



781 Calgary RCACS

Inter-Sqn Survivair Challenge

Date of Activity: 19 March 16
Participation Form Due: 2 March 16

Rank	Last Name	First Name	Flight	Level

Will the cadet stated above be attending this activity? (Check ONE box)

Yes

No

Please note that this event is a **MANDATORY** all cadets are *required to attend!*

IF NOT ATTENDING, PLEASE PROVIDE A VALID REASON:

DIETARY CONCERNS/FOOD ALLERGIES

MEDICATION (these should be passed in to the First Aid Officer at the start of the event)

PHYSICAL RESTRICTIONS/INJURIES (current or in the recent past)

May our First Aid Officer give this cadet over-the-counter medication if necessary?

Yes

No

Who is the primary contact person in case of an emergency during the dates listed for this event, and what is the primary contact's phone number?

Name: _____ Phone Number: _____

Date Parent/Guardian (please print) Signature

PARTICIPATION FORMS ARE TO BE SUBMITTED TO Captain Erica Angel or emailed to Angel.781rcacs@gmail.com