

Your son / daughter / ward has requested to participate in the following:

NAME OF ACTIVITY: Spring FTX

DATES: **Friday – Sunday, May 31st – June 2nd 2024**

***Note: Incomplete forms will be returned.***

CADET'S FULL NAME & RANK: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CARE CARD NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL: (allergies, injuries, medication currently on)** or other information the staff should be made aware of. Medication should be presented to staff immediately upon arrival – If cadet require an Epi-Pen, they will need to bring 2.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Military MREs are being provided, vegetarian option will be provided. If you have any questions, please check with the Training Officer

**ALTERNATE EMERGENCY CONTACT NAME / NUMBER** (someone other than parent!)**:**

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

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT / GUARDIAN PERMISSION:**

I understand that a ***kit check will be done prior to departure; cadets without the proper gear will be sent home – please ensure your cadet has what is needed! -*** and that I am responsible for dropping my cadet off at the designated time and for picking my cadet up at the designated time. Cadets will not be free to depart on Sunday until all equipment has been cleaned and put away

**Date: Signature:**

***APPLICATION FORMS MUST BE RETURNED TO THE TRAINING OFFICE***

***BY 03 MAY 2023***