



UNITED STATES MARINE CORPS
MARINE AIR GROUND TASK FORCE TRAINING COMMAND
MARINE CORPS AIR GROUND COMBAT CENTER
BOX 788100
TWENTYNINE PALMS, CALIFORNIA 92278-8100

3500

G-3

JAN 25 2024

LETTER OF INSTRUCTION 2-24

From: Commanding General
To: Distribution List

Subj: SAN DIEGO LEGION PROFESSIONAL RUGBY TEAM VISIT

Encl: (1) San Diego Legion Team Camp Schedule - (MCAGCC)
(2) San Diego Legion Rugby Team Personnel Roster
(3) Information Consent and Waiver of Liability
(4) DD Form 2569

1. Situation. The San Diego Legion Professional Rugby Team is visiting Marine Air Ground Task Force Training Command (MAGTFTC), Marine Corps Air Ground Combat Center (MCAGCC), Twentynine Palms, California from 29 January to 2 February 2024. The team will conduct team building exercises and training in preparation for their upcoming season. They hope to draw inspiration from the Marine Corps by learning and adopting from its warrior mentality and professional approach.

2. Mission. From 29 January to 2 February 2024, the San Diego Legion Professional Rugby Team conducts training aboard MCAGCC.

3. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent

(a) Purpose. Facilitate the San Diego Legion Professional Rugby Team's efforts to enhance team camaraderie and grasp on the Marines' esprit de corps.

(b) Method. The San Diego Legion Professional Rugby Team utilizes Marine Corps facilities to conduct a series of physical training and participates in observational periods and demonstrations.

(c) End State. The San Diego Legion Professional Rugby Team has an excellent visit aboard MCAGCC and leaves with better overall knowledge, understanding and appreciation of the Marine Corps. The Marine Corps further strengthens community relations and garners additional support from the team and their supporting personnel.

(2) Concept of Operations. The San Diego Legion Professional Rugby Team conducts training as outlined per enclosure (1).

b. Subordinate Element Missions

(1) G-3/5/7, MAGTF Training Directorate (MTD)

LETTER OF INSTRUCTION 2-24

(a) Provide an Action Officer (AO) to oversee the planning, coordination and execution of the teams visit from start to finish. The AO will conduct coordination with all supporting sections/agencies prior to the visitors' arrival. Ensure the team's visit is de-conflicted with Service Level Training Exercise 2-24.

(b) Serve as a Liaison Officer throughout the duration of the team's stay aboard MCGCC to ensure a successful visit.

(c) Provide a detailed itinerary/timeline to all supporting staff sections and entities involved with the rugby team's visit.

(d) Provide a by-name roster as enclosure (2), and any additional amplifying information required by all supporting staff sections and entities involved with the rugby team's visit.

(e) Register and submit all requests, ranges, facilities, etc. that require official submissions outside of the tasks outlined within this Letter of Instruction (LOI).

(f) Coordinate with the G-4, Installation Support Directorate (ISD) one week prior to the team's arrival to draw the team's linen for the barracks.

(g) Greet the team upon its arrival to ensure they receive a warm welcome and that there are no issues with the team's lodging accommodations. Ensure the team's departure goes smoothly.

(h) Gather any requests for information (RFIs) posed by the rugby team and address any issues in order to execute all assigned tasks.

(2) G-4, ISD

(a) Food Services

1. From 29 January to 2 February 2024, provide chow hall support to the rugby team. Work with the AO to determine specific meal quantities and requirements.

2. Ensure all meals are tracked and properly paid for prior to the team's departure on 2 February 2024.

(b) Billeting

1. From 29 January to 2 February 2024, provide living accommodations for approximately 55 personnel. Work with the AO to determine specific room quantities and requirements. Enclosure (2) is the Team Personnel Roster.

2. Ensure the common area of Barracks 1875 are free for the team's utilization in accordance with the schedule outlined in enclosure (1).

(c) Supply. Provide linen to the G-3 to be utilized for the rugby team's stay in the barracks.

