



NLCC CAPTAIN JACKSON IN ROUTINE

Cadet Last Name: Cadet Last Name

Cadet First Name: Cadet First Name

Part One

Branch Paperwork Filled Out:

Branch Registration Fee:

Branch Rep: *X*

Part Two

Cadet membership paperwork filled out and handed into Ship's Office (SHO):

Age Verified by: _____ Cadet's Current Age: Cadet Current Age

Admin Signature: *X* Date Cadet Turns 13: dd-MMM-yy

Parent / Guardian Drivers License

Cadet Health Card and Birth Certificate

Parent Handbook given to Parent / Guardian:

All Sections must be done in order from Part One to Part Two. Applicants with missing sections will not be accepted until all sections have been completed.

Finished In-Routines are to be attached to the Cadet's registration package and forwarded to the Commanding Officer (CO) for final approval.

Pages 1-12 are needed for submission



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NAVY LEAGUE CADET APPLICATION FORM FORMULAIRE DE DEMANDE D'INSCRIPTION DES CADETS DE LA LIGUE NAVALE



The Navy League of Canada,
National Office
221-815 St. Laurent Boulevard
Ottawa, ON K1K 3A7

La Ligue navale du Canada
Bureau national
815 boulevard St. Laurent, salle 221
Ottawa, ON K1K 3A7

Section 1 – Personal Information // Renseignements personnels

Surname Nom de famille	First Name Prénom	Middle Names Second prénom	Gender ** Genre
Date of Birth Date de naissance	Place of Birth and Country Lieu de naissance et pays		Cadet E-mail E-mail
Name of Primary Parent or Guardian Nom du parent principal ou du tuteur		E-mail	
Street Address Adresse	Town Ville	Postal Code Code postale	Cell Phone Cellulaire
Name of Other Parent or Guardian Nom de l'autre parent ou tuteur		E-mail	
Street Address (If different from the address above) Adresse (Si différente de l'adresse ci-dessus)	Town Ville	Postal Code Code postale	Cell Phone Cellulaire
Alternate Contact Person (Name) Contact alternatif (nom)		E-mail	
Street Address Adresse	Town Ville	Postal Code Code postale	Cell Phone Cellulaire

Section 2 – Application // Demande

<p>“I promise to participate in activities regularly, to be respectful of others and the rules of the Navy League of Canada, and to honour and support my Corps and Country to the best of my abilities.”</p>	<p>« Je promets de participer régulièrement à des activités, de respecter les autres et les règles de la Ligue navale du Canada, et d'honorer et de soutenir mon corps et mon pays au mieux de mes capacités. »</p>	
Signature	Administration Officer Signature Signature de l'officier d'administration	Date
	X	

Section 3 – Parental Media Waiver // Exonération parentale relative aux médias

<p>From time to time, cadets and officers are photographed or videotaped during training. By enrolling your child, you consent to the use of this material for the production of public awareness and training tools.</p> <p>* In the case of a refusal, an explanatory document will be attached to this form if the parent deems it necessary</p>	<p>De temps à autre, les cadets et les officiers sont photographiés ou filmés sur bande vidéo pendant leur formation. En inscrivant votre enfant, vous consentez à ce que ce matériel soit utilisé pour produire des outils de sensibilisation du public ou des aides à la formation.</p> <p>* Dans le cas d'un refus, un document explicatif sera joint au présent formulaire, si le parent le juge nécessaire.</p>						
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">Acknowledgement: (Initials) Remerciement : (Initiales)</td> <td style="width: 33%; border: none;">Yes Oui</td> <td style="width: 33%; border: none;">No Non</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table>	Acknowledgement: (Initials) Remerciement : (Initiales)	Yes Oui	No Non				
Acknowledgement: (Initials) Remerciement : (Initiales)	Yes Oui	No Non					

