

**i Before you get started:**

Please have the applicant's health card, address, and phone number of all parents.

List all the applicant's parents, whether or not they live at the same address and specify every parent's access rights (also called "visitation rights" and "outing right").

Write the applicant's official surname(s) and given name(s) in full as they appear on the official identification documents.

For the application, the word "parents" refers to all individual who hold parental authority over the applicant.

Until this form is submitted and processed by cadet corps/squadron personnel, including all required documents, the applicant will not be authorized to participate in Cadet training and activities.

Once you begin the application form you must not leave the form or change the display language, or you will be required to start again.

**Section 1 - Verify Eligibility****About the applicant****To be eligible for membership as a Cadet one must:**

1. be a legal resident of Canada:  
NOTE: A legal resident of Canada is a Canadian citizen, a landed immigrant, or, the dependant of a person who is lawfully resident in Canada on a temporary basis for the purpose of education or employment.
2. be at least 12 years of age and not have attained 19 years of age;
3. provide proof of provincial health insurance coverage or equivalent;
4. not belong to another corps or squadron.

**Section 2 - Applicant Information****Applicant Information****\* Unit Information**

Unit Number and Name

Unit Element

Sea  Army  Air

**\* Last Name**

Last Name

Given Name(s) *(The complete name that is on the presented official document)*

Preferred Name *(The name that is commonly used)*

**\* Gender**

M  F

**\* Birth Date**

**\* Preferred Official Language**

English  French

**\* Address**

Number and street name

City

Province

Postal Code

**\* Mailing Address**

Same as address

Number and street name

City

Province

Postal Code

**\* Telephone (main)**


Telephone (other)

Email

**\* Has a judge ordered the applicant not to handle certain objects, not to be near certain individuals, imposed a curfew, etc.?**

Yes

No

**Health Insurance Plan** **\* Is this plan public or private?** Public  Private**\* Provider****\* Insurance Number**

Expiry Date

**Parent # 1** Set as registration contact**\* Last Name**

Last Name

Given Name(s)

**\* Relationship with applicant** Father  Mother  Guardian  
 Other

**\* Address** Same as applicant

Number and street name

City

Province

Postal Code

**\* Mailing Address** Same as address

Number and street name

City

Province

Postal Code

**\* Telephone (day)****\* Telephone (evening)**

Telephone (other)

**\* Email****\* Access right to the applicant** Unlimited Limited

Does the parent/guardian have limited or unlimited visitation rights/outing?

**Parent # 2** Set as registration contact

**\* Last Name**

Last Name

Given Name(s)

**\* Relationship with applicant**

- Father  Mother  Guardian  
 Other

**\* Address**

- Same as applicant

Number and street name

City

Province

Postal Code

**\* Mailing Address**

- Same as address

Number and street name

City

Province

Postal Code

**\* Telephone (day)****\* Telephone (evening)**

Telephone (other)

**\* Email**

**\* Access right to the applicant**

- Unlimited  Limited

Does the parent/guardian have limited or unlimited visitation rights/outing?

## Section 3 - Health Questionnaire

About the applicant's health		
<p><b>* Does the applicant have any food allergies?</b></p> <p>Not including religious or personal preferences</p>	<input type="radio"/> Yes	<input type="radio"/> No
<p><b>* Does the applicant have a condition which may require special care during extended activities?</b></p> <p>E.g. frequent nightmares, night sweats, bed-wetting, sleep-walking</p>	<input type="radio"/> Yes	<input type="radio"/> No
<p><b>* Does the applicant take any medication on a regular basis?</b></p>	<input type="radio"/> Yes	<input type="radio"/> No
<p><b>* Does the applicant have any allergies that require him/her to carry medication on their person at all times in the event of a life threatening medical crisis?</b></p> <p>E.g. Epi-Pen for anaphylaxis</p>	<input type="radio"/> Yes	<input type="radio"/> No
<p><b>* Does the applicant have any type of medical, psychological or physical condition, including learning disability or attention deficit?</b></p>	<input type="radio"/> Yes	<input type="radio"/> No

Additional information required		
<p>Would the applicant's health or safety, or that of others around him/her, be at risk if he/she participated in training or activities conducted under the following conditions?</p>		
<p><b>* On-water?</b> E.g. sailing</p>	<input type="radio"/> Yes	<input type="radio"/> No
<p><b>* Aquatic?</b> E.g. swimming</p>	<input type="radio"/> Yes	<input type="radio"/> No
<p><b>* Under water?</b> E.g. scuba diving</p>	<input type="radio"/> Yes	<input type="radio"/> No
<p><b>* Outdoor?</b> E.g. hiking and camping</p>	<input type="radio"/> Yes	<input type="radio"/> No
<p><b>* Travel by plane?</b></p>	<input type="radio"/> Yes	<input type="radio"/> No
<p><b>* Physically demanding activities?</b></p>	<input type="radio"/> Yes	<input type="radio"/> No
<p><b>* Firing a rifle?</b></p>	<input type="radio"/> Yes	<input type="radio"/> No
<p><b>* Conducted in high altitude?</b></p>	<input type="radio"/> Yes	<input type="radio"/> No
<p><b>* Contact sports?</b></p>	<input type="radio"/> Yes	<input type="radio"/> No
<p><b>* Conducted above ground?</b></p>	<input type="radio"/> Yes	<input type="radio"/> No