(d) Marine Corps Community Services (MCCS)

1. Provide the rugby team or AO an Authorization Letter enabling them to utilize the MCCS facilities aboard MCGCC to include the Marine Corps Exchanges, athletic facilities, etc.

2. Support the team's itinerary by providing the maximum support possible to facilitate their training at the Wilburn Gym, Del Valle Field, and the

LETTER OF INSTRUCTION 2-24

swim tank. The AO will submit individual requests coordinating with the itinerary outlined in enclosure (1).

3. Work with the AO to gather any RFIs and address any issues in order to execute all assigned tasks.

(e) Provost Marshall Office

1. Screen all team participants and staff listed on enclosure (2) to ensure all eligibility requirements are met prior to the team's arrival on 29 January 2024.

2. Vet all rugby team vehicles and provide temporary parking and registration passes for the rugby team's vehicles upon arrival.

(3) Training Support Center. On Thursday, 1 February 2024, from 1400 to 1600, provide a class on the Marine Corps Martial Arts Program, a live demonstration, and, if time permits, an opportunity for team members to conduct drills and training.

(4) Staff Judge Advocate

(a) Conduct a legal review of the rugby team's visit.

(b) Provide legal guidance and parameters to the AO to ensure they are properly educated/informed on all laws, regulations, and orders affiliated with the Marine Corps hosting outside entities.

(c) Conduct a legal review of the hold harmless agreement, enclosure (3).

(5) Government and External Affairs

(a) Provide promotional support and market the rugby team's visit aboard the installation.

(b) When available, provide Communication and Strategic Operations personnel to capture photographic and video coverage of the rugby team's significant events throughout their visit aboard MCAGCC, as outlined in enclosure (1).

(c) Work with the AO to gather any RFIs and address any issues in order to execute all assigned tasks.

c. Coordinating Instructions

(1) Non-Department of Defense civilians must sign the MAGTF/TC/MCAGCC hold harmless agreement prior to any training aboard MCAGCC. See enclosure (3).

(2) All MAGTF/TC/MCAGCC directorates are required to provide maximum support to ensure a seamless facilitation of the rugby team's visit, and to ensure that the rugby team completes their visit with positive views and takeaways of the Marine Corps upon their departure.

(3) Key Events

(a) Arrival.

(b) Team Training.

(c) Talent Show.

(d) Departure.

LETTER OF INSTRUCTION 2-24

(4) In the case of a medical emergency, rugby team members may be treated at Bush Naval Hospital, Twentynine Palms (NHTP). Any medical services incurred will be billed to their non-Tricare insurance via enclosure (4).

4. Administration and Logistics. Directives issued by this Headquarters are published and distributed electronically. Electronic versions of Combat Center LOIs can be found at <https://www.29palms.marines.mil/Staff-Offices/Resource-Management-Directorate/Adjutant/#combat-center-loi-library>.

5. Command and Signal

a. Command

(1) G-3/5/7, MTD Operations retains overall responsibility and authority for planning and execution, but the visit's success requires a vested interest and team approach by all involved.

(2) Points of Contact

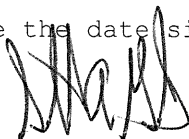
(a) The AO for this event is Major Timothy G. Stefan at (760) 830-1815 or timothy.stefan@usmc.mil.

(b) The alternate AO is Staff Sergeant Sean Cunningham at (760) 830-1831 or sean.cunningham@usmc.mil.

(c) The G-3/5/7, MTD Operations Officer is Lieutenant Colonel Jaclyn Urso at (760) 830-1827 or Jaclyn.urso@usmc.mil.

(3) This LOI is applicable to active duty and civilian personnel participating in or supporting this event.

b. Signal. This LOI is effective the date signed.