** Gender – Male/Female/Non-Binary // Genre – Homme/Femme/Non binaire



NAVY LEAGUE CADET APPLICATION FORM FORMULAIRE DE DEMANDE D'INSCRIPTION DES CADETS DE LA LIGUE NAVALE



Section 4 – Consent //Consentement	
<p><i>"I hereby consent to my child/ward becoming a member of the Navy League Cadets."</i></p> <p><i>"I realize it is my obligation to inform the corps Commanding Officer of any conditions, medical or otherwise, which may affect the safety or well-being of my child/ward."</i></p> <p><i>"I agree to become responsible for the value of any uniforms or equipment loaned to them, reasonable wear and tear excepted."</i></p> <p><i>"When my child/ward ceases to serve as a Navy League Cadet, or at any other time upon request of an authorized person, I agree to return such uniforms and equipment to - The Navy League of Canada."</i></p>	<p>« Je consens par la présente à ce que mon enfant/pupille devienne membre des cadets de la Ligue navale. »</p> <p>« Je comprends qu'il est de mon devoir d'informer le commandant du corps de toute condition, médicale ou autre, qui pourrait affecter la sécurité ou le bien-être de mon enfant/pupille. »</p> <p>« J'accepte de devenir responsable de la valeur de tout uniforme ou équipement qui leur est prêté, à l'exception de l'usure raisonnable. »</p> <p>« Lorsque mon enfant/pupille cesse de servir comme cadet de la Ligue navale, ou à tout autre moment à la demande d'une personne autorisée, j'accepte de retourner ces uniformes et cet équipement à la Ligue navale du Canada. »</p>
Signature	Relationship Lien
x	
Administration Officer Signature Signature de l'officier d'administration	Date
x	

Corps Use Only // À l'usage du Corps			
<ul style="list-style-type: none"> Form Complete // Formulaire rempli en entier Proof of Age //Inclut une preuve d'âge Proof of Provincial Medical Insurance // Inclut une preuve d'assurance-maladie provinciale Corps/Branch Contact Information Provided // Inclut les coordonnées du Corps ou de la succursale 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Date of Enrolment Date d'adhésion</td> </tr> <tr> <td style="padding: 5px;">Signature</td> </tr> </table>	Date of Enrolment Date d'adhésion	Signature
Date of Enrolment Date d'adhésion			
Signature			



INFORMATION FOR NEW NAVY LEAGUE CADET



Cadet Code of Conduct

The Navy League of Canada is committed to providing a learning and working environment for all persons that is free from harassment.

The Navy League of Canada requires employees, officers, cadets, parents, volunteers and all other visitors to conduct themselves in a manner that promotes and protects the best interests and well being of cadets, staff and volunteers.

As a condition of membership, all Navy League Cadets must accept the following responsibilities:

- Always treat others fairly and with respect;
- Always consider you safety and the safety of your shipmates;
- Show support for Canada, your community and your corps;
- Demonstrate self-discipline and self-respect;
- Attend meetings regularly and be on time;
- Participate in all activities to the best of your abilities;
- Maintain your uniform and other equipment entrusted to your care; and,
- Follow the rules and listen to the direction of officers and senior cadets.

Members of the Navy League Cadet program have the following rights:

- To be treated fairly and with respect;
- To be included as part of the group;
- To seek help from friends, parents, officers and volunteers;
- To make decisions;
- To use the law to protect yourself and others;
- To feel safe;
- To learn;
- To say “**NO**” to unwelcome behaviour;
- To never be alone with an officer or volunteer; and,
- To be protected from all forms of harassment and abuse.

Failure to follow your responsibilities, as outlined above, will result in action, as deemed appropriate by corps staff. Repeat or serious offences may cause you to loose your membership privileges.

Cadet Initials: **X** _____

Age Notice

Please note that if your cadet is twelve(12) years old and wishes to remain as a Navy League Cadet with aspirations of going to Air/Army/Sea Cadets, they may do so. However, they could be missing out on possible Cadet activities/deployments if they do not transfer to Air/Army/Sea Cadets before 31 December of that training year.

THE NAVY LEAGUE INVITES PARENTS OR GUARDIANS TO BECOME MEMBERS, OR PROVIDE OTHER ASSISTANCE IN SUPPORT OF THIS PROGRAM



**ALL INFORMATION GIVEN ON THIS DOCUMENT IS KEPT CONFIDENTIAL | TOUTES LES
INFORMATIONS CONTENUES DANS CE DOCUMENT SONT GARDÉES CONFIDENTIELLES**

COMPLETING THIS FORM

1. This form may be completed electronically, printed and then completed by hand. If it's completed by hand, print in block letters.
2. Until this form is properly completed and handed to the Cadet Administration Officer or designate, cadets shall not be authorized to participate in training and/or activities.
3. If the Cadet or their parents/guardians have any questions related to any topic on this form, they can contact the cadet corps Commanding Officer.