## Section 4 - Applicant agreement

### A Cadet

- is expected to participate in training activities and follow regulations, orders and instructions;
- is expected to take good care of all items of clothing and equipment issued to him/her, to safeguard and return them when requested to do so;
- is expected to conduct himself/herself in a manner respectful of others;
- may end his/her membership with the cadet corps/squadron at any time;
- may be expelled from the cadet corps/squadron if he/she commits a serious breach of discipline;
- is no longer eligible to be a member of a cadet corps/squadron when he/she turns 19.

I, the undersigned, hereby submit my application to join the Sea, Army or Air Cadets, whichever applies, and agree to meet these participation expectations.

I Agree

Applicant Name

## Section 5 - Parents agreement

### Parent's responsibilities

#### A parent/guardian

- is required to notify the cadet corps/squadron's commanding officer of any changes to the information collected on this form without delay;
- is responsible for all items of clothing and equipment issued to their child and required to return them when requested to do so;
- may be required to support cadet corps or squadron activities, as requested by the local sponsor.

### Collection, use and disclosure of personal information

In order to process this application for membership, determine the applicant's eligibility and, if admitted, administer his/her membership, the Canadian Forces (CF) must collect and use, as permitted under the Privacy Act, certain personal information. This includes, but is not limited to, the applicant's health insurance plan number which will be used only in case of medical emergency if parents are not available. Failure by parents to provide the requested information could render the applicant ineligible to join Cadets and participate in training and activities.

Except for health and medical information, the CF may disclose personal information to the Navy League, Army Cadet League and Air Cadet League of Canada (Leagues) and Local Sponsoring Committees (Local Sponsors). In the event of the applicant injuring himself/herself during Cadet training and/or activities, the Canadian Forces will provide a copy of his/her injury report (DND 2299) to the national office of the applicable Cadet League for insurance purposes.

The CF, the Leagues and local sponsors may, at any time, use and disclose photographic images and video footage of a cadet, as well as his/her name, age, home unit name and location, and accomplishments in the Cadets, through print and electronic media, for the purposes of publicly recognizing his/her accomplishments and promoting the Cadet organizations as well as their programmes.

There may also be situations when the CF will be required to disclose cadets' personal information to external organizations, whether they be governmental, non-governmental or private, Canadian or foreign, when the latter are responsible for or involved in the administration, organization, coordination and/or funding of training, activities, programmes, awards, travel, accommodation and/or support provided to Cadet Organizations, among others or exclusively.

Under the Privacy Act, a cadet has the right to obtain a copy of the information collected by the CF related to him/her and request that changes be made to incorrect information. Parents of a cadet under the age of majority have the same right. This information is found in Personal Information Bank DND PPE 839. All documents pertaining to a cadet collected by the CF will be destroyed when he/she reaches twenty-five years of age.

### Food Allergies, Sensitivities and Intolerances

It is important for the applicant and his/her parents to be aware that the Canadian Forces (CF) do not have the



mandate, are not equipped nor staffed to offer allergen-free foods or food preparation conditions. These limitations apply to meals and snacks prepared just as much by the CF as by a caterer, civilian volunteers or parents, and for all types of programs, courses and activities conducted through out the year, whether locally or away. The Canadian Forces are concerned that for those cadets with food allergies, sensitivities and intolerances it may not always be safe to participate in all Cadet training and activities.

If the applicant or his/her parents have any questions related to this topic, they can contact the cadet corps or squadron commanding officer.

### Parental Consent

I, the undersigned:

- hereby consent:

- to the applicant becoming a Sea, Army or Air Cadet, whichever applies and participating in training and activities conducted in the cadet corps/squadron's region,
- to the applicant receiving emergency medical and dental treatment,
- to medical professionals disclosing to Canadian Forces medical personnel findings, test results and treatment related to the applicant resulting from said emergency care;

- hereby certify that:

- the applicant is physically, medically and psychologically fit to join Cadets and participate in related training and activities, except where noted in Section 7,
- the information on this form is complete, accurate and valid to the best of my knowledge;

- hereby acknowledge that:

- the Canadian Forces will collect, use and disclose personal information related to the applicant as stated on page 2 under the heading "Collection, Use and disclosure of Personal Information",
- Cadet training and activities include strenuous physical activities,

- as the applicant's parents, hereby agree to fulfill our responsibilities as described above under the heading "Parent's Responsibilities".

I Agree

Parent Name

## Section 5 - Application Validation

**For Cadet Corps/Squadron use only**

**The form is properly completed, required documents have been provided and the applicant meets eligibility criteria.**

Approved

Not approved

Official membership start date

Commanding Officer's name

Commanding Officer's signature

Date