



DEPARTMENT OF THE ARMY

ARMY JROTC BATTALION
LIBERTY HIGH SCHOOL
LIBERTY, SC 29657

REPLY TO
ATTENTION OF

19 July 2017

MEMORANDUM FOR: Raider Team Commanders

SUBJECT: "RED DEVIL" Battalion Raider Challenge Competition MOI

1. **PURPOSE:** This MOI outlines events, rules and requirements for the Annual Red Devil Battalion ROTC Raider Challenge Competition hosted by Liberty High School Army JROTC Battalion in Liberty South Carolina on 11 November 2017.
2. **OBJECTIVES:**
 - a. To promote esprit de corps, teamwork, and to develop self-confidence among JROTC cadets.
 - b. To provide JROTC cadets a competitive program in a number of mentally and physically challenging training events: Modified Army Physical Fitness Test (MAPFT), Litter Carry, HMMWV Pull, One-Rope Bridge, 5-Kilometer Road March, and 1 Commander Event that will be announced the day of the competition.
3. **GENERAL INFORMATION:**
 - a. **Cost:** The registration fee for this competition is **\$60 per team** and due with the registration form (Annex I) **NLT 31 October 2017**. Checks can be made out to: **Liberty HS JROTC**. Entry fee goes to provide awards for 1st-3rd place, Ironman/Woman awards for the top male and female, and **1st – 3rd Place Streamers for each event**.
 - b. **Location:** The competition will take place on the campus of Liberty High School. The address is **435 Ruhamah Rd, Liberty SC, 29657**. Cadets will be available to direct teams to bus parking in the student parking lot near the rear of the Gym.
 - c. **Manning:** The first 20 teams will be allowed to compete. IAW the 4th BDE SOP, all Raider teams will be composed of 9 cadets, and 8 of those will compete in every event. Teams can rotate cadets between events (each event does not have to be executed by the same eight cadets), but substitutions are not authorized during events. Every team must identify their eight cadets for each event prior to the start of the event. Raider teams with only (7) team members are still authorized to compete, but penalties will be assessed for teams with less than the required (8) eight cadet team composition.
 - d. **Grading/Scoring:** The **4th Brigade Raider MOI** will be followed for all events, so please review this document for additional details and specific information and required documents. Tested events will be prepared, administered, and graded by selected AR/NG Cadre, SROTC Instructors, and SROTC Cadets. Tallying and recording scores will be completed by meet officials. A simple cross-country style scoring system will be used for each event. In the event of a tie for the overall standings, the 5k March/Run times will be used to determine the winner.
 - e. **Equipment:** Teams are responsible for bringing their own equipment for the One Rope Bridge. **Each team will also carry their team Guidon (fully assembled) throughout the competition.**

- f. **Uniform:** Uniform for participants is complete ACU uniform (tan T-shirt or team shirt), boots, appropriate headgear, Camelback or pistol belt and canteen with cover. Uniform for the MAPFT is running shoes; ACU trousers and T-shirt (either tan or team as long as they are all the same).
- g. **Closing Ceremony:** An awards ceremony will be conducted approximately 30 minutes after the last event. Trophies will be awarded to the top three teams and streamers for 1st-3rd place on each event. Individual awards will be given out for the top male and female on the Ironman/woman competition.
- h. **Facilities:** Male and Female latrines will be available.
- i. **Class I:** Pizza and Drinks will be provided for the teams after completion of the meet. There is no dedicated time for lunch. Teams break to eat and drink as required. Water will be available on site.
- j. **Documentation:** Coaches have documentation ready for inspection upon arrival. These include Covenant Not to Sue, Consent to Medical Treatment, and Team Roster.
- k. **Safety:** Each coach is responsible for conducting a continuous, vigorous safety program to ensure adequate provisions for safe practices and safe physical standards are incorporated into all aspects of training. Each event OIC will issue a safety briefing at the start of each event.
- l. **Weather:** The Raider Challenge competition will be held regardless of weather. No makeup day.
- m. **Complaints:** Team captains are the only individuals authorized to file a complaint, not SAI's/AI's. Complaints must be filed with the event OIC prior to leaving that station. If the team leaves the station, the complaint will not be heard. Final decision authority for all complaints or concerns is the meet OIC/NCOIC.