S. A. GEHRIS
Chief of Staff

Distribution: A



**San Diego Legion
Team Camp Schedule – (MCAGCC)**

Monday – January 29, 2024

Time	Event	Location	Who	Support
0730	Depart Legion HQ	Carlsbad, CA	Rugby Operations	Chartered vehicle/POV's/Rental cars
	Amazing race	SD to MCAGCC	Rugby Ops	Vehicles
1130	Arrive MCAGCC	29 Palms, CA	Rugby Ops	PMO
1200	Lunch	Chow Hall	Rugby Ops	Chow Hall
1300	Arrive lodging	Barracks	Rugby Ops	Barracks Staff
1320	Welcome aboard	Barracks Team Room	Rugby Ops/Marines	Officer assigned
1420	Teambuilding exercises/ Log drills – Logs/Sandbags/liter	De Valle Field	Rugby ops/cadre	6 logs, (6) 50lb sand bags, 6 litters.
1700	Dinner	Chow Hall	Rugby Ops	Chow hall
1900	Meet your Legion/social experiment. Speed dating/ping pong	Barracks/Classroom	Rugby Ops	Audio/Visual Setup/ Classroom

Tuesday - January 30, 2024

Time	Event	Location	Who	Support
0600-0800	Chow	Chow Hall	Rugby Ops	Chow hall
0630-7AM	Early Workout	East Gym	Rugby Ops	Outdoor turf, 2- Rowers, 2 - bikes, weights in storage container
0900	Weight/Skills/Team 45 min/45 min	HITT Field/De Valle Field	Mini teams/forwards and backs.	Outdoor Gym equipment, cones, rugby equipment.
1200	Lunch	Chow hall	Rugby Ops	Chow hall
1330	Teambuilding event/ LZ Drills	HITT Field/De Valle Field	Rugby Ops,	Rubber Rifles, Ropes, weighted vest, ammo cans, Med balls, etc.
1700	Dinner	Chow hall	Rugby Ops	Chow hall
1900	LEGION / Theme	Barracks/ Classroom	Rugby Ops	Audio/Visual set up





Wednesday – January 31, 2024

Time	Event	Location	Who	Support
0600-0800	Chow	Chow Hall	Rugby Ops	Chow Hall
0630-7AM	Early Workout	East Gym	Rugby Ops	Outdoor turf, 2- Rowers, 2 - bikes, weights in storage container
0900	Rugby skills/cognitive games.	Wilburn Gym /Field outside gym	Rugby Ops	Gym area near scenario station
1200	Lunch	Chow Hall	Rugby Ops	Chow hall
1300	Pool training /Brick/weapons/Packs	Big Pool training tank	Rugby Ops/ Cadre	Lifeguard, 6 rucks, rubber rifles, bricks, cammies, ropes, etc.
1700	Dinner	Chow hall	Rugby Ops/Cadre	Chow hall
1830	Night warrior exercise	HITT Course	Rugby Ops/ Cadre	Rubber rifles, vests, various equipment, chem lights
2030	Debrief	Field	Rugby Ops / Cadre	Food plan (Jersey Mikes)

Thursday – February 1, 2024

Time	Event	Location	Who	Support
0600 – 0800	Breakfast	Chow Hall	Rugby Ops	
1000	Weight/Skills/Team 45 min/45 min	HITT Field/De Valle Field	Mini teams/forwards and backs.	Outdoor Gym equipment, cones, rugby equipment.
1200	Chow	Chow hall		
1400 – 1600	MCMAP Teach combative techniques.	MCMAP dojo/gym	Rugby Ops	Mr. Geletko, MAI instructors
1800	Dinner/BBQ/Beer	Base O'club	Rugby Ops, CG or Command Deck Rep	Katarina Romero/ Brass and Rockers club
1900	Talent Show	Barracks	Rugby Ops	Brass and Rockers - AV/Beer/food





Friday – February 2, 2024

Time	Event	Location	Who	Support
0600-0800	Breakfast	Chow hall	Rugby Ops/	
0900	Weight/Skills/Team 45 min/45 min	Del Valle	Players only	Heart and Soul
1130	Lunch with Marines	Chow hall	All Marines available/Rugby Ops	Chow Hall
1230	Pack/Cleanup Barracks/Turn in Linen/ Farewell	Barracks	Rugby Ops	
1330	RTB San Diego	San Diego	Rugby Ops	Vehicles



