



Encampment Commander's Cover Letter to Prospective Eagles

Thank you for your interest in returning to the Devil Program in the capacity of Eagle. Your interest and application serve as evidence of your personal commitment to the program. Unlike recent years, we will be limiting the number of Eagles selected this year to twenty-four or less. Eagle applicants must be 14-17 years of age. Unfortunately, many highly qualified applicants will not be selected simply due to reduced numbers.

Eagles serving the 2024 Encampment will report on Sunday 7 July 2024 between 0900-1200 (exact site TBD). Establishing the Encampment is scheduled 7-10 July. Devil Pups will arrive 11 July and graduate 20 July at 1200. **Eagles service runs from 7-20 July.**

As most of you are aware, serving as an Eagle is a demanding duty. 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 single 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 never compromised. Reaching the standard of achieving success for every Devil Pup is a dynamic target. As each of you already know, Devil Pups arrive in four age groups (14-17 years of age), 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 a wide range of leadership discussions exclusively with the Eagle cadre. Our objective is twofold; first to improve the leadership skills of each Eagle, secondly, to enable Eagles to exercise leadership throughout the training schedule.

It is imperative every selected Eagle understand and comply to the standards set forth 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 an applicant who is selfless, possesses a high degree of initiative, and unapproachable integrity. If you are indeed that person, we look forward to serving with you.

Applications are due **not later than** 15 May 2024. Applications may be submitted via *snail mail*
Col T. P. Deneke
1434 Henshaw Road
Oceanside, CA 92056

or emailed to Col Deneke at tpdeneke@gmail.com

Do Not submit your application via certified mail!!!

Selections and notifications, of both those selected and not selected, will be completed by 3 June 2024.

Respectfully,
Colonel T.P. Deneke
USMCR (Ret)

Eagle Application - 2024

2

IMPORTANT NOTES & INSTRUCTIONS

Important Notes:

- Once your application has been completed, it is highly recommended to save a copy.
- Email your completed application to tpdeneke@gmail.com
Or you may mail your completed application to:
Col T. P. Deneke
1434 Henshaw Road
Oceanside, CA 92056
- **Do Not Mail application via certified mail!**
- Application deadline is 15 May 2024. All applicants will be notified by 3 June 2024 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 tpdeneke@gmail.com
If your LR would rather mail the endorsement to me, use this address:
Col T. P. Deneke
1434 Henshaw Road
Oceanside, CA 92056
 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, fire fighter, EMT, church leader, manager, counselor, school administrator, scout leader, active-duty or retired armed service member.
 6. Signed **Compliance form**
 7. Medical Treatment Authorization form (download from required Devil Pup forms)
 8. Health Information (download from required Devil Pup forms)
 9. Participation Agreement (download from required Devil Pup forms)
 10. Photo-Video Release form (download from required Devil Pup forms)
 11. Physical Examination *must be valid through 20 July 2024 / sports physical is also valid (download from required Devil Pup forms)
 12. Unofficial copy of school transcripts (access via school counselling office)

Contact Information:

Colonel Deneke

Email: tpdeneke@gmail.com

Cell: (760) 533-5411

Eagle Application - 2024

3

EAGLE PERSONAL DATA FORM

LAST NAME	FIRST NAME	AGE
EMAIL ADDRESS (yours or parent)	HOME ADDRESS	DATE OF BIRTH
	<p style="font-size: small;">STREET ADDRESS and/or Apartment Number</p> <p style="font-size: small;">City</p> <p style="font-size: small;">State Zip Code</p>	<p style="font-size: small;">MONTH</p> <p style="font-size: small;">DAY</p> <p style="font-size: small;">YEAR</p>
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 2024 (CIRCLE)
	<p>Year you graduated Devil Pups:</p> <p>Which Platoon: 1st 2nd 3rd 4th 5th 6th (circle platoon #)</p> <p>Did you receive any honors? Please list:</p> <p>Have you served as an Eagle before?</p> <p>What year did you serve as an Eagle?</p>	<p>8TH GRADE 9TH GRADE (frosh)</p> <p>10TH GRADE 11TH GRADE (sophomore) (junior)</p> <p>12TH GRADE COLLEGE (senior)</p>

4

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 tpdeneke@gmail.com

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

Col T. P. Deneke
1434 Henshaw Road
Oceanside, CA 92056

Please describe why you believe this applicant would be a responsible leader and peer mentor. It would be most helpful to include evidence and/or history of leadership exhibited by applicant. Thank you in advance. Your endorsement is highly valued and appreciated.

5

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, fire fighter, 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. It would be most helpful to include evidence and/or history of leadership exhibited by applicant. Thank you in advance. Your endorsement is highly valued and appreciated.

Please feel free to submit your endorsement via email to tpdeneke@gmail.com

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

Colonel T. P. Deneke
1434 Henshaw Road
Oceanside, CA 92056

Eagle Application - 2024

6

EAGLE COMPLIANCE FORM

This form must be signed by BOTH applicant and a parent/guardian.

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 1400 (2 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.



DEVILPUPSSM
YOUTH PROGRAM FOR AMERICA

2024 Devil Pups Application Instructions

Before completing this application you will need to contact the local Liaison Representative (LR) in your area as the application process is done in person through them.

This completed application will need to be delivered to your LR personally and cannot be mailed to our corporate office for consideration. If you don't know who your LR is, please Go to our website and click on "FIND A REPRESENTATIVE" at www.devilpups.com.