n. **SCHEDULE OF EVENTS:**

0700 – 0730	Team Check in and registration/Grader Standards Meeting
0730 – 0745	Coaches Meeting- Discuss schedule and review of Commander's event. Team captains will receive rotation start points.
0730 – 0750	Teams warm up, stretch and prepare for the MAPFT
0750 - 0800	Opening Ceremony
0800 – 0900	Modified Physical Fitness Test begins with pushups, sit-ups and then the one mile run.
0900 – 0930	Break, Teams will get into the specified uniform for their first event.
0930 – 1230	Teams rotate through stations.
1300 -- UTC	5k /Teams will be lined up to run the course in order based upon MAPFT scores from lowest to highest score.
TBA	Ironman/woman competition will be held immediately following the 5k in the Main Gym. (Top 3 male/Top 3 Female MAPFT Scores)
UTC	Closing Ceremony.

- o. Acknowledgement will be emailed upon receipt of registration form and fees. POC is 1SG (RET) Curtis Tate at 864-397-2634, email curtistate@pickens.k12.sc.us.

Curtis Tate
 1SG, USA (RET)
 Army Instructor

SAI/AI STATEMENT OF CADET HEALTH, FITNESS QUALIFICATION

DATE _____

I certify that the following JROTC cadets that I am responsible for,
competing at the said event, _____,has
insurance coverage in accordance with AR 145-2, paragraph 5-13 (3) (e)
and is physically and mentally prepared to participate during the
competition and that I have personally supervised the physical
training necessary to compete at the required level.

Cadet's Name:

LET Level:

(SAI/AI print) _____

(SAI/AI Sign) _____

CONSENT TO MEDICAL TREATMENT

STATEMENT REQUIRED BY PRIVACY ACT OF 1974

(1) AUTHORITY: TITLE 10, U.S. CODE 2102.

(2) PRINCIPAL PURPOSES: A statement authorizing medical care in civilian or government medical facilities while attending or traveling to or from JROTC annual JCLC.

(3) ROUTINE USES: Normal personnel actions: Disclosure of information may be provided to proper authorities in actions regarding medical treatment, legal actions as a result of injury or death, and investigation of accident resulting from JROTC annual JCLC.

(4) MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING

INFORMATION: Voluntary. Failure to complete form will disqualify JROTC cadet from participating in specific voluntary training exercises.

I _____, consent to be treated in an Army Hospital, or any other government
or civilian medical facility, near or enroute to _____,
(Installation, State)

while attending or traveling to or from Liberty Raider meet _____.
date

This consent encompasses all procedures and treatments as are found to be necessary or desirable, in the judgment of the professional staff of any of the above-named medical facilities. I understand that this consent is of a general nature and accordingly list the following exceptions to this consent (if no exceptions write "No Exceptions")

_____.

I (am) (am not) on medication. (List type, if on medication)

I (am) (am not) allergic to medication. (List type, if allergic)

It is understood that this consent can be withdrawn in writing or orally at anytime.

Signature of Witness

Signature of Cadet

Print Name of Witness

Print Name of Cadet

PARENT OR GUARDIAN: (When cadet is a minor or unable to give consent), I _____
_____, parent/guardian of _____ have read and understood the above consent to treatment and
hereby expressly consent to the above-described treatment.

Signature of Witness

Signature of Parent

Print Name of Witness

Print Name of Parent

NOTE: If a parent or guardian cannot be contacted, please list another person to contact in case of an emergency.

Emergency Contact: _____
(Name and Address)

Telephone: _____ Other: _____

STATE OF PHYSICAL CONDITION

(____)
Initials

To the best of my knowledge, my son/daughter/ward is in good physical condition. Participation in the Liberty HS Raider Competition, in my opinion, will not have an adverse effect on his/her health and well being. I will inform the Senior Army Instructor of any changes.

(____)
Initials

My son/daughter/ward has a history of (identify illnesses; Heart disease, Asthma, Overweight, Sinus, Rheumatic Fever, Ear Infection, Headaches, or any other ailments) _____,

and is on _____ medication. He/she is allergic

to the following medication: _____.

NOTE: Students that are found to have previous history of any type illness, past injury, and/or symptoms of suspected medical ailment, will be returned home if treatment is needed or desired.

(Signature of Cadet/Parent/Guardian)

(Signature of Cadet/Parent)

**CONVENANT NOT TO SUE
OFF-CAMPUS TRAINING AND PRACTICAL FIELD/HIGH RISK TRAINING**

(1) AUTHORITY: Title 10, U.S. Code 23-1.

(2) PRINCIPAL PURPOSE(S): To release the U.S. Government, the host institution and the state in which said institution is located from liability for injury; death, or damages for JROTC cadets participating in voluntary off-campus training programs, practical field, and high risk training.

(3) ROUTINE USES: Normal personnel actions. Disclosures of information may be provided to proper authorities in actions regarding law enforcement, legal actions as a result of injury or death, and investigations of accidents resulting from such voluntary off-campus training, practical field, and high-risk training.

(4) MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION: Voluntary. Failure to complete form will disqualify JROTC cadet from participating in specific voluntary training exercises.

I _____, residing at _____,
(Type or print full name) (Address) (City)

do hereby agree that in consideration for being allowed to participate in JROTC Activities

conducted by _____ Army JROTC detachment, and Army
(Name of JROTC Instructor Group)

supervised activity, and whereas I am doing so entirely on my own initiative, risk, and responsibility; and being fully aware of the risk adhering to this type of training, I hereby RELEASE AND DISCHARGE FOREVER, the United States Army, the State of _____ and _____ and all of its officers, agents, and employees, acting officially or
(Name of School)

from any and all claims demands, actions or causes of action, on account of myself OR on account of any injury to me which may occur from any cause during said activity or continuances thereof, and I do further covenant and agree to hold the said Government of the United States, State of _____, -

_____ and all of its officers, agents, and employees, acting officially or otherwise, blameless for any and all damages which I may cause either intentionally or thru my negligence.

Typed/Printed Name of Parent or Guardian if
Participant is a Minor

Signature of Parent or Guardian if
Participant is a Minor

Relationship to Cadet

Date

WITNESSED BY:

Age/Period Covered

Signature of Cadet

(Covenant not to Sue)

Liberty HS Raider Challenge Competition

TEAM ROSTER

(To be turned in by the coach during check-in)

SCHOOL: _____

POC: (SAI/AI) _____

POC: (SAI/AI) TELEPHONE NUMBER _____

Position	Name (Last, First, MI)	Sex
Team Captain		
Member		
Member		
Member		
Member		
Member		
Member		
Member		
Alternate		

Reminder that the team consists of 8 cadets plus one alternate if so desired. If an alternate member is used they must complete the MAPFT and follow the team through the course in the same uniform as the primary team members.

Any questions please contact 1SG (RET) Curtis Tate at 864-337-2634, email curtistate@pickens.k12.sc.us.

Liberty HS Raider Challenge Competition

REGISTRATION FORM

FROM: (Name of School) _____

POC: (Please Print) _____
PHONE NUMBER _____

EMAIL _____

SCHOOL ADDRESS _____

NAME OF TEAM: _____

TEAM CAPTAIN: _____

AMOUNT ENCLOSED _____ (\$60 Make checks out to: **Liberty HS JROTC**)

SIGNATURE OF POC: _____

MAIL FORM WITH CHECK **NLT 31 OCTOBER 2017** TO:

**Liberty HS JROTC
ATTN: 1SG Curtis Tate
124 Red Devil Drive
Liberty, SC 29657**

Any questions please contact 1SG (RET) Curtis Tate at 864-337-2634 or 864-958-0170 cell, email tatece@pickens.k12.sc.us.