

CADETS

	REGISTRA	HON FORM (2	022/23)			
Ca	ndet Name:	Date of Birtl	า:			
Ad	ldress:					
City:			Postal Code:			
Home Phone:		Work Phone	Work Phone:			
Family Doctor:		Doctor's Ph	Doctor's Phone:			
Care Card #:		Email Addre	Email Address:			
Present church attending:		Musical Inst	Musical Instrument he plays:			
Pre	esent school attending:					
Do	you prefer to be contacted by: Phone	Email 🗆	(Please ch	eck one)		
1.	Please list any physical limitations, medical allergies of quire.	• •	al treatment pro	cedures which th	is Cadet may re-	
2.	In case of medical emergency I/we hereby give permiscure proper treatment for and to order injections, anesmation stated in Section (1) above for my/our son as n	ssion to the attendin thesia or surgery in				
3.	I/we shall not hold the Cadet Counselor, Junior Couns snacks will be carefully distributed but I/we understand activities.					
4.	I/we do hereby give my/our son permission to attend a tions performed by the New West Cadet Club #0930 o derstand that in case of accident or injury to my/our so West Cadet Club #0930 or the Counselors will be held	of the Fraser Valley (on, neither the Calvir	Council of the Ca	alvinist Cadet Co	orps. I/we also un-	
5.	I hereby agree to allow pictures of my son to be on the	e Cadet website	Yes □	No 🗆		
Clu	ne signing of this form will cover any and all Cadet C ub #0930. neque is payable to: <u>New West Cadets</u>	lub activities while	your child is e	nrolled in the N	lew West Cadet	
Signed:		(Parent or g	uardian)			
Da	ate:					
An	nount Due: \$30.00 Cash/Cheque (circle one) or \$25.00 each for 2 or more boys from the sar	me family	CADETS -		· ·	

Theme: AMAZING