INFORMATION CONSENT AND WAIVER OF LIABILITY

Assumption of Risk

This is a voluntary release of liability and complete assumption of risk. I, (print name) _____, hereby release Marine Corps Air Ground Combat Center Twentynine Palms (hereinafter "Twentynine Palms"), the United States Marine Corps, the Department of the Navy, the United States Government, and all agencies and instrumentalities thereof, its agents, officers, servants, and personnel (hereinafter "the government"), from any and all liability, claims, demands and actions whatsoever resulting from my presence on Twentynine Palms, or my involvement in activities aboard Twentynine Palms.

This release applies to myself, and to my parents, spouse, children, guardian, executors, future heirs, assigns, creditors and administrators. This release of liability includes, but is not limited to claims based on negligence, both passive and active, of the government arising out of, or relating to any loss, damage (including loss of and damage to property), illness, death, or injury that may be sustained while on Twentynine Palms. This release also applies to all dangers inherently involved in the activities in which I desire to participate. I understand that the risks involved in these activities include, but are not limited to, risks resulting from firearms, projectiles, other equipment, terrain, my personal physical condition, vehicles, other participants and lack of hydration. I am entering Twentynine Palms to utilize training areas normally designated for military activities.

Other known risks aboard military installations include, but not limited to: (1) Inquiries or death resulting from strenuous activities; (2) Injuries or death resulting from recreational activities; (3) High volumes of traffic by civilian and military vehicles; (4) Interactions with animals, both wild and domestic; (5) Significant distances from recreational areas to medical treatment facilities or hospitals; and (6) Potentially hazardous training activities, including but not limited to, range firing, aircraft operations, and field maneuvers; (7) Hazards inherent to military facilities, including but not limited to, being wounded by errant projectiles, being injured by target apparatus, and exploding ammunition or weapons.

I hereby authorize emergency medical treatment in the event of injury or illness. I also authorize trained health care providers, including, but not limited to physicians, nurses, nurse practitioners, emergency medical technicians and hospital corpsmen, to administer routine and/or emergency medicine and treatments, as needed.

This release shall remain in effect, indefinitely, from the date of signature until rescinded in formal writing by the government.

I further state that I, (print name) _____, have carefully read the foregoing release, know the contents thereof, and sign this release as my own free act, on behalf of myself and/or my child or children for whom I am authorized to act as legal guardian.

