

Annex I to
1085-20-1 (O) dated
Sep 17

715 Mohawk RC(Air) CS
828 Legion Rd
Burlington ON, L7S 1T6

CADET ACTIVITY INFORMATION AND PERMISSION FORM

Dear Parent/Guardian,

The cadets from 715 Squadron will be participating in a weekend survival exercise beginning on 12 May to 14 May 2017.

Activity Particulars:

1. Activity: Aircrew Survival Field Training Exercise
2. Date/Time: Cadets are to be at the squadron between 1630 hrs (4:30pm) and 1730hrs (5:30pm) on 12th of May. Cadets will return to the squadron at approximately 1600 hrs (4pm) on 14 May.
3. Location: Camp Everton (Scout camp)
4. Contact person DURING EXERCISE ONLY:
 - a. OCdt Wong @ 905-746-6700
5. Mode of Travel: Bussing Provided by the Cadet Program
6. Cost: None
7. Dress/ Equipment: Please see the kit list that is sent home. This activity will be running rain or shine, so it is important that your cadet bring suitable equipment packed a manner that they can carry easily for a distance of 500m in the woods.
8. Medical Considerations: If your cadet has special dietary restrictions or allergies we must be made aware as soon as possible. We will rely the information we have on file but you must advise us if anything has changed. Your cadet must be in possession of their Ontario Health Card. **If your cadet is not in possession of their health card they will not be permitted to board the bus.** The staff will collect and hold on to the health cards for the weekend.

9. Other Considerations:

a. Cell Phones and other electronics: Cadets will not be permitted to carry cell phones or other electronics during this activity. They will be secured at the Squadron building if found on the cadets prior to departure. 715 Squadron, the Canadian Forces and the Air Cadet League of Canada accept no responsibility for person electronic devices that are brought to the activity against this clear direction.

B. Cadets are expected to have eaten prior to arrival at the squadron, no food is to be brought by cadets.

I give my permission for my cadet _____ to participate in this
(rank) (surname/ initial)
Activity. I have reviewed the information that has been provided, and if I have any questions I will contract the squadron staff at 715mohawk@gmail.com or speak to them in person prior to departure. I and my cadet accept responsibility for loss or damage to any valuable that have been brought on this activity contrary to the direction provided by the cadet program.

Food Allergies: _____

Vegetarian: Yes / No

(signature of parent)

(date)