



Work Hard. Play Hard

Registration Package

2017-2018 Training Year

Thank you for downloading our registration package!

Registration for our 2017-2018 Training Year begins September 6th. We accept year-round registration for youth aged 9 – 11*.

Drop off your registration package or visit us Wednesday evenings 6:15pm – 8:45pm at the Stony Plain Community Centre.

REGISTRATION
Ongoing @
Stony Plain
Community Centre
Starts Sept. 6, 2017

NAVY LEAGUE CADETS
Open to boys and girls aged 9-12

NLCC #203 Erwin J. Stolk
Join us at the Stony Plain Community Centre
Wednesday nights @ 6:30

780.850.NAVY WWW.PARKLANDCADETS.COM
6 2 8 9

SKILLS FRIENDS UNIFORM ACTIVITIES

5008 – 51 Avenue, Stony Plain

www.parklandcadets.com

780-860-NAVY

nlcc.stolk.ao@gmail.com

In addition to this registration package, the following items are required for registration:

- Alberta Healthcare Number
- Medical information (medications, allergies, etc.)
- Birth certificate to confirm proof of identity and age
- Cheque or cash for membership fee (\$70)
- Parent or guardian proof of identity (may be driver's license or other government issued identification)

*Cadets age out of the program either the January or June following their 12th birthday, depending on when in the year their birthday falls.



APPLICATION FOR MEMBERSHIP AS A NAVY LEAGUE CADET



Section 1 – Personal Information					
Surname		First Name		Middle Names	
Street Address			Town		
Postal Code		Phone Number	E-mail		Provincial Health Card Number
Date of Birth	Place of Birth and Country		Religion (Optional)		Swimming Ability
Name of School					Grade
Name of Parent or Guardian			Relationship to You		
Street Address (If different from the address above)					
Town		Postal Code	Phone Number		E-mail
Alternate Contact Person (Name)			Relationship to You		
Street Address					
Town		Postal Code	Phone Number		E-mail
Section 2 – Application					
<p>"I hereby apply for membership as a Navy League Cadet. If accepted "I solemnly promise to honour the Queen and so conduct myself as to the be a credit to my country and my Corps; to abide by the regulations of The Navy League of Canada, attend drills regularly, take proper care of any uniforms and equipment entrusted to me, and assist and support The Navy League of Canada to the best of my abilities."</p>					
Signature		Witness Signature		Date	
Section 3 - Consent					
<p>"I hereby consent to my son/daughter/ward becoming a member of the Navy League Cadets."</p> <p>" 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 son/daughter/ward."</p> <p>"I agree to become responsible for the value of any uniforms or equipment loaned to him/her, reasonable wear and tear excepted."</p> <p>"When my son/daughter/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."</p>					
Signature			Relationship		
Witness			Date		

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



APPLICATION FOR MEMBERSHIP AS A NAVY LEAGUE CADET



Section 4 – 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 corrective action, as deemed appropriate by corps staff. Repeat or serious offences may cause you to lose your membership privileges.

Section 5 – Parental Media Waiver

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.

Section 6 – Corps Use Only

- Form Complete
- Proof of Age Attached
- Proof of Provincial Medical Insurance Attached
- Corps/Branch Contact Information Provided

Date of Enrolment

Signature

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



THE NAVY LEAGUE OF CANADA MEDICAL QUESTIONNAIRE

This document must be acknowledged in section 5 by the Parent/Guardian who holds legal parental authority over the cadet.

COMPLETING THIS FORM

This form may be completed electronically and then printed or printed and then completed by hand. If it's completed by hand, print in block letters. 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 activities.

FOOD ALLERGIES

It is important for Parents to be aware that the Navy League of Canada and their Corps do not have the mandate, are not equipped nor staffed to offer allergen-free foods or food preparation conditions. These limitations apply to meals and snacks prepared just as much by a caterer, volunteers or parents, and for all types of programmes, courses and activities conducted throughout the year, whether locally or away. 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.

At Section 5, those with diet restrictions are required to indicate that they are aware of the stipulations mentioned above and still wish to participate in programmes, courses and activities during which meals are consumed.