Date

Signature of Releaser

Phone Number: _____

Witness: _____

Witness: _____

THIRD PARTY COLLECTION PROGRAM/MEDICAL SERVICES ACCOUNT/ OTHER HEALTH INSURANCE			OMB No. 0720-0055 OMB approval expires October 31, 2023	
https://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd2569.pdf (Read Privacy Act Statement before completing this form.)				
The public reporting burden for this collection of information is estimated to average 4 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO REQUESTING MILITARY TREATMENT FACILITY.				
PRIVACY ACT STATEMENT				
AUTHORITY: 10 U.S.C. 1079b, Procedures for charging fees for care provided to civilians; retention and use of fees collected; 10 U.S.C. 1095, Health care services incurred on behalf of covered beneficiaries: Collection from third-party payers; 42 U.S.C. Chapter 32, Third Party Liability For Hospital and Medical Care; and E.O. 9397 (SSN), as amended. PURPOSE: DD Form 2569 collects individual's information to assist the Department of Defense ("DoD") in its recovery from third parties for medical care provided to an individual in a Military Treatment Facility. ROUTINE USES: In addition to those disclosures generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended, these records may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. § 552a(b)(3) as follows: to commercial insurance carriers and third parties involved in support of DoD's collection activities for health care provided; to the Departments of Treasury, Veterans Affairs, and Homeland Security for reimbursement of DoD provided medical services; to other persons or organizations who may be liable for payment of DoD provided health care and medical services; to data clearinghouses and insurance carriers related to converting medical and pharmacy claims to an industry-wide format related to payment of claims. For additional details as to routine uses and exceptions to the DoD Blanket Routine Uses, see the below hyperlinked SORN. APPLICABLE SORN: EDHA 12, Third Party Collection System (July 15, 2016; 81 FR 46069) https://dpcld.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570677/edha-12/ DISCLOSURE: Voluntary. If you choose not to provide the requested information, no penalties will be imposed; however, failure to provide complete and accurate information may result in disqualification for health care services.				
PATIENT INFORMATION				
1. PATIENT NAME (Last, First, Middle Initial)		2. SSN		3. DATE OF BIRTH (YYYY/MM/DD)
4a. MAILING ADDRESS (Include ZIP Code)			b. HOME TELEPHONE NO. ()	
			5a. FAMILY MEMBER PREFIX	b. SPONSOR SSN
INSURANCE INFORMATION				
7. ARE YOU ELIGIBLE FOR VETERANS AFFAIRS BENEFITS?				
<input type="checkbox"/> a. YES. (If you have an insurance card (e.g., Veterans Health Identification Card (VHIC), Veterans Choice Card), that can be copied or scanned by the MTF representative, please provide it and proceed to Item 8; otherwise, please complete items 7.a.(1) through (5) below.)				
(1) Member ID		(2) Plan ID		(3) Expiration Date (YYYY/MM/DD)
(4) VA Facility Name (e.g., primary care/specialty clinic) that assists in coordinating your care				
(5) VA Facility Address and Telephone Number ()				
<input type="checkbox"/> b. NO. (Proceed to Item 8.)				
8. DO YOU HAVE OTHER HEALTH INSURANCE? (This includes employer health insurance benefits, other commercial health insurance coverage, and Medicare Supplement.) PLEASE ATTACH COPY OF INSURANCE CARD (If available).				
<input type="checkbox"/> a. YES. (Complete Item 9 and the remaining sections below.)				
<input type="checkbox"/> b. NO, I am a DoD beneficiary and rely solely on TRICARE, Medicare, or Medicaid. (Proceed to Item 13.)				
<input type="checkbox"/> c. NO, but I am not a DoD beneficiary. (Proceed to Item 12.)				
9. PRIMARY MEDICAL INSURANCE INFORMATION. If you have an insurance card that can be copied or scanned by the MTF representative, please provide it and proceed to Item 11; otherwise, please complete the blocks below.				
a. NAME OF POLICY HOLDER (Last, First, Middle Initial)		b. DATE OF BIRTH (YYYY/MM/DD)		c. RELATIONSHIP TO POLICY HOLDER
d. POLICY HOLDER'S EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER			e. INSURANCE COMPANY NAME, ADDRESS AND TELEPHONE NUMBER	
f. MEMBER ID	g. POLICY ID	h. GROUP POLICY ID		i. GROUP PLAN NAME
j. ENROLLMENT/PLAN CODE	k. INSURANCE TYPE	l. POLICY EFFECTIVE DATE (YYYY/MM/DD)		m. POLICY END DATE (YYYY/MM/DD)
n.(1) Pharmacy (Rx) Insurance Company Name, Address and Telephone Number				
(2) Rx Policy ID		(3) Rx Bin Number		(4) Rx PCN Number

