

CONFIDENTIAL



CICC/CAF 001R

Rec'd \_\_\_/\_\_\_/\_\_\_

Interview \_\_\_/\_\_\_/\_\_\_

PHOTO

CADET APPLICATION FORM

Regimental No:

PLEASE USE INK AND WRITE IN CAPITALS

Telephone: 345-946-9810

Fax: 345-946-9811

email: CadetCorps@gov.ky

All pages (1-4) of this form should be completed and forwarded with required attachments to Cadet Headquarters.

PERSONAL DATA

Recruit Name: Last Name	First Name	Middle Name	GENDER (tick one) [ ] MALE [ ] FEMALE
MAILING ADDRESS (P.O. Box #): POSTCODE:		HOME PHONE:	Date of Birth: (dd month yyyy)
RESIDENTIAL ADDRESS:		CELL PHONE:	PARENT'S EMAIL ADDRESS:
BUILD: _____ FT _____ IN	Height _____ IN Weight _____ lbs	BLOOD TYPE:	RELIGIOUS AFILIATION
CAYMAN RESIDENTIAL STATUS [ ] Caymanian [ ] Permanent Resident [ ] Work Permit Holder [ ] Other _____			
COUNTRY OF BIRTH:		No. of brothers / sisters	Name and Address of Personal Doctor

NEXT OF KIN DATA

Name of Parent/Guardian:	Mobile Contact #: WhatsApp <input type="checkbox"/> BB <input type="checkbox"/>	Mailing Address:	
Physical Address:		Work Contact #:	Home Contact #:
Emergency Contact #1: Name		Address	Phone Relationship
Emergency Contact #2: Name		Address	Phone Relationship

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INTERESTS INVENTORY

PRESENT OR PRIOR YOUTH PROGRAMME / CLUB INVOLVEMENT: (if any) (Please indicate whether present or prior)

HOBBIES, FAVOURITE SUBJECT, SPECIAL INTEREST OR SKILLS:

Do you play a musical instrument? [ ] YES [ ] NO
If yes, which instrument do you play?
If no, are you interested in learning to play an instrument? [ ] Y [ ] N
If Yes, which Instrument?

REASON(S) FOR JOINING THE CADET CORPS (in recruit's handwriting):

DETACHMENT TRAINING DAYS

N.B. All recruits will train together for 8-12 weeks. Recruits will be informed of training days and location.

Table with 4 columns: JGHS Detachment, CHHS Detachment, Triple C Detachment, Marine Detachment, South Sound Detachment, LSHS Detachment, Band Detachment. Each cell lists days and times.

PARENT OR GUARDIAN'S CONSENT FOR CHILD/WARD JOINING THE CAYMAN ISLANDS CADET CORPS.

I give permission to my child/ward to join the Cadet Corps and agree to abide by all the rules and regulations governing all members of the said organisation. I hereby commit to support my child/children in all Cadet Corps activities. I understand that some activities are strenuous and present a risk but the Corps will take action to mitigate all risks and I hereby accept responsibility for health coverage for my child/ward.

I hereby also agree to the examination and release of medical information for the purpose of entering the Cayman Islands Cadet Corps. I hereby understand that at times specified by the Commandant with your prior knowledge my child/ward may subject to blood test and drug screening.

Signature of Parent/Guardian: Date: / /

Attachments: [ ] Two passport size photographs [ ] Copy of the last two school reports [ ] Medical

PLEASE NOTE THAT A MEDICAL MUST BE COMPLETED (SEE FORM CICC/MED/STAT/ 02)

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**PERSONAL MEDICAL HISTORY AND DECLARATION**  
 (To be filled out by Parent/Guardian)

**SECTION ONE** (Please print)

SURNAME	DATE OF BIRTH
FORENAMES	PREVIOUS NAME(S)
<b>NEXT OF KIN'S NAME</b>	
RELATIONSHIP (MOTHER, FATHER, GRANDPARENTS, GUARDIAN)	
<b>NEXT OF KIN'S ADDRESS</b>	
<b>NEXT OF KIN'S TELEPHONE NO.</b>	
HOME:	WORK:
<b>NAME OF FAMILY DOCTOR</b>	

**SECTION TWO** (please tick)

ALLERGIES	YES	NO	NERVOUSNESS	YES	NO
HEADACHES	YES	NO	FITS OR CONVULSIONS	YES	NO
FAINTING SPELLS OR BLACKOUTS	YES	NO	WEAKNESS OF LIMBS	YES	NO
SHORTNESS OF BREATH	YES	NO	DIABETES OR SUGAR	YES	NO
ASTHMA	YES	NO	BLEEDING FROM NOSE	YES	NO
COUGH OR CHEST TROUBLES	YES	NO			

DOES YOUR CHILD TAKE ANY SPECIAL MEDICINE?  YES  NO

IF YES, PLEASE SPECIFY: \_\_\_\_\_

HAS YOUR CHILD EVER BEEN HOSPITALISED?  YES  NO

IF YES, PLEASE STATE THE CAUSE? \_\_\_\_\_

**PARENT/GUARDIAN'S AUTHORIZATION**

I hereby declare that my son/daughter/ward does not suffer from any communicable disease or any other ailment, which would prevent him/her from taking part fully in cadet activities, and I hereby give permission for my child/ward to participate in cadet activities.

I hereby authorise the Cayman Islands Cadet Corps to medically examine my child/ward; and also to give emergency medical treatment should my child/ward become ill or be injured in any way.

NAME OF PARENT/GUARDIAN: (Please Print) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**School Report Release Letter**

Address:

Date:

To:

Re: **Permission to release School Report to the Cayman Islands Cadet Corps**

This serves to give \_\_\_\_\_ permission to release each school report for  
Name of School  
\_\_\_\_\_ to the Cayman Islands Cadet Corps Commandant or Training Officer.  
Name of Student

Please continue to do this until otherwise stated in writing by me.

Signed: