National Defence / Défense nationale

Canada

CADET INFORMATION SHEET
CANADIAN CADET ORGANIZATIONS

Authority to Participate

The Commanding Officer (or Designate Supervisory Officer) is authorized temporary custody of my son/daughter/ward during cadet activities with the **CANADIAN CADET ORGANIZATIONS** and, on my behalf, consent to his/her emergency medical/dental treatment as required.

Date **Signature of Parent / Guardian**

Cadet Identification

Last Name: _____ Gender: _____

First Name: _____ Initial(s): _____ DOB: _____ (Day) _____ (Month) _____ (Year)

Address: _____ Apt: _____

City: _____ Postal Code: _____

Phone: _____ E-Mail: _____

Work Phone: _____ Cell Phone: _____

Health Card: _____ (Number) _____ (Letters) _____ (Province) Expires: _____ (Day) _____ (Month) _____ (Year)

Reason for Joining Cadets: _____

NOTE 1: E-Mail address will be used to provide cadets with updates and feedback for cadet activities.
NOTE 2: Cell phone numbers will only be used as a secondary form of contact to a cadet.

Parental Information

Parental information should only be for those people who are living with or have full authorized access to the cadet.

Primary Parental Contact (Mandatory)

*Last Name: _____

*First Name: _____ *Relation: _____

*Address: _____ Apt: _____

*City: _____ *Postal Code: _____

*Phone: _____ E-Mail: _____

Work Phone: _____ Cell Phone: _____

More on page 2/3→

All (*) are mandatory fields that cannot be left empty

Secondary Parental Contact (If Applicable)

*Last Name: _____

*First Name: _____ *Relation: _____

*Address: _____ Apt: _____

*City: _____ *Postal Code: _____

*Phone: _____ E-Mail: _____

Work Phone: _____ Cell Phone: _____

Third Parental Contact (If Applicable)

*Last Name: _____

*First Name: _____ *Relation: _____

*Address: _____ Apt: _____

*City: _____ *Postal Code: _____

*Phone: _____ E-Mail: _____

Work Phone: _____ Cell Phone: _____

Alternate Family Contact (Mandatory)

An alternate family contact must be someone who does not live with the cadet and must be someone not identified in the Parental Contact Area; Acceptable contacts would include: Friend of the parent; Grandparents; Aunts & Uncles; etc…

*Last Name: _____

*First Name: _____ *Relation: _____

*Address: _____ Apt: _____

*City: _____ *Postal Code: _____

*Phone: _____ E-Mail: _____

Work Phone: _____ Cell Phone: _____

Custody Agreement

Is there a legal custody agreement regarding this cadet? **YES / NO**

NOTE: If yes, a copy must be provided to the cadet corps.

More on page 3→

All (*) are mandatory fields that cannot be left empty

Medical Information

Physical Limitations:

Medication Being Used (and doses):

OFFICE USE ONLY:

Reviewing Officer: _____ Date: _____

All (*) are mandatory fields that cannot be left empty