Annex C

To TREETOP TREKKING 2024

PARENTAL CONSENT - LOCAL ACTIVITIES AND TRAINING

SECTION 1: TRAINING OR ACTIVITY DETAILS		
Exercise	Location	
ADA 9 Treetop Trekking (Discretionary Day)	Treetop Trekking (Various locations)	
Start Date	End Date	
1 - 30 April 2024	1 - 30 April 2024	
OF OTHER AND AND A OTHER DESCRIPTION		

SECTION 2: TRAINING OR ACTIVITY DESCRIPTION

Training: ADA Treetop Trekking (Discretionary Supported Day)

Dress: See KIT LIST for more details **Personal Equipment:** See KIT LIST for more details

Medical: All medication and/or medical requirements must be declared upon arrival Health Card: Cadets must have their original Provincial Health Card in their possession

Overview: This exercise will be held outdoors (dress for weather)

Attendance: This is an Area Directed Activity for all cadets in Central Ontario Area

SECTION 3: INSPECTION AND SEARCHES

At different moments during the activity, the cadet may be subjected to inspections in accordance with CATO 12-50 Searches and Inspections of Cadets. These will be conducted or supervised by a Canadian Armed Forces member, and will serve to ensure that:

- The cadet's sleeping accommodations, locker(s) and storage area(s) are clean and orderly;
- The cadet is carrying the proper equipment and it is in good condition and properly maintained;
- The cadet's health and safety is not at risk; and
- The cadet does not have in his/her possession any of the prohibited, restricted or unauthorized items listed in CATO 12-50 or other information document provided under separate correspondence.

If found, prohibited and restricted items will be handed to the applicable police agency (military or civilian), except as indicated in CATO 12-50, while unauthorized items shall either be confiscated for the duration of the activity or sent back to the cadet's home at the parents' expense, whichever is more practical and economical.

Corrective measures could be taken against a cadet for failing any inspection or search criteria or for refusing to submit to an inspection, in accordance with CATO 15-22 Conduct and Discipline – Cadets, up to and including being expelled from the activity.

If needed, the search of a cadet's person, property, locker(s), luggage, kit or sleeping area for the purposes of discovering contraband, illicit or stolen property, or some evidence of guilt to be used in the prosecution of an offence, will be conducted only by the Military Police or a civilian police agency.

SECTION 4: PARENTAL/GUARDIAN CONSI	ENT	
I, the undersigned, parent/legal guardian of:		
	Cadet Name	
A member of:		
	Cadet Corps / Squadron (e.g. 123 Air)	
Hereby consent to my child: • Participating in training or the activity described above, • Being inspected and, if applicable, searched for the reas • Being provided minor medical care and emergency treasuffered during training or the activity; and hereby acknowledge that I am required to inform cadet cany injury, illness or other medical condition.	tment by qualified and certified medical practitioners to	
Parent / Guardian Name	 Parent / Guardian Signature	 Date

INFORMED CONSENT FOR CADET TRAINING ACTIVITY COA TREETOP TREKKING

THIS FORM MUST BE READ AND SIGNED BY EVERY CADET WHO WISHES TO PARTICIPATE IN TREETOP TREKKING; AS WELL AS BY A PARENT / GUARDIAN OF THE PARTICIPATING CADET.

Section 1 - Cadet Information	I=	
Last Name of Cadet:	First Name of Cadet:	
Corps #:	Emergency Contact Name: (must be available for the duration	n of the activity)
Telephone:	Emergency Contact Number: (must be available for the duration of	of the activity)
Section 2 - Training / Activity Information		
Cadet Training / Activities that will be conducted are:		
Treetop Trekking (physical fitness to	raining, mild-moderate endurance training)	
Location of Training Activity:	Dates of Training Activity:	
Treetop Trekking physical locations (Stouffville, Huntsville, Barrie, Brampton)	1-30 April 2024	
Section 3 - Parent/Guardian Consent (Please read ca	refully)	
result in injury. I understand that these injuries may occuwithout any fault of the cadet or RCSU Central Officers. the potential associated hazards and the steps taken to reson will be reachable via phone for the duration of the the Department of National Defence through the submissional that concerns of my child/ward, which may affect his/h	By reading page two (2) and signing this form mitigate them. I also confirm that the emerge e activity. I acknowledge that it is my responsion sion of a Detailed Health Questionnaire, of a	m I am aware of ency contact sibility to advise ny medical or
Name of Parent/Guardian	Signature of Parent/Guardian	
Section 4 - Cadet Agreement (Read carefully and init	 ial each paragraph)	
Coolin County and mine	ar out paragraph	Initials
This training/activity has been explained and illustrated to me to my satisfaction and I understand the nature, hazards and risks that are involved.		
I am aware that the activity in which I plan to participate contains a certain level of risk and that I may suffer personal and potentially serious injury due to an unforeseeable or fortuitous event.		
I pledge to abide by all the directions and instructions issued by the Ofguides or other supervisors.	ficer In Charge, CIC/COATS staff, senior cadets,	
I hereby declare that I have understoo	od each of the provisions of this agreement.	
Cadet Signature:	Date:	

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