FOOD ALLERGIES

4. It is important for parents/guardians to be aware that the Navy League of Canada and their Corps do not have the mandate, are not equipped or staffed to offer allergen-free foods or food preparation conditions.
5. The Navy League of Canada is concerned that for those with food allergies, sensitivities, and intolerance it may not always be safe to participate in all training and activities.

MEDICATIONS

6. Parents are to make the Commanding Officer or First Aid Officer aware of any medications that their child may bring and that they may require during extended activities.
7. Medications **MUST** be in original containers, preferably bubble packs, with the name, drug and dosage clearly labelled.
8. Cadets who require an inhaler or EpiPen will need to carry them at all times in an appropriate fanny pack or other carry case.
9. They should also make the staff aware of any health concerns that may impact their health and safety, or that of others.

IMPORTANT TO NOTE

10. Please be advised that while your child/ward is supervised by Members of the Navy League of Canada their care and safety is of primary concern. In the event of an incident/emergency, our Members will perform all actions that are deemed necessary at the time, which may include calling for Emergency Services or other professional care in your absence.
11. **If there is a pre-existing medical condition, the Navy League's insurance Underwriter may limit coverage as a result of accident or injury related to that medical condition.**

REEMPLIR CE FORMULAIRE

1. Ce formulaire peut être rempli électroniquement, imprimé puis complété à la main. S'il est rempli à la main, imprimez en lettres majuscules.
2. Jusqu'à ce que ce formulaire soit dûment rempli et remis à l'officier d'administration des cadets ou à son remplaçant désigné, les cadets ne seront pas autorisés à participer à la formation et/ou aux activités.
3. Si le cadet ou ses parents/tuteurs ont des questions liées à un sujet abordé dans ce formulaire, ils peuvent contacter le commandant du corps de cadets.

ALLERGIES ALIMENTAIRES

4. Il est important que les parents/tuteurs soient conscients que la Ligue navale du Canada et son corps n'ont pas le mandat, ne sont pas équipés ou dotés en personnel pour offrir des aliments ou des conditions de préparation des aliments sans allergènes.
5. La Ligue navale du Canada s'inquiète du fait que pour les personnes souffrant d'allergies, de sensibilités et d'intolérances alimentaires, il n'est pas toujours sécuritaire de participer à toutes les formations et activités.

MÉDICAMENTS

6. Les parents doivent informer le commandant ou le secouriste de tout médicament que leur enfant peut apporter et dont il pourrait avoir besoin lors d'activités prolongées.
7. Les médicaments **DOIVENT** être dans des contenants d'origine, de préférence des emballages à bulles, avec le nom, le médicament et la posologie clairement étiquetés.
8. Les cadets qui ont besoin d'un inhalateur ou d'un EpiPen devront les transporter en tout temps dans un sac banane approprié ou un autre étui de transport.
9. Ils doivent également informer le personnel de tout problème de santé pouvant avoir un impact sur leur santé et leur sécurité ou sur celles des autres.

IMPORTANT À NOTER

10. Veuillez noter que même si votre enfant/salle est supervisé par des membres de la Ligue navale du Canada, ses soins et sa sécurité sont une préoccupation majeure. En cas d'incident/d'urgence, nos membres effectueront toutes les actions jugées nécessaires à ce moment-là, ce qui peut inclure l'appel aux services d'urgence ou à d'autres soins professionnels en votre absence.
11. **S'il existe un problème de santé préexistant, le souscripteur d'assurance de la Ligue navale peut limiter la couverture en raison d'un accident ou d'une blessure lié à ce problème de santé.**



