



# Cadet Information Sheet

## Cadet Information

Surname: \_\_\_\_\_

Given Name: \_\_\_\_\_

Cadet Cell Number: \_\_\_\_\_

Cadet Email: \_\_\_\_\_

Current School & Grade: \_\_\_\_\_

How did you hear about the Squadron? \_\_\_\_\_

What is the best communication medium to communicate with you about upcoming events?

Facebook

Email

Website

Phone

Other: \_\_\_\_\_

## Emergency Contact **\*\*Other than a parent or sibling\*\***

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Number: \_\_\_\_\_

Alt. Number: \_\_\_\_\_

Note: If there are step-parents or other guardians who may sign permission slips or come to pick-up cadets, please include names and contact information for these individuals.

## Health / Medical Information

The Staff does not get to review the Detailed Health Questionnaire as it is secured and sent into our medical officers in Winnipeg, MB. It helps us understand more about your cadet and any limitations they may have so we can ensure their health and safety during our events. If you would like to share some of that information with our staff members, you can do so below.

### Allergies / Conditions / Medications & Any additional information staff should be aware of:

## Consent Sheet (initial each line)

\_\_\_\_\_ I agree to encourage my cadet to participate in all mandatory activities including training and fundraising.

\_\_\_\_\_ I agree to share my contact information (phone and email) with the Squadron Sponsoring Committee (SSC) for the purposes of distributing squadron information and updates.

\_\_\_\_\_  
Name of Parent (printed)

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date