



D-Day Leadership Academy

The Normandy Passage — Parent and Guardian Consent and Minor Medical Authorization

Motto: Reverence. Fortitude. Virtue.

Who signs this

A parent or legal guardian for any minor participant age fourteen to seventeen who attends The Normandy Passage as part of a Father and Son or Mother and Daughter pair. Scholarship seats are currently structured as adult seats and use adult forms.

A. Cohort and identity

Program cohort name and dates (city)

Minor participant (fourteen to seventeen)

Last _____ First _____ Date of birth _____ Age _____

Parent or Guardian

Last _____ First _____ Relationship _____

Home address

Parent or Guardian email _____

Mobile phone _____

Emergency contact not traveling with the pair

Name _____ Phone _____ Relation _____

B. Program standards and key rules

(Parent and minor initial each line)

I have reviewed the Admissions and Standards materials with my minor and we both understand and accept that The Normandy Passage is a field based leadership crucible. We acknowledge in particular:

_____ Movement standard. Daily total foot movement can reach ten miles with no single movement block exceeding roughly seven miles between sites.

_____ Shuffle and run standard. Baseline ability to shuffle at a twelve minute mile standard and complete a one mile run in boots and utility pants within twelve minutes.

_____ Physical Training minimums under fatigue. Forty five push ups in two minutes. Forty five sit ups in two minutes. Forty five air squats in two minutes. Pull ups from a dead hang. Six for men. Three for women.

_____ Discipline and ritual. Daily colors. Immediate response when addressed by cadre. Scored inspections. Corrections that may include short sets of push ups and other bodyweight movements. Leader rotations.

_____ Watchstanding. When tents are in use, pairs stand night watch in rotation as directed by cadre.

_____ Phones. Participant phones are secured until Day Seven except for specific supervised uses.

_____ Packing rule. Items not on the packing list may be held for the duration of the course and returned at the end.

_____ Uniform. The minor will wear the issued kit for the course, including historic style utility uniform items named in the packing and kit plan.

_____ Alcohol and substances. No alcohol for participants under eighteen. No illicit drugs. Prescribed medications must be disclosed and used only as directed.

_____ Sacred sites. No drills or instruction inside churches, cemeteries, or memorial interiors.
Quiet bearing and reverence at all memorial and cemetery locations. We move with respect.

Parent initials _____ Minor initials _____

C. Medical and fitness

We collect only information needed to safeguard the participant. The program is not medical care.

Primary physician or clinic

_____ Phone _____

Health insurance provider _____ Policy or member number

Known conditions for example asthma, cardiac issues, orthopedic injuries, seizures, or other relevant history

Allergies to medication, food, or environment

Current medications name, dose, schedule

Activity limitations or recent injuries

Fitness baseline

My minor can complete the movement and physical standards listed in Section B with coaching and pacing from cadre as needed.

Parent initials _____ Minor initials _____

D. Over the counter medications

(Parent chooses one option)

☐ I authorize cadre to provide common over the counter medications according to label directions for non emergency issues such as headache, mild pain, seasonal allergy, simple stomach upset, or dehydration support, except where limited by the information above.

☐ I do not authorize over the counter medication. Contact me first unless emergency services are required.

E. Emergency medical authorization

If my minor suffers a serious illness or injury and I cannot be reached promptly I authorize DLA staff and cadre to secure evaluation and treatment from licensed medical providers, to share relevant information from this form with responders, and to arrange transport as needed. I understand that medical care is provided by independent professionals and not by D Day Leadership Academy itself. I accept responsibility for medical and evacuation costs that are not covered by my insurance and confirm that my minor has coverage valid in France.

Parent or Guardian signature for emergency care

_____ Date _____

F. Transportation and supervision consents

Ground transport

I consent to my minor traveling in DLA operated rental vans driven by qualified adults with seat belts used whenever they are fitted, and in occasional WWII era vehicles that may not have seat belts, as part of supervised program activities.

Parking and fueling

Vehicles may park on public streets. Vans are fueled regularly. Valuables are not left in vehicles overnight.

Supervision

Cadre maintain two deep adult standards around youth. Watchstanding occurs while tents are in use. Phones are secured until Day Seven except where cadre authorize brief use.

Parent or Guardian initials _____

G. Keep kit and loaned equipment acknowledgement

Keep kit

My minor will receive specific items to retain after the course such as DLA branded shirts and shorts, waterproof journal, insignia pin, certificate and coin in line with the kit plan for the year.

Loaned equipment

Field equipment such as helmet, webbing, navigation tools, and training blades are loaned only for the duration of the course and must be returned at closeout.

Loss and damage

I understand that normal field wear is expected. Fees apply only for loss or damage caused by negligence or failure to return loaned items not ordinary wear.

Parent or Guardian initials _____

H. Data protection and consent for health and safety data

We process limited health and safety information to protect participants and deliver the program. This includes the medical details you provide in Section C and any updates needed for safety. We retain safety and incident records in line with the DLA Privacy Policy and Data Protection Notice. You may exercise data rights through the published privacy contact channels.

[☐] I consent to DLA processing the health and safety data in this form for the purposes described.

Parent or Guardian signature _____ Date _____

I. Pick up and release authorization

(optional)

The following adult or adults may pick up my minor at the end of the course if I am not present

Name _____ Phone _____ Relation _____

Name _____ Phone _____ Relation _____

Parent or Guardian initials _____

J. Acknowledgements and signatures

By signing we confirm that we have read this document and the linked standards and policies. We understand the nature of The Normandy Passage, the expectations placed on participants and families, and the consents we are giving. We agree to comply with cadre instructions and safety protocols on this ground.

Minor participant age fourteen to seventeen

“I will uphold the standards, respect the ground, follow cadre direction, and look out for my pair.”

Minor name _____

Minor signature _____ Date _____

Parent or Guardian

“I am the legal parent or guardian. I consent to participation under these terms and certify that the information provided is accurate to the best of my knowledge.”

Parent or Guardian name _____

Parent or Guardian signature _____ Date _____

K. DLA use only at check in

ID verified for parent or guardian _____ By _____ Date _____

Medical brief reviewed by cadre _____ Notes

OTC choice recorded Yes / No

Packet fully executed Yes / No