Section 1 – Cadet Personal Information Informations personnelles des cadets					
Rank Grade	Surname Nom de famille		Given Name Prénom		Middle Name(s) Autre nom(s)
Cell Phone # Cellulaire	Date of Birth Date de naissance DD JJ MM MM YY AA		Corps # N° du corps	NLCC CCLN	
Section 2 – Cadet Medical Information Renseignements médicaux sur les cadets					
Provincial Health Card # N° de carte de santé provinciale			Expiry Date Date d'expiration		Latest Tetanus Injection Dernière injection contre le tétanos MM MM YYYY AAAA
Section 3 - Parent / Guardian Information Informations sur les parents/tuteurs					
Name of Primary Parent / Guardian (required) Nom du parent/tuteur principal (obligatoire)				Home Phone # Téléphone maison	
Relationship to Cadet Relation au cadet				Cell Phone # Cellulaire	
Section 4 – Emergency Contact Information Coordonnées d'urgence					
Emergency Contact Name Nom à contacter en cas d'urgence <small>Must be different from Section 3 Doit être différent de la section 3</small>				Home Phone # Téléphone maison	
Relationship to Cadet Relation au cadet				Cell Phone # Cellulaire	
Section 5 – Acknowledgement and Consent Accusé de réception et consentement					
<p>Do you consent to the above-named cadet participating in training and activities in which your child will have a meal under the conditions described under the heading FOOD ALLERGIES?</p> <p>Consentez-vous à ce que le cadet susmentionné participe à des entraînements et à des activités au cours desquels votre enfant prendra un repas dans les conditions décrites à la rubrique ALLERGIES ALIMENTAIRES ?</p>				<input type="checkbox"/> YES OUI <input type="checkbox"/> NO NON	
<p><i>I certify that the information on this form is complete, accurate and valid to the best of my knowledge. I acknowledge that I am required to notify the cadet corps Commanding Officer immediately if changes to the above named cadet's medical condition render any of the information collected on this form incomplete, inaccurate or invalid.</i></p> <p><i>Je certifie que les informations contenues dans ce formulaire sont complètes, exactes et valides au meilleur de mes connaissances. Je reconnais que je suis tenu d'informer immédiatement le commandant du corps de cadets si des changements dans l'état de santé du cadet nommé ci-dessus rendent les informations recueillies sur ce formulaire incomplètes, inexactes ou invalides.</i></p>					
Signature of Parent / Guardian Signature du parent / tuteur				Date	

CONFIDENTIAL WHEN COMPLETED | CONFIDENTIEL UNE FOIS COMPLÉTÉ



CONFIDENTIAL WHEN COMPLETED | CONFIDENTIEL UNE FOIS COMPLÉTÉ

I - Medical History | Antécédents médicaux

<p>1. The following information is requested to assist in determining the capabilities of the above-mentioned Cadet to participate in certain aspects of the Training Program.</p> <p>2. This information will also be valuable in alerting the Corps Staff in any potential medical or physical problems which might require some attention when the cadet is undergoing training.</p>	<p>1. Les informations suivantes sont demandées pour aider à déterminer les capacités du cadet mentionné ci-dessus à participer à certains aspects du programme de formation.</p> <p>2. Ces informations seront également utiles pour alerter l'état-major du corps de tout problème médical ou physique potentiel qui pourrait nécessiter une certaine attention lorsque le cadet suit une formation.</p>
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Please indicate either "YES" or "NO" for each question as it applies to your cadet concerning their medical history. | Veuillez indiquer « OUI » ou « NON » pour chaque question telle qu'elle s'applique à votre cadet concernant ses antécédents médicaux.

	YES OUI		NO NON			YES OUI		NO NON	
Arthritis Arthrite					Bed-wetting Énurésie				
Respiratory ailments Maladies respiratoires					Seizures Saisies				
Ear troubles Problèmes d'oreille					Motion sickness Mal des transports				
Headaches Maux de tête					Nightmares Cauchemars				
Diabetes Diabète					Sleepwalking Somnambulisme				
Vision problems Problèmes de vision					Allergies				
Colour blindness daltonisme									
Wears corrective lenses Porte des verres correcteurs									

II - Medical Questions | Questions médicales

If you have checked "YES" to any of the above conditions, please provide additional information. | Si vous avez coché « OUI » à l'une des conditions ci-dessus, veuillez fournir des informations supplémentaires.

Please describe any allergies (medications/food/environmental including insect/bee stings), reactions/symptoms, and treatments for the reactions. | Veuillez décrire toute allergie (médicaments/aliments/environnement, y compris les piqûres d'insectes/d'abeilles), les réactions/symptômes et les traitements pour les réactions.

Please describe any dietary restrictions. | Veuillez décrire toute restriction alimentaire.

