



PARENTAL CONSENT – REGIONAL ACTIVITIES AND TECHNICAL TRAINING

(Disponible en français sur demande)

Note. On this form, the term “parent” and its derivatives include “legal guardians” and the term “child” includes “wards”.

TRAINING OR ACTIVITY DETAILS	
Name October Cadet Tri-Service Dance	Location 416 Wings - 200 Hampton Gray Gate - Kingston Airport
Start Date and Time 10/26/18 19:00	End Date and Time 10/26/18 23:00

TRAINING OR ACTIVITY DESCRIPTION

Cadets are invited to a tri-service dance located at 416 Wing Association at the Kingston Airport. This event is a social one where cadets are asked to act accordingly and expected to be respectfully to each other and staff.

58 Air will be hosting a canteen

Entrance to the dance in a minimum 1 food bank donation (non perishable) per cadet and per guest.

Guests are welcome and expected to behave in the same manner as expected from the cadets.

Appropriate civilian attire is the dress.

Permission forms are due to the Admin O by October 24th

INSPECTIONS AND SEARCHES

At different moments during the activity, the cadet may be subjected to inspections in accordance with CATO 12-50 Searches and Inspections of Cadets. These will be conducted or supervised by a Canadian Armed Forces member, and will serve to ensure that:

the cadet’s personal belonging, sleeping accommodations, are clean and orderly; the cadet does not have in his/her possession any of the prohibited, restricted or unauthorized items listed in CATO 12-50 or other information document provided under separate correspondence.

PARENTAL CONSENT AND ACKNOWLEDGEMENT

I, the undersigned, parent of _____

Cadet's Full Name

a member of 2587 Princess of Wales' Own Regiment, Royal Canadian Army Cadet Corps, in Kingston (ON), hereby consent to my child:

participating in training or the activity described above, being inspected and, if applicable, searched for the reasons and under the conditions described above, being provided minor medical care and emergency treatment by qualified and certified medical practitioners to treat an illness, injury or reaction suffered during training or the activity; and

hereby acknowledge that I am required to inform cadet corps or squadron staff if there has been any recent change to my child’s health, including any injury, illness or other medical condition.

Parent's Name

Contact Phone Number

Date