



NEW WEST

CADETS

REGISTRATION FORM

Cadet Name _____ Date of Birth _____

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____

Family Doctor: _____ Doctor's Phone: _____

Care Card # _____ email address: _____

Present church attending _____ Musical instrument he plays _____

Present school attending _____

Do you prefer to be contacted by: Phone Email (please check one)

1. Please list any physical limitations, medical allergies or any special medical treatment procedures which this Cadet may require. _____

2. In case of medical emergency I/we hereby give permission to the attending Counselor to select a physician to hospitalize, secure proper treatment for and to order injections, anesthesia or surgery in accordance with but not limited to the special information stated in Section (1) above for my/our son as named above.

3. I/we do hereby give my/our son permission to attend and participate in the various activities, associated activities and functions performed by the New West Cadet Club #0930 of the Fraser Valley Council of the Calvinist Cadet Corps. I/we also understand that in case of accident or injury to my/our son, neither the Calvinist Cadet Corps, the Fraser Valley Council, the New West Cadet Club #0930 or the Counselors will be held liable.

4. I hereby agree to allow pictures of my son to be on the Cadet website Yes No

The signing of this form will cover any and all Cadet Club activities while your child is enrolled in the New West Cadet Club #0930.

Cheque is payable to: New West Cadets

Signed _____ (parent or guardian)

Date: _____

Amount Due: \$30.00 Cash/Cheque (circle one) or \$25.00 each for 2 or more boys from the same family.

Theme: BRANDED WITH CHRIST

Love the Lord your God with all your heart and with all your soul and with all your strength. Deuteronomy 6:5