Please describe any physical, cognitive, emotional or behavioural limitations and/or challenges that would require assistance and/or modifications to the Navy League Cadet program to allow your child to fully participate. | Veuillez décrire toute limitation et/ou défi physique, cognitif, émotionnel ou comportemental qui nécessiterait de l'aide et/ou des modifications au programme des cadets de la Ligue navale pour permettre à votre enfant de participer pleinement.

Describe any illnesses, injuries, or problems not previously listed. | Décrivez toute maladie, blessure ou problème non répertorié précédemment.

CONFIDENTIAL WHEN COMPLETED | CONFIDENTIEL UNE FOIS COMPLÉTÉ



THE NAVY LEAGUE OF CANADA CADET MEDICAL QUESTIONNAIRE

CONFIDENTIAL WHEN COMPLETED

Appendix B

Current Medication (Required for overnight activities)

Name of Medication		Amount Taken	
How Often (check one)	Taken (check one)	Times Taken (check all that apply)	
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Everyday	<input type="checkbox"/> With Food	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Just before bed
<input type="checkbox"/> Once a week	<input type="checkbox"/> Without Food	<input type="checkbox"/> Lunch	<input type="checkbox"/> Right when woken up
<input type="checkbox"/> Only when necessary		<input type="checkbox"/> Supper	<input type="checkbox"/> When necessary
Additional Special Instructions			

Name of Medication		Amount Taken	
How Often (check one)	Taken (check one)	Times Taken (check all that apply)	
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Everyday	<input type="checkbox"/> With Food	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Just before bed
<input type="checkbox"/> Once a week	<input type="checkbox"/> Without Food	<input type="checkbox"/> Lunch	<input type="checkbox"/> Right when woken up
<input type="checkbox"/> Only when necessary		<input type="checkbox"/> Supper	<input type="checkbox"/> When necessary
Additional Special Instructions			

Name of Medication		Amount Taken	
How Often (check one)	Taken (check one)	Times Taken (check all that apply)	
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Everyday	<input type="checkbox"/> With Food	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Just before bed
<input type="checkbox"/> Once a week	<input type="checkbox"/> Without Food	<input type="checkbox"/> Lunch	<input type="checkbox"/> Right when woken up
<input type="checkbox"/> Only when necessary		<input type="checkbox"/> Supper	<input type="checkbox"/> When necessary
Additional Special Instructions			

Name of Medication		Amount Taken	
How Often (check one)	Taken (check one)	Times Taken (check all that apply)	
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Everyday	<input type="checkbox"/> With Food	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Just before bed
<input type="checkbox"/> Once a week	<input type="checkbox"/> Without Food	<input type="checkbox"/> Lunch	<input type="checkbox"/> Right when woken up
<input type="checkbox"/> Only when necessary		<input type="checkbox"/> Supper	<input type="checkbox"/> When necessary
Additional Special Instructions			

CONFIDENTIAL WHEN COMPLETED



THE NAVY LEAGUE OF CANADA CADET MEDICAL QUESTIONNAIRE

CONFIDENTIAL WHEN COMPLETED

Appendix C - NON Prescription Medications (Required for overnight activities)

From day to day, a Cadet may need one or more the following **NON-PRESCRIPTION MEDICATION** given to them by our First Aid Officer. Medications must be supplied by the parent/guardian during a normal cadet day/night. Please indicate which of the following medications you allow on an extended activity.

		Administer		Do Not Administer
		Child Dose	Adult Dose	
FOR PAIN	Acetaminophen (Tylenol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ASA (Ibuprofen)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOR UPSET STOMACH	Gravol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Pepto Bismol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Tums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOR SORE THROAT	Lozenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINUS CONGESTION	Allegra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Benadryl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Claritin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOR RASH OR INSECT BITES	Calamine Lotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	AfterBite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Polysporin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER (Supplied by parent)				

CONFIDENTIAL WHEN COMPLETED



Navy League of Canada – Alberta Division Cadet Release of Information

CONFIDENTIAL – PRINT IN INK ONLY (DO NOT USE PENCIL)

Cadet Name:		Corps:	#21 NLCC CAPTAIN JACKSON
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The Alberta Freedom of Information and Protection of Privacy Act (FOIP) requires that consent be obtained for the collection, use, and disclosure of personal information, including the publication of pictures, videos, names, etc.

