



Lightning Academy Course Enrollment Form (LA Form 100)
 The proponent of this form is CDR, LA, HHBN, 25ID
 CAO June 2022



ALL SIGNATURES MUST BE WITHIN 90 DAYS OF COURSE START DATE

Grade	Name (Last, First, MI) Service Member Phone #	DOD ID #	SSN	MOS/ Branch	UIC
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DEROS <input type="text"/>	ETS <input type="text"/>	CO	BN	BDE	DIV	SM's Mil/GOV Email
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Supervisor Name	Supervisor Phone Number	Supervisor Mil/GOV Email
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Requested Course	Course Number	Start/Report Date <input type="text"/>	End/Graduation Date <input type="text"/>
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Medical Provider Portion
N.P./P.A./M.D./D.O. ONLY

Service Member (SM) 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)

Is the SM currently on profile?

Yes No

Remarks (list type if applicable)

Does the SM have any allergies?

Yes No

Remarks (list allergies)

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

HOT COLD N/A

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

Yes No

Remarks (list medication as needed)

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

Yes No

Remarks (list type PRK, LASIK etc.)

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

Yes No

Remarks (list if Yes)

Has the SM had a negative pregnancy test within the past 2 weeks? (Females MUST have a negative pregnancy test within 2 weeks before the PA signature)

Yes N/A

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

Signature (releases SM to attend)

Date (MM/DD/YYYY eg 06/13/2022)

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

SM meets height/weight standards IAW AR 600-9 and ACFT Standards IAW Army Directive 2022-05 (Army Combat Fitness Test) or service equivalent.			Remarks
Yes	No		
SM will receive 3 copies of LA Form 100 and 1 SRB (or service equivalent of SRB) to bring to in-processing.			Remarks
Yes	No		
SM has a current/valid ID card and ID Tags (complete).			Remarks
Yes	No		
SM has Army issued prescription eyewear if necessary.			Remarks
Yes	No	N/A	
SM has a complete packing list inspected by:	First Line Supervisor:		DATE (DDMMYYYY)
Yes	No		DATE (DDMMYYYY)
		First Sergeant:	
Rappel Master / FRIES SPIES Only: Mandatory rank requirement; SM is CPL or higher.			Remarks
Yes	No	N/A	
RAPPEL MASTER ONLY: SM is AASLT, Ranger, Sapper, or Mountain Warfare School qualified.			Remarks
Yes	No	N/A	
AIR ASSAULT ONLY: SM has completed the AASLT obstacle course to AASLT standards and conducted the 12 mile foot march in under 3 hours.			Remarks
Yes	No	N/A	
Jungle Operations Training Course ONLY: SM has reviewed and is proficient in all required testable knots and has completed land navigation training at unit. (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 pending 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.
4. OFF ISLAND SM ONLY: I, as the Commander acknowledge that we will be providing travel to and from the airport, coordinate lodging prior to and after the course as well as early return travel in the event of a failure.

Commander (Rank, Last, First)

Signature

Date (MM/DD/YYYY eg 06/13/2022)

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