Navy League of Canada – Alberta Division

Fleet Days 2025 Registration Form

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| **REGISTRATION INFORMATION** | | | | | | | | | | | | | | | |
| CORPS NUMBER  #205 | CORPS NAME  NLCC CDR WH EVELYN | | | | | | | | SHIRT SIZE (**Adult Sizes Only)** | | | | | | |
| CADET / STAFF LAST NAME | | RANK | | | | | CADET / STAFF FIRST NAME | | | | | | | | |
| DATE OF BIRTH | | | MALE/FEMALE? | | | | | | | SWIMMING ABILITY | | | | | |
| NAME OF PARENT(S)/ GUARDIAN(S) | | | | | | | HOME PHONE | | | | | CELL PHONE | | | |
| ALTERNATE EMERGENCY CONTACT | | | | | | | HOME PHONE | | | | | CELL PHONE | | | |
| **MEDICAL INFORMATION** | | | | | | | | | | | | | | | |
| NAME OF FAMILY DOCTOR | | | | PHONE NUMBER | | | | | | | ALBERTA HEALTH CARE NO. | | | | |
| HAS THE ABOVE-MENTIONED CADET / STAFF SUFFERED FROM ANY OF THE FOLLOWING: | | | | | | | | | | | | | | | |
|  | | | | | Yes | No | |  | | | | | | Yes | No |
| Head injury or concussion | | | | |  |  | | Tension or migraine headaches | | | | | |  |  |
| Motion or travel sickness | | | | |  |  | | Heart problems | | | | | |  |  |
| Allergy-related symptoms | | | | |  |  | | Food allergies | | | | | |  |  |
| Asthma, lung disease, or chronic cough | | | | |  |  | | Chicken pox or measles | | | | | |  |  |
| Nose, throat, or ear problems | | | | |  |  | | Epilepsy, convulsions, or fits | | | | | |  |  |
| Dizzy or fainting spells | | | | |  |  | | Had any broken bones? | | | | | |  |  |
| Diabetes – type one or two | | | | |  |  | | ADHD, behavioral/social difficulties | | | | | |  |  |
| Kidney or bladder problems | | | | |  |  | | Learning difficulties | | | | | |  |  |
| Menstrual problems | | | | |  |  | | Recently hospitalized/surgery? | | | | | |  |  |
| Foot or ankle problems | | | | |  |  | | Wears glasses? | | | | | |  |  |
| PLEASE LIST OR DESCRIBE ANY ITEMS THAT WERE CHECKED “YES” IN THE PREVIOUS LIST. | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| PLEASE LIST ANY AND ALL MEDICATIONS THAT THE CADET / STAFF ARE CURRENTLY TAKING, WITH DOSAGE AND SIDE EFFECTS. | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Please List any Dietary restrictions. | | | | | | | | | | | | | | | |
| **PARENTAL CONSENT** | | | | | | | | | | | | | | | |
| I hereby give my consent for my son/daughter/ward to participate in Fleet Days 2025. I understand that if he/she is injured in case of an accident and I or my Alternate cannot be reached, I therefore, give my consent for him/her to undergo medical treatment as required in cases of emergency. | | | | | | | | | | | | | | | |
| PRINTED NAME OF PARENT/GUARDIAN | | | | SIGNATURE OF PARENT/GUARDIAN | | | | | | | | | DATE | | |