Navy League of Canada – Alberta Division

Fleet Days 2025 Registration Form

|  |
| --- |
| **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 |