



## 707 Marion Orr CM RC (AIR)S Event / Activity Information Sheet

<b>Event:</b>	Ontario Regiment Aquino Tank Days
<b>Classification:</b>	Optional Training
<b>Purpose:</b>	Military Museum Tour and Activity Day
<b>DETAILS</b>	
<b>Date:</b>	<b>Saturday June 9, 2019</b>
<b>Time:</b>	0800 hrs to 1700 hrs
<b>Location:</b>	<b>Ontario Regiment Museum, 1000 Stevenson Road North, Oshawa, ON L1J 5P5</b>
<b>Transportation:</b>	Transportation to and from event is to be provided by bus from the Stouffville Legion at 150 Mostar St. Cadets must not arrive separately.
<b>Meals:</b>	Lunch will be provided
<b>Activity Description:</b>	Military Museum Tour and Activity Day
<b>Dress:</b>	Casual Civilian dress. Squadron t-shirts suggested.
<b>Special Instructions:</b>	<ul style="list-style-type: none"> <li>• Report to the senior NCO present upon arrival;</li> <li>• <b>If you are unable to attend for any reason, it will be your responsibility to contact the office @ 416-229-0707 and leave a message as to why you are unable to attend.</b></li> </ul>

Ontario Regiment Aquino Tank Day – June 9, 2019

Cadet Name (Last, First): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Health Card Number: \_\_\_\_\_

Medication used and proper dosage(s): \_\_\_\_\_

Phone number(s) where parent or guardian can be reached during the exercise:

\_\_\_\_\_

Name and phone number of other contact person (in case parents cannot be reached):

\_\_\_\_\_

**Parent/Guardian authority for medical treatment:**

The commanding officer or other designated supervisory officer is authorized temporary custody of my cadet (named above) throughout the duration of this activity with the Royal Canadian Air cadets and may, on my behalf, consent to emergency medical and dental treatment. I acknowledge having read or been informed of this exercise and I hereby give permission for my cadet, named above, to participate in the scheduled training with the Royal Canadian Air Cadets.

\_\_\_\_\_

Date

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature