



Lightning Academy Course Enrollment Form (LA Form 100)
The proponent of this form is CDR, LA, HHBN, 25ID
as of August 2020



Grade Name (Last, First, MI) DOD ID # SSN MOS/
 Branch UIC

DEROS ETS CO BN BDE DIV SM's Mil/GOV Email

Supervisor Name

Supervisor Phone Number

Supervisor Mil/GOV Email

Requested Course

Course Number

Start/Report Date

End/Graduation Date

Medical Provider Portion
N.P./P.A./M.D./D.O ONLY

Soldier is up to date on all MEDPROS requirements/ current on PHA/ and has a physical w/ EKG if over the age of 40.

Yes No

Remarks (list deficiencies)

Has the Soldier had any profiles within the last 90 days or are they currently on profile?

Yes No

Remarks (list type if applicable)

Does the Soldier have any allergies?

Yes No

Remarks (list allergies)

Has the Soldier ever been a HOT or COLD weather injury?

HOT COLD N/A

Is the Soldier taking any medications that may impact performance/preclude them from the course?

Yes No

Remarks (list medication as needed)

Has the Soldier ever had any type of corrective eye surgery within the last 3 months?

Yes No

Remarks (list type PRK, LASIK etc.)

Does the Soldier have any chronic medical problems or Orthopedic Problems?

Yes No

Remarks (list if Yes)

For AASLT, JOTC, SURT: Has the Soldier had a negative pregnancy test within the past 2 weeks?

Yes No N/A

Signature (releases SM to attend)

N.P./P.A./M.D./D.O. (Title, Rank, Last, First)

Date

Privacy Act Statement:

AUTHORITY: 5 U.S.C 301, Departmental Regulations; 10 U.S.C. 3013, Secretary of the Army and 4301; and E.O. 9397 (SSN). PURPOSE(s): The Army Training Requirements and Resources System is the system of records for the management of personnel input to training for the Army; is the repository for training requirements, training programs, selected training, cost data, and training personnel data; contains detailed class information on all courses taught and taken by Army personnel; and produces reports and analyses and can display selected data pertinent to training-requirements, programs, inputs graduates, loads and associated information. Training managers use this information to schedule classes, fill training seats, and train soldiers. Routine USES: The DoD 'Blanket Routine Uses' set forth at the beginning of the Army's compilation of systems of records notices also apply to this system. MANDATORY OR VOLUNTARY DISCLOSURE: Mandatory. SAFEGUARDS: Visitor registration system is in effect. Hard copy printouts which contain data by Social Security numbers are maintained with an 'Official Use Only'



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Commander's Portion

Soldier meets height/weight standards IAW AR 600-9 and APFT Standards IAW FM 7-22. Remarks
 Yes No

Soldier has received 3 copies of orders/ LA Form 100 Remarks
 Yes No

Soldier has a current/valid ID card and ID Tags Remarks
 Yes No

Soldier has military specification eye glasses if necessary Remarks
 Yes No N/A

Soldier has all required equipment IAW packing list Remarks
 Yes No

Soldier is E-4 to O-4 (AASLT), E-4 to O-2 (Rappel Master) or in a leadership position (BMLC) Remarks
 Yes No N/A

OFF ISLAND SM ONLY: SM has transportation instructions/rental car and lodging (if authorized) Remarks
 Yes No N/A

RAPPEL MASTER ONLY: Soldier is AASLT/Ranger/Sapper/Mountain Warfare qualified Remarks
 Yes No N/A

AIR ASSAULT ONLY: Soldier has completed obstacle course (**within 60 days of reporting**), 12 mile foot march in under 3 hours (**within 90 days of reporting**) and equipment inspection (**within 30 days of reporting**). Remarks
 Yes No N/A

Waterborne Castmaster ONLY: Soldier is SGT or above and is a graduate of Rappel Master, FRIES/SPIES Master, or Jumpmaster course. Marines must be HRST Master graduates. Remarks
 Yes No N/A

Jungle Operations Training Course ONLY: Soldier has reviewed and is proficient in all required testable knots. (Knots Videos can be found on the Lightning Academy Youtube Channel) Remarks
 Yes No N/A

Approval

1. I, as the Commander release the above mentioned SM to attend the above mentioned course.
2. I verify that the Soldier is aware of their enrollment.
3. By signing this form I agree that I have reviewed all of the above statements, and that they are true and accurate. Any required items left blank will result in automatic denial of this request.

Commander (Rank, Last, First)

Date

Signature

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