MEDICATIONS

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

Please be advised that while your son/daughter is supervised by Members of the Navy League Cadet Corps, 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.

If the Cadet or his/her Parents have any questions related to any topic on this form, they can contact the cadet corps Commanding Officer.

NAVY LEAGUE OF CANADA MEDICAL QUESTIONNAIRE

Section 1 – Cadet Personal Information					
Rank	Surname	Given Name		Middle Name(s)	
Street Address			City / Town		Postal Code
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth Day Month Year		Home Phone #	Corps Location
Section 2 – Cadet Medical Information					
Provincial Hospitalization/Insurance #		Medical Insurance	Group Number	Policy Number	Dependant Number
Latest Tetanus Injection Month Year			Can the cadet Swim? Please provide swimming level if applicable		
Section 3 - Parent / Guardian Information					
1. Name of Parent / Guardian			1. Relationship to Cadet		
1. Home Phone #		1. Cell Phone #		1. Work Phone #	
1. Street Address		1. City / Town		1. Postal Code	
2. Name of Parent / Guardian			2. Relationship to Cadet		
2. Home Phone #		2. Cell Phone #		2. Work Phone #	
2. Street Address			2. City / Town		2. Postal Code
Section 4 – Emergency Contact Information					
Emergency Contact Name (Must be different from Parents / Guardians listed in Section 2)				Relationship to Cadet	
Home Phone #		Cell Phone #		Work Phone #	
Ext.					
<p>The following information is required to assist the Navy League Cadet Corps in determining the capabilities of the above-mentioned Cadet to participate in certain aspects of the Training Program which including marching on hard surface, swimming, and other strenuous activities. 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. All information is kept confidential.</p>					
4A Please indicate either “YES” or “NO” that applies to your cadet for each condition below:					
	YES	NO		YES	NO
Nervous trouble or breakdown	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatism or Arthritis	<input type="checkbox"/>	<input type="checkbox"/>
Head injury, concussion, or headaches	<input type="checkbox"/>	<input type="checkbox"/>	Stomach, bowel, or rectal problem	<input type="checkbox"/>	<input type="checkbox"/>
Dizzy or fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions or fits	<input type="checkbox"/>	<input type="checkbox"/>	Low back pain	<input type="checkbox"/>	<input type="checkbox"/>
Nose, throat, eye, or ear trouble	<input type="checkbox"/>	<input type="checkbox"/>	Kidney or bladder trouble	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Lung disease or chronic cough	<input type="checkbox"/>	<input type="checkbox"/>
Skin conditions – medication	<input type="checkbox"/>	<input type="checkbox"/>	Foot trouble	<input type="checkbox"/>	<input type="checkbox"/>
Hives, hay fever, asthma, or allergy	<input type="checkbox"/>	<input type="checkbox"/>	Motion or travel sickness	<input type="checkbox"/>	<input type="checkbox"/>
Heart trouble, shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	Broken bones	<input type="checkbox"/>	<input type="checkbox"/>
Tropical diseases	<input type="checkbox"/>	<input type="checkbox"/>	Learning disabilities i.e. Dyslexia	<input type="checkbox"/>	<input type="checkbox"/>
Color blindness	<input type="checkbox"/>	<input type="checkbox"/>	Hearing loss or impairment	<input type="checkbox"/>	<input type="checkbox"/>
Stuttering	<input type="checkbox"/>	<input type="checkbox"/>	Bed wetting	<input type="checkbox"/>	<input type="checkbox"/>
Wears corrective lens	<input type="checkbox"/>	<input type="checkbox"/>	Menstrual problems producing disability	<input type="checkbox"/>	<input type="checkbox"/>

4B If you have checked "YES" to any of the above conditions, please give any additional information you feel is pertinent

.....

.....

.....

4C Describe any illnesses, injuries, or disabilities not previously listed

.....

.....

.....

4D Please describe any allergies, reactions / symptoms, and treatments for the reactions (if EpiPen, can cadet administer him/herself?)

.....

.....

.....

4E List any operations in the last five (5) years

.....

.....

.....

4F Please describe any dietary restrictions

.....

.....

.....

Is the cadet presently on medication? Yes No If yes, please fill out Appendix A.

