Height _____	Weight _____	Grade _____	Male / Female _____	

1. Are you affiliated with a gang? \_\_\_\_\_ Which one? \_\_\_\_\_

2. Are you married? \_\_\_\_\_ Are you a Parent? \_\_\_\_\_ Are you Pregnant? \_\_\_\_\_

3. Do you have any court convictions other than traffic tickets? \_\_\_\_\_

Explain \_\_\_\_\_

4. Have you ever appeared in court for a felony or misdemeanor? \_\_\_\_\_

Explain \_\_\_\_\_

5. Can you accept authority? \_\_\_\_\_ Why? \_\_\_\_\_

6. Do you respect the rights of others? \_\_\_\_\_ Why? \_\_\_\_\_

7. Can you work with others as a leader and a follower? \_\_\_\_\_

Why? \_\_\_\_\_

8. You cannot smoke, gamble, play cards or use drugs. You will be expected to obey all lawful orders without questions. The illegal involvement, possession and / or use of such substances will not be tolerated. Any such conduct will constitute grounds for immediate severance from the Devil Pups program. All males will be given a military regulation haircut. All females will wear their hair in compliance to Marine regulations.

Do you understand? \_\_\_\_\_

9. Why do you want to attend the Devil Pups encampment? \_\_\_\_\_

10. Do you believe in self-discipline? \_\_\_\_\_

Why? \_\_\_\_\_

11. When things get tough, some people are tempted to quit. Why is this true? \_\_\_\_\_

**R7a**



12. Pick three words that describe what you hope to learn at camp: (1) \_\_\_\_\_  
(2) \_\_\_\_\_ (3) \_\_\_\_\_
13. State why you believe you should be selected to attend the Devil Pups summer encampment \_\_\_\_\_  
\_\_\_\_\_
14. What are your school activities and hobbies? \_\_\_\_\_  
\_\_\_\_\_
15. Do you participate in athletics? YES ☐ NO ☐ Name your sport(s) and level: \_\_\_\_\_  
\_\_\_\_\_
- 16 Name of your school \_\_\_\_\_ Grade \_\_\_\_\_
17. Are you a member of: Boy Scouts, Girl Scouts, California Cadet Corps, Marine Corps JROTC; Army JROTC; Navy JROTC; Air Force JROTC; Young Marines; Sea Cadets; Sheriff / Police Explorers; or any other organizations? \_\_\_\_\_  
\_\_\_\_\_
- List your rank or position in your organization: \_\_\_\_\_  
\_\_\_\_\_

**YOUR PARENTS / GUARDIANS ARE EXPECTED TO ATTEND GRADUATION.**

Will they be able to attend? YES ☐ NO ☐. *If they cannot attend, who will bring you home from graduation?* \_\_\_\_\_

Is a parent a Marine? \_\_\_\_\_ Email Address: \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Cell Phone # \_\_\_\_\_

How did you hear about Devil Pups?? \_\_\_\_\_



## PHOTO / VIDEO / FILM RELEASE

The Devil Pups may encounter the news media, video and film crews, or photographers hired by the Devil Pups, Inc. 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 Devil Pups, Inc., 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 Devil Pups training or related activities. I understand there will be no compensation to me. All negatives and positives, together with said prints, video or film are the property of the Devil Pups, Inc. 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 Devil Pups, Inc. 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 Devil Pups 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 \_\_\_\_\_ permission to participate in Devil Pups. Furthermore, I/We certify that this application is complete, correct, and true to the best of my/our knowledge.

\_\_\_\_\_  
Mother / Guardian Signature

Date

\_\_\_\_\_  
Father / Guardian Signature

Date



## CONTRACT & OBLIGATION

PLEASE READ, COMPLETE AND SIGN

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Int. \_\_\_\_\_

### UNDERSTANDING AND CONDITIONS

1. I understand that I am joining the Devil Pups Youth Program for America (*Devil Pups, Inc.*) of my own free will and desire. I know that the training will be challenging, but I will accept it and shall always try to do my best.

2. I understand that I am bound to obey all orders and instructions given from time to time by Marine Corps staff, instructors, and Devil Pups staff members that are appointed over me in accordance to the rules and regulations governing the discipline of the Encampment.