CUI when filled

10. SECONDARY MEDICAL INSURANCE INFORMATION. If you have an insurance card that can be copied or scanned by the MTF representative, please provide it and proceed to Item 11; otherwise, please complete the blocks below.									
a. NAME OF POLICY HOLDER (<i>Last, First, Middle Initial</i>)				b. DATE OF BIRTH (YYYY/MM/DD)		c. RELATIONSHIP TO POLICY HOLDER			
d. POLICY HOLDER'S EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER									
e. INSURANCE COMPANY NAME, ADDRESS AND TELEPHONE NUMBER									
f. MEMBER ID		g. POLICY ID		h. GROUP POLICY ID		i. GROUP PLAN NAME			
j. ENROLLMENT/PLAN CODE		k. INSURANCE TYPE		l. POLICY EFFECTIVE DATE (YYYY/MM/DD)		m. POLICY END DATE (YYYY/MM/DD)			
n.(1) Pharmacy (Rx) Insurance Company Name, Address and Telephone Number									
(2) Rx Policy ID			(3) Rx Bin Number			(4) Rx PCN Number			
11. ARE THERE OTHER FAMILY MEMBERS COVERED UNDER THIS POLICY HOLDER?									
<input type="checkbox"/> a. YES (<i>Complete 11c.-f. and proceed to Item 13.</i>)				<input type="checkbox"/> b. NO (<i>Proceed to Item 13.</i>)					
c. NAME (<i>Last, First, Middle Initial</i>)		d. SSN	e. DATE OF BIRTH (YYYY/MM/DD)	f. RELATIONSHIP TO POLICY HOLDER	c. NAME (<i>Last, First, Middle Initial</i>)		d. SSN	e. DATE OF BIRTH (YYYY/MM/DD)	f. RELATIONSHIP TO POLICY HOLDER
12. MEDICARE OR MEDICAID INFORMATION									
a. MEDICARE ID NUMBER				b. MEDICARE MANAGED CARE PLAN NAME					
c. MEDICARE PART D NUMBER AND PLAN NAME				d. MEDICAID NUMBER/MANAGED CARE PLAN NAME/ISSUING					
13. CERTIFICATION, RELEASE, AND ASSIGNMENT									
a. I certify that the information on this form is true and accurate to the best of my knowledge. Falsification of information is covered by Title 18, United States Code, Section 1001, which provides for a maximum fine of \$250,000 or imprisonment for five years, or both.									
b. I acknowledge that the authority to bill third party payers has been conveyed to the medical facility within the Department of Defense by Title 10, United States Code, Sections 1095 and 1079b, and that no personal entitlement to reimbursement or payment has been granted to me by virtue of this act.									
c. NON-UNIFORMED SERVICES PATIENTS: I authorize and request that the proceeds of any and all benefits be paid directly to the MTF for healthcare services provided me and/or my minor dependents. ACKNOWLEDGEMENT: I hereby agree to pay for any service not covered in whole or in part by my third-party insurer.									
d. NON-DoD MEDICARE, MEDICAID AND VETERANS AFFAIRS PATIENTS: I authorize and request that the proceeds of any and all benefits be paid directly to the MTF for healthcare services provided to me and/or my family member. I acknowledge I am responsible for full payment of any services not covered by Medicare, Medicaid and Veterans Affairs, including but not limited to patient copayments and deductibles.									
e. UNIFORMED SERVICES BENEFICIARIES: I hereby acknowledge that the proceeds of any and all benefits shall be paid directly to the facility of the Uniformed Service for services provided to me and/or my family member.									
f. ALL PATIENTS: I authorize portions of my medical records necessary to support claims for reimbursement for the cost of care rendered to be released to my insurance carriers.									
14a. PATIENT OR ADULT FAMILY MEMBER SIGNATURE						b. DATE (YYYY/MM/DD)			
15a. IF PATIENT REFUSES TO SIGN THIS FORM: MTF REPRESENTATIVE SIGNATURE						b. DATE (YYYY/MM/DD)			
16. ANNUAL PATIENT INSURANCE VERIFICATION									
a. If any information on this form has changed, a new form must be completed and signed. Otherwise, after initial signature, verify with your initials and date at least annually.									
b. I certify that the information on this form has been verified on the date(s) specified below, and that all information is true and accurate to the best of my knowledge.									
17a. SIGNATURE (<i>Patient or Adult Family Member</i>)						b. DATE (YYYY/MM/DD)			
18. VERIFICATION		(2) Initials	b.(1) Date (YYYY/MM/DD)		(2) Initials	c.(1) Date (YYYY/MM/DD)	(2) Initials		
a. (1) Date (YYYY/MM/DD)									