1. Before completing the Application, please complete and turn in the Hold Harmless Agreement (first 3 pages) to your local LR at the first meeting.
2. The official application has been created as a fillable document that you can complete on your computer and then print to sign and give to your LR.
3. Please only fill out the areas in black that are required by the Devil Pup, Parent or Guardian.
4. Please leave red (grey) boxes blank which are reserved only for your LR.
5. Please leave blue (grey) boxes blank which are reserved for Encampment Personnel.
6. Page L5 of the application is the "Physical Examination" form. This is only to be filled out by a licensed physician.
7. Page R6 is primarily for the LR & the Encampment Staff to complete. However, please fill in the top 4 items: Date, Candidate Name, Age, and Male or Female.
8. Page R7a & R7b must only be completed by the Devil Pup Candidate.
9. **Once the application is complete you will need to print it and add wet signatures as needed by the parent/guardian & Devil Pup Candidate.**
10. If you have any questions about how to complete this application please contact your LR.
11. Keep a copy of this document for your records (hard copy, scan or photo)

DO NOT PRINT THIS PAGE. THIS IS FOR INSTRUCTIONAL PURPOSES ONLY

SERVICE RECORD BOOK (SRB)

Information

1. Complete each page in the Service Record Book
2. Make a copy of your Health Insurance and place it in the SRB, Page L3
3. Make 3 envelopes to include with the SRB.

3A. T - 1 and T - 5 Letters will be sent from the encampment.

Address two envelopes: Use 4 1/8" X 9 1/2"

Devil Pup Name home address home city, state, zip	Stamp
Name of Devil Pups Parents Home Address City, State, Zip Code	

3B. Use 4 1/8" X 9 1/2"

	AMT. \$40.00
PRINT: Name of Devil Pup	
PLATOON # _____	(TBD)

Signature of Liaison Rep. confirming amount of cash enclosed.

4. Punch two holes in the envelopes and place them in the Right Side of the SRB.
5. 2024 Encampment Dates: Thursday, July 11 - Saturday, July 20
6. Graduation will be on Saturday, July 20.

7 Application Fee / Donation \$ _____



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, 2024 – December 31, 2024 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 I currently do not have COVID-19, am not currently experiencing Covid 19 symptoms and to my knowledge, I have not recently been in contact with anyone who has had Covid 19. I acknowledge that I 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

() _____
2nd Contact Phone Number

Email: _____



Enrollment Date: _____ Increment: **1st** **2nd**

Last Name: _____ First Name: _____ Middle Initial _____

Male Female Date of Birth: _____ Age: _____

Student Email: _____ Extra-Curriculars: _____

Home Street Address: _____

City: _____ Local County: _____ State: _____ Zip Code: _____

EMERGENCY CONTACT: Both Parents Parent 1 Parent 2 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: _____

***This box to be completed by your local L.R.**

LR INFORMATION*

HEAD L.R.: _____ **Email:** _____

LR Geographic Area: _____

Home Phone: (_____) _____ **Work Phone:** (_____) _____

Cell Phone: (_____) _____ **Best Contact #:** home work cell



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

Verified By HEAD LR First & Last Name: _____

Phone Number: _____

Geographic Area: _____

Signature: _____



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:

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

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

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

To be completed, signed AND STAMPED by examining physician only.

Name _____ Birth Date _____

Sex: Male Female Height _____ Weight _____ HS Grade _____

General Description: _____

Eyes _____ V.A.R. 20/____ L 20_____ without corrective lenses

V.A.R. 20/____ L 20_____ with glasses _____ with contacts _____

Ears _____ TM _____ Hearing: R _____/15 L _____/15 or Audio (date) _____

Dental: Decay _____ Missing Teeth _____ Chipped _____

Removable Appliances _____ Orthodontia _____

Nose _____ Throat _____ Lymph Node _____ Thyroid _____

Lungs _____ Blood Pressure _____ Arms/elbows/knees _____

Heart _____ Pulse-Resting _____

Pulse-after exercise (25 one-legged hops) _____ Pulse 1 Min Recovery _____

Abdomen _____ Liver _____ Spleen _____ Menstrual History _____

Hernia _____ Genitalia _____ Skin _____ Nervous System _____

Musculoskeletal Evaluation: Posture _____ Flexibility of Joints _____ Ankles _____

Muscular Atrophy _____ Ligament Instability _____ Joint Swelling _____

Sensory Loss _____ Coordination and Balance _____

(Write additional comments on the back of this form or attach to this application)

I certify that I have examined this student on this date and find him/her physically able to participate in rigorous physical activity.

Print Physician's Name

Date:

Physician's Signature

Address:

Phone Number



PHYSICAL FITNESS TEST FORM

Date _____

CANDIDATE NAME _____

AGE _____ MALE FEMALE

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

Head LR - First & Last Name: _____
Geographic Area: _____
LR Phone Number: _____

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

Minimum passing score is 175

TOTAL
SCORE _____

Head LR Signature
_____ Date: _____

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 _____



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?? _____

VERIFIED BY MY LIAISON REPRESENTATIVE:

Head LR First & Last Name (printed) _____ *Phone Number* _____

Head LR Signature _____ *Increment* 1 -or- 2

Geographic Area _____



DEVILPUPSSM
YOUTH PROGRAM FOR AMERICA

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