I, _____, am the legal guardian of the above mentioned
(Print Guardian's Name)
Cadet, and I hereby:

Permit: <input type="checkbox"/>	Do Not Permit: <input type="checkbox"/>
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The Navy League of Canada (NLC), its Branches, Divisions, and Corps, to use the name and image of the Cadet named above in its public relations and communications materials for a period of seven (7) years from the date that this consent is signed. I am aware that I may withdraw my consent in writing at any time by contacting the Commanding Officer of the Corps that this Cadet is affiliated with.

I understand that any photograph of my Cadet may be used in a publication, print advertisement, promotional materials, electronic media (e.g., video, internet, social media, posters, banners, etc.) or other form of communication.

In giving my consent, I hereby release and hold harmless The Navy League of Canada and their agents, employees, officials, representatives, and contractors from any and all responsibility or liability for damage of any kind suffered in any manner whatsoever.

I hereby relinquish any and all personal or proprietary rights I may have in connection with such use. I understand that I will receive no compensation should any photograph be used.

Guardian

	<i>x</i> _____	
<i>Print Name</i>	<i>Signature</i>	<i>Date (dd-MMM-yy)</i>

Witness

	<i>x</i> _____	
<i>Print Name Commanding Officer</i>	<i>Signature</i>	<i>Date (dd-MMM-yy)</i>

If you have any questions about the collection, use, and disclosure of this information, please contact the Corps Commanding Officer or affiliated Branch President.

This information is being collected under the Authority of Section 33(c) of the Freedom of Information and Protection of Privacy Act and may be used for the administration of The Navy League of Canada, including public relations events/activities.

AB(707)E – 14 Sep 2020



NLCC CAPTAIN JACKSON UNIFORM RENTAL ACKNOWLEDGEMENT

Dear Parent / Guardian,

Cadets are eligible to receive uniforms and uniform parts no less than six (8) weeks after completed registration. These items are issued on loan and at no charge. It is the responsibility of Cadets, their Parents and/or Guardians, that these items are kept clean, in good condition, and returned when requested or on exit of the program (whichever occurs first). If you or your Cadet are unsure of how to thoroughly clean and maintain your uniform, please speak with our Supply Officer. Uniforms must be returned no later than two (2) weeks from your Cadet leaving the Corp or on instruction by the Commanding Officer.

When returning, uniforms and uniform parts must be clean and on a hanger(s). The trousers and shirt shall be washed and ironed. The cap, lanyard, belt, gators (if issued), and boots shall be clean and in good repair. The boots shall be polished and maintain a high shine. Arrangements are to be made with the Supply Officer to accommodate returns.

Currently, it costs the Corps approximately \$540.00 (including S&H and GST) to replace a lost or damaged uniform with uniform parts. This prevents the Corps from using additional funds for the Cadets, as well as prevents further Cadets from being issued uniforms in a timely manner. We would much prefer a uniform be returned to us than the money, as supply chain issues may delay the receivership of new items.

If a uniform is damaged or parts are lost due to negligence, or if a uniform is not returned at all, you will be billed for all costs associated to recuperate the lost and/or damaged items. Additionally, NLCC reserves the right to re-claim any uniforms and uniform parts, even after payment to replace them has been made.

We, and the Cadets, appreciate your assistance in this matter.

Uniform Cost Breakdown	
Item	Cost (Approx.)
Cap	\$ 85.00
Cap Talley	\$ 7.00
Lanyard	\$ 6.00
Shirt	\$ 30.00
Flashes/Badges	\$ 15.00
Trousers	\$ 45.00
Belt	\$ 15.00
Gators	\$ 44.00
Boots	<u>\$293.00</u>
Total:	<u>\$540.00</u>

x _____

Parent / Guardian Signature Date (dd-MMM-yy)