3. I understand as a Devil Pup in good standing I have the following rights:

- \* I will follow the directions to the best of my ability
- \* I will be in a safe, drug and tobacco-free environment under the supervision of Adults
- \* I will be treated fairly with dignity and respect
- \* I will have opportunities to succeed and excel
- \* I will report any inappropriate action by other Devil Pups or adults
- \* I will receive a copy of my Service Record Book before my graduation

4. **Devil Pups - Core Values.** Every United States Marine upholds the core values of Honor, Courage and Commitment. These values give Marines their strength, regulate their behavior, and bond them together into a force, like no other capable of overcoming every obstacle and meeting any challenge. The Devil Pups Core values are Discipline, Leadership and Teamwork.

A. **Discipline.** Discipline requires the Devil Pups show instant willingness and obedience to the rules of the Devil Pups program, their parent's rules, and the laws of the land. Discipline also dictates a respect for authority.

**Devil Pups will:**

- 1) Follow all laws of our government and have respect for our leaders, police and those in charge of us.
- 2) Follow the rules of the home and of their parents, completing chores, obeying curfews, and assisting in the home when needed.
- 3) Follow all rules and regulations during the ten days of the Devil Pups encampment

B. **Leadership.** Leadership is the art of motivating a group of people to act toward achieving a common goal. A good leader is able to effectively pass on from their leaders all that is expected to be accomplished. A true leaders leads by example.

**Devil Pups will:**

- 1) Aspire to positively influence the fellow Devil Pups all the time.
- 2) Accomplish their mission by completing all tasks assigned by their leaders and those in charge of them from their parents, teachers, coaches, Marine Instructors, and Devil Pups adult leaders.

C. **Teamwork.** Teamwork is co-operation between those working together on a task. To truly understand teamwork, Devil Pups must learn to listen to their leaders and peers, ask questions to ensure complete understanding, persuade their team that they can accomplish the mission, respect those on their team and their suggestions, help those on their team to accomplish the mission, share in the glory and the failures of the team, and participate in the task as a member of the team.

**Devil Pups will:**

- 1) Always work together to accomplish the mission.
- 2) Keep their team motivated at all times even when the mission or task is not a popular one.
- 3) Not grab all the glory for a themselves, but spread it among all team members.

## 5. Devil Pups Code of Conduct

### A. Article I:

I am an American youth, proud of my country and our way of life. I am prepared to dedicate myself to educating others and myself in the history, traditions, and institutions thereof. I will do my best to live by the core values of Honor, Courage and Commitment, Discipline, Leadership and Teamwork.

### B. Article II:

I will never let another Devil Pup down of my own accord. If in-charge, I will do my best to ensure the safety and well being of those for whom I am responsible. I will immediately report any suspicious activity or behavior of an adult.

### C. Article III:

If I am offered drugs, alcohol, or tobacco products, I will politely resist and refuse. I will make every effort to stay clear of situations involving gangs, drugs, alcohol, and tobacco. I will not get involved in the same. I will also aid my friends and schoolmates to stay clear of similar situations.

### D. Article IV:

I will always be loyal to my fellow Devil Pups. I will make no statements nor take part in any action that may bring discredit to Country, family and Devil Pups. If I am the senior Devil Pup present, I will take charge. If not, I will obey the lawful orders of those senior to me and support them in every way.

### E. Article V:

When asked about the Devil Pups Program, I will answer questions politely, respectfully and to the best of my ability. If I am asked a question that I do not know the answer to, I will refer the person asking the question to a Liaison Representative or a Devil Pups staff member. I will never give information that I am not certain or nor mislead those who are seeking information about the Devil Pups Program.

### F. Article VI:

I will never forget that I am an American Youth and therefore the future of America, privileged with the freedom won and kept by the blood of those who fought to ensure our freedom. I am responsible for my actions, and dedicated to the principles that made my country free.

## DEVIL PUPS CONTRACT AND OBLIGATION

From this day forward, I sincerely promise, I will set an example for all other youth to follow and I shall never do anything that would bring disgrace or dishonor upon my Country, and its flag, my parents, myself, or the Devil Pups.

These I will honor and respect in a manner that will reflect credit upon them and myself.

Semper Fidelis,

\_\_\_\_\_  
Devil Pup Candidate Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Legal Guardian Signature

\_\_\_\_\_  
Date