

CADETS

	REGISTR	ATION FORM (20	16/17)			
Cadet Name:		Date of Birth:				
Add	dress:					
City:			Postal Code:			
Home Phone:		Work Phone:	Work Phone:			
Family Doctor:		Doctor's Pho	Doctor's Phone:			
Care Card #:		Email Addres	Email Address:			
Present church attending:		Musical Instr	Musical Instrument he plays:			
Pre	sent school attending:					
Do	you prefer to be contacted by: Phone □	Email □	(Please ch	eck one)		
	Please list any physical limitations, medical allergies quire.		·			
2.	In case of medical emergency I/we hereby give per cure proper treatment for and to order injections, an mation stated in Section (1) above for my/our son a	esthesia or surgery in a				
3.	I/we do hereby give my/our son permission to attentions performed by the New West Cadet Club #0930 derstand that in case of accident or injury to my/our West Cadet Club #0930 or the Counselors will be h	O of the Fraser Valley Conson, neither the Calvini	ouncil of the Ca	alvinist Cadet	Corps. I/we also un-	
4.	I hereby agree to allow pictures of my son to be on	the Cadet website	Yes □	No \square		
Clu	e signing of this form will cover any and all Cade ab #0930. eque is payable to: <u>New West Cadets</u>	t Club activities while y	your child is e	enrolled in the	e New West Cadet	
Signed:		(Parent or gu	ardian)		TIME THE	
Dat	re:				2.	
Δm	ount Due: \$30.00 Cash/Cheque (circle one) or			Toring	1	

Theme: GET IN THE GAME

Therefore, since we are surrounded by such a great cloud of witnesses, let us throw off everything that hinders and the sin that so easily entangles. And let us run with perseverance the race marked out for us, fixing our eyes on Jesus, the pioneer and perfecter of faith. For the joy set before him he endured the cross, scorning its shame, and sat down at the right hand of the throne of God. Hebrews 12:1-2

\$25.00 each for 2 or more boys from the same family.