From day to day on extended activities, a Cadet may need the following **NON-PRESCRIPTION MEDICATION** given to them by our Medical Officer. Please indicate which of the following medications we may administer.

		Administer		Do Not
		Child Dose	Adult Dose	Administer
FOR PAIN	Tylenol (acetaminophen)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	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 THROATS	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 MEDICATION		<input type="checkbox"/>	<input type="checkbox"/>	
(must be supplied by parent / guardian)	_____	<input type="checkbox"/>	<input type="checkbox"/>	
	_____	<input type="checkbox"/>	<input type="checkbox"/>	

Section 5 – Parental Acknowledgement and Consent

If any restrictions in section 4D or 4F above, do you consent to the above named cadet participating in training and activities which she/he will have a meal under the conditions described on page 1 under the heading 'Cadets and Food Allergies?' Yes No

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.

Signature of Parent / Guardian  _____ Date _____

Appendix A – Current Medication

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



Work Hard. Play Hard

Information Release Form

2017-2018 Training Year

I, _____, parent/legal guardian of _____ (cadet name), hereby give my permission to use the following items as indicated for distribution and/or publication in a public format. These items would not be sold or distributed to anyone that does not have the authority to be in possession of the material for the sole use of the Navy League of Canada and it's subordinate divisions/branches.

Please check the following:

Item	Yes	No
Permission for Parents' name(s) to be printed on a phone list and distributed within the Branch.		
Permission for E-mail Address to be printed on the phone list to be distributed within the Branch.		
Consent for Erwin J. Stolk and Stony Plain Branch to distribute Corp/Branch email to the parent's e-mail address.		
Cadet's Photograph for publication in the newspaper.		
Cadet's Name for publication in the newspaper.		
Cadet's Photograph for publication in the Erwin J. Stolk Facebook Page		
Cadet's Name for publication in the Erwin J. Stolk Facebook Page		

Signature of Legal Guardian: _____

Date: _____



Work Hard. Play Hard

Uniform Contract

2017-2018 Training Year

I, _____, parent/legal guardian of _____ (cadet name), hereby agree to the following terms for the use, care, and return of uniform parts issued by Navy League Cadet Corps #203 Erwin J. Stolk. If uniform parts are returned unclean, damaged, lost, or a uniform is not returned at the end of the year, I will be billed for the damaged/lost article or for the entire amount of the uniform (cost breakdown included below).

1) Issuance of Uniform:

- Cadets are issued a uniform following 3-4 weeks of regular attendance.

2) Exchange of Uniform:

- Exchange of uniform parts must be arranged through the Stores Officer via the chain of command. We ask that you encourage your cadet to make these arrangements themselves.

3) Care of Uniform

- Instructions on the care of the cadet uniform have been provided to you, the parent.
- Do not cut any material or use glue/adhesive.
- Cadets receive training on how to care for and clean their uniform parts.

4) Return of Uniform

- Uniforms must be returned within 2 weeks of your cadet leaving the Corps. Arrangements shall be made with the Stores Officer (or alternate). The bottom portion of this form shall be completed at that time.
- Trouser and blue shirt must be in good repair, clean, pressed, and returned on a hanger.
- Cap, lanyard, belt, gaitors, and boots must be returned cleaned and in good repair.
- T-shirts and ball caps do not need to be returned; however, if they are lost or damaged, a new set must be purchased.

Parent/Legal Guardian Signature

Officer Signature

Date

Date

It costs the Corps \$435.00 to replace lost or damaged uniforms.

UNIFORM COST BREAKDOWN

Uniform Part	Replacement Cost (\$)
White Top	53.00
Cap Tally	5.00
Lanyard	8.00
Shirt	23.00
Trousers	30.00
Flashes/Badges	10.00
Belt	14.00
Gaitors	25.00
Boots	140.00
Pea Coat	62.00
Corps T-Shirt	20.00
Corps Ball Cap	10.00
Boatswains Pipe	20.00
Boatswains Chain	20.00
Misc	25.00
Total	\$435.00

To be completed upon full return of the uniform.

Uniform Returned On: _____
Date

Parent/Legal Guardian Signature

Date

Officer Signature

Date