

Authorization Form For a Cadet Weekend Activity

Royal Canadian Sea Cadet Corps

354 INVINCIBLE

Exercise: _____

Place: _____

From: (Time) _____ on the _____ Day of _____

To: (Time) _____ on the _____ Day of _____

I, the undersigned parent/guardian of:

Rank: _____ **Name:** _____

I Hereby grant permission for my son/daughter/ward to attend the exercise as noted above.

The departure time is stated above and the cadet will not be permitted to leave prior to that time unless prior approval is given.

I further grant permission for any emergency medical or dental treatment deemed necessary by the conducting officer(s).

Telephone number(s) where I may be contacted in case of an emergency during this exercise:

1. _____ 2. _____ 3. _____

		_____ (Signature)
Amount Of Donation	Parent Or Guardian	_____ (Name - Please Print)
\$ _____		
Cheque / Cash		

Please make Cheques payable to "NL of Canada MR Br."
Or "Navy League Of Canada Maple Ridge Br."

Turn This Portion in



Keep This Portion

NOTE: If this form is not completed and returned to the Ships Office by Wednesday or attendance **will not** be granted.

* If the cadet cannot be present for the whole weekend, submit a form for each day and time available.

Drop Off Time _____ Pick Up Time _____

R.W. Thompson
Lieutenant (N)
Commanding Officer

Weekend Emergency Contact Person
Weekend Emergency Contact # **604-219-8049**