Parent / Guardian Full Name

Drivers License # / ID

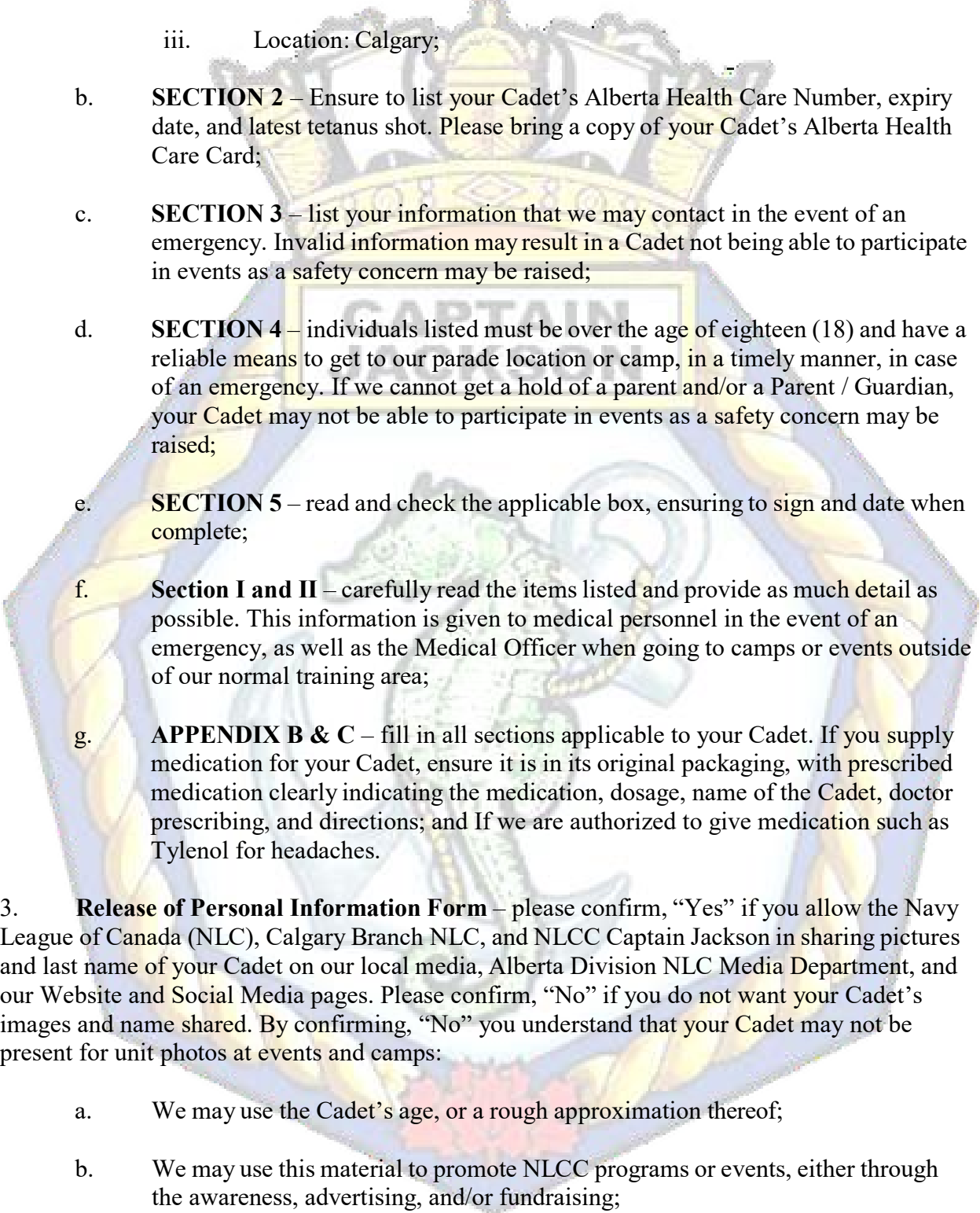
x _____

Officer Signature Date (dd-MMM-yy)

Parent / Guardian Copy	/	Corps Copy
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FILLING OUT THE REGISTRATION PACKAGE

1. Fill out the **APPLICATION FOR MEMBERSHIP AS A NAVY LEAGUE CADET NL (320)** form in its entirety. Please ensure to print/type in **BLOCK** letters:
 - a. **SECTION 1** – ensure you fill in the whole section including the three (3) contact spaces. In the event of an emergency, we will start at the top and work our way through contacts until we can get a hold of someone;
 - b. **SECTION 2** – this is to be signed by the Cadet’s Parent / Guardian and witnessed in front of one of our Staff Members;
 - c. **SECTION 3** – please confirm, “Yes” if you allow the Navy League of Canada (NLC), Calgary Branch NLC, and NLCC Captain Jackson in sharing pictures and last name of your Cadet on our local media, Alberta Division NLC Media Department, and our Website and Social Media pages. Please confirm, “No” if you do not want your Cadet’s images and last name shared. By confirming, “No” you understand that your Cadet may not be present for unit photos at events and camps. Further info is provided in Release of Personal Information Form;
 - d. **SECTION 4 (REVERSE SIDE)** – Cadet and Parents / Guardians must read and understand the Cadet Code of Conduct in its entirety. Cadets must initial to acknowledge reading it. The CO holds every Cadet to the Code of Conduct of the Navy League of Canada:
 - i. **Please note**, Cadets must be nine (9) years or older, and no older than eleven (11) years at the time of registration with the Navy League Cadets of Canada (NLCC). Cadets that reach twelve (12) years of age after December of the training year (starting in September of each year) are allowed to stay until the end of the training year (June).
2. **Cadet Medical Questionnaire NL (321)** – Please read the document in full and fill in the form with as much detail as possible. If your Cadet has any medical conditions, please be sure to mark them down on the form:
 - a. **SECTION 1** – fill in its entirety:
 - i. if this is your first time with NLCC Capt. Jackson, your rank will be, “NE” (New Entry);

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- ii. Corps Name: #21 NLCC Captain Jackson; and
 - iii. Location: Calgary;
- b. **SECTION 2** – Ensure to list your Cadet’s Alberta Health Care Number, expiry date, and latest tetanus shot. Please bring a copy of your Cadet’s Alberta Health Care Card;
- c. **SECTION 3** – list your information that we may contact in the event of an emergency. Invalid information may result in a Cadet not being able to participate in events as a safety concern may be raised;
- d. **SECTION 4** – individuals listed must be over the age of eighteen (18) and have a reliable means to get to our parade location or camp, in a timely manner, in case of an emergency. If we cannot get a hold of a parent and/or a Parent / Guardian, your Cadet may not be able to participate in events as a safety concern may be raised;
- e. **SECTION 5** – read and check the applicable box, ensuring to sign and date when complete;
- f. **Section I and II** – carefully read the items listed and provide as much detail as possible. This information is given to medical personnel in the event of an emergency, as well as the Medical Officer when going to camps or events outside of our normal training area;
- g. **APPENDIX B & C** – fill in all sections applicable to your Cadet. If you supply medication for your Cadet, ensure it is in its original packaging, with prescribed medication clearly indicating the medication, dosage, name of the Cadet, doctor prescribing, and directions; and If we are authorized to give medication such as Tylenol for headaches.
3. **Release of Personal Information Form** – please confirm, “Yes” if you allow the Navy League of Canada (NLC), Calgary Branch NLC, and NLCC Captain Jackson in sharing pictures and last name of your Cadet on our local media, Alberta Division NLC Media Department, and our Website and Social Media pages. Please confirm, “No” if you do not want your Cadet’s images and name shared. By confirming, “No” you understand that your Cadet may not be present for unit photos at events and camps:
- a. We may use the Cadet’s age, or a rough approximation thereof;
 - b. We may use this material to promote NLCC programs or events, either through the awareness, advertising, and/or fundraising;

- c. this release is valid for one (1) year after the Cadet leaves the Navy League Cadets program, or by writing to the CO stating you wish to rescind this release; and
- d. if you do not wish to have your Cadet's photo and information shared, please fill out the form in its entirety noting as such;

4. **Uniform Rental Acknowledgement** – this form is a legally binding agreement to ensure we are able to receive our uniforms back and in good order. Please note, this does not constitute a sale of Cadet uniforms and/or uniform parts. NLCC reserves the right to receive back any uniform and uniform parts issued under this agreement at any time, even when payment has been made to replace such items. By signing this form, you also agree to waive any right of compensation for any costs that may be incurred in the course of NLCC recovering uniforms, uniform parts, or compensation for negligent use and/or care of said uniforms and uniform parts. If you have any questions regarding uniform maintenance and care, please speak to our Supply Officer.

To ensure that your Cadet's enrollment in #21 NLCC Captain Jackson is efficient, please ensure you fill in all forms in their entirety, save signatures that require witnessing. Incomplete forms will be returned to Parents / Guardians and the Cadet's application will be put on hold until it is completed.

If you have any questions regarding any area of the form, please leave it blank and speak with an Officer on the day of enrollment. Ensure you have physical copies of the Cadet's Alberta Health Care Card and a piece of government issued photo ID for the Cadet.



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