

**901 Troop Marine Cadets**  
**Winterton-on-Sea**  
**Cadet Enrolment Form**

**Section A: Details of Cadet** (please complete in Black & BLOCK CAPITALS)

Surname \_\_\_\_\_ Forenames \_\_\_\_\_ Male/Female \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_  
Home Tel. No. \_\_\_\_\_ Mobile \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Religion \_\_\_\_\_

Next of Kin: Relationship to Cadet \_\_\_\_\_  
Surname \_\_\_\_\_ Forename \_\_\_\_\_  
Address (if different from above) \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_  
Home Tel. No. \_\_\_\_\_ Mobile \_\_\_\_\_

Alternative Contact. Please give details of a close family member or friend who can be contacted in case we are unable to contact you at home.

Name \_\_\_\_\_ Tel. No. \_\_\_\_\_

**Section B: Cadet Declaration**

1. I accept full responsibility for all equipment and clothing issued to me and agree to maintain it in good order, use it only for cadet activity and return it to the unit on request.
2. I will make every effort to attend training on a regular basis and I agree when my attendance is not possible to arrange for my parents/guardian to inform the unit staff in good time.
3. I agree to uphold the constitution of the unit and conduct myself in accordance with the unit standing instructions.

Cadets Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_  
Name \_\_\_\_\_

## Section C: Medical Consent Form

Cadet Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

### **Medical Information.**

**NHS Number (do not leave blank)** \_\_\_\_\_

Doctors Name, Surgery Address, Phone No. \_\_\_\_\_

Is Cadet allergic to anything? (e.g. Antibiotics, Foods, or Treatments?) **YES/NO\*** \_\_\_\_\_

If yes give details: \_\_\_\_\_

Tetanus Injection up to date: **YES/NO\*** \_\_\_\_\_

Does Cadet suffer from asthma, chest complains, hay fever, migraine, fits or faints, travel sickness, celiac diseases or any other known medical condition?

**YES/NO\***

If yes give details: \_\_\_\_\_

Is Cadet having medical treatment? **YES/NO\***

If yes give details (i.e. dose, name of medication, when to be taken etc.) \_\_\_\_\_

### **Emergency Treatment Permission**

**I hereby authorise** the Unit staff to give the emergency services permission to undertake whatever treatment is considered necessary for the well being of my Son/Daughter/Ward.

Signed \_\_\_\_\_ Parent/Guardian\* Date \_\_\_\_\_

Print Name Clearly \_\_\_\_\_

### **Consent**

**I fully understand and authorise the following in respect of:**

**Cadet Name:** \_\_\_\_\_

1. That He/She\* may attend training activities and visits duly authorised by unit staff.
2. That He/She\* will be subject to the discipline code and standing instructions of the unit and in the care of authorised staff.
3. That the staff are responsible for the safety and welfare of Him/Her whilst on authorised activities.
4. That the unit are not liable or responsible for incidents or accidents that occur as a result of disobedience to instructions.
5. I agree that all equipment and clothing issued will be returned or paid for on termination of the unit membership by the cadet.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_