

VIRGIN ISLANDS CADET CORPS

CADET CONSENT FORM

This form is to be filled out and signed by a parent/guardian. Completed forms may be handed in to any Adult Officer/Instructor.

1. GENERAL INFORMATION			
<i>Child's Surname</i>		<i>First Names</i>	
<i>Gender: Male / Female</i>	<i>Date of Birth</i>		<i>Age</i>
<i>Living Address</i>			
<i>School</i>			
<i>Mother's Name:</i>		<i>Father's Name</i>	
<i>Home Tel:</i>	<i>Mobile Tel:</i>	<i>Home Tel:</i>	<i>Mobile Tel:</i>
<i>Work Tel:</i>	<i>Fax:</i>	<i>Work Tel:</i>	<i>Fax:</i>
<i>Email Address</i>		<i>Email Address</i>	
<i>Home Address</i>		<i>Home Address</i>	

FOR OFFICIAL USE ONLY			
<i>Date Received</i>		<i>Received By:</i>	
<i>Accepted</i>	<i>Denied</i>	<i>Rec. Group</i>	<i>Start Date:</i>
<i>Passing Out Date</i>		<i>Service Number Assigned</i>	
<i>Recruiting Officer's Signature</i>	<i>Date</i>	<i>Commandant's Signature</i>	

CONFIDENTIAL

MEDICAL INFORMATION					
<i>Is your child allergic to anything?</i>			No	Yes	
<i>If yes, please list.</i>					
<i>Is your child currently under a doctor's care?</i>			No	Yes	
<i>If yes, for what reason?</i>					
<i>Is your child on any continuous medication?</i>			No	Yes	
<i>Please List</i>					
<i>Any previous hospitalizations or operations?</i>			No	Yes	
<i>If yes, please list date and reason.</i>					
<i>Any history of any significant previous disease/recurrent illness?</i>			No	Yes	
Illness (Please tick)	No	Yes	Illness (Please tick)	No	Yes
<i>Diabetes</i>			<i>Asthma</i>		
<i>Convulsions</i>			<i>Migraines</i>		
<i>Heart Disease</i>			<i>Impaired Vision</i>		
<i>Other</i>					
<i>Physical Disabilities</i>			<i>Describe:</i>		
<i>Mental Disabilities</i>			<i>Describe:</i>		
<i>Medical Insurance</i>					

PARENTAL OBLIGATIONS	
<p>I hereby consent to my child / ward being a member of the Virgin Islands Cadet Corps. I agree to my child / ward undergoing the necessary training and participating in all activities of the Corps. I accept the responsibility of ensuring that all items of uniform and any other equipment issued to my child / ward will be kept in good order and returned to the Corps upon request, or upon my child / ward ceasing to be a member of the Corps. Also, my signature on this document affirms my commitment to ensuring that my child / ward abide by the rules, regulations, instruction and discipline of the Corps. I further certify that the information entered on this form is true and correct.</p>	
<i>Parents Name (please print)</i>	<i>Parent's Signature</i>
<i>Date</i>	
<p>Your signature on this consent form represents that you have read and understood the terms of this agreement.</p>	