CAF CADET PARTICIPATION APPROVAL FORM (For Cadets under 21 years of age, participating in CAF events)

Print First nan	ne and middle init	ial Print las	t name		
Address			Birthdate mo/day/yr/		
City	State		ZipCode		-
Parents Busin	ess telephone	I	Parents Home telephone		-
Event/Trip		on	Date(s)		-
Parents or gu Medical R		ad this statem	nent, before approving	Cadet's participati	i on.
I consent to treatment con under the sup- is understood attempted.	X-ray examination sidered necessary ervision of a mem that in the event	on, anesthesia in the best junber of the me of a serious	my son or daughter while a, and/or medical or sudgement of the attending edical staff of the hospital illness or injury, reason	urgical diagnosis pg physician and peral furnishing medical	procedures or rformed by or al services. It
	nts Insurance				
Policy No					
Personal Phys	sician				
Telephone nur	mber ()				
Approval					
Signature_					_
_	Father/Guard	dian		Date	
Signature					
	Mother/Guar			Date	-
SUBSCRIBE	D AND SWORN		ORE ME by the said	4: 1.	and
		h	Parents/Legal Guardians	, this date	
NOTARY PI	IRLIC				