



**Cadet Information Form  
2016- 2017 Training Year Cadet Co-Op**



**Personal Information**

Name	Rank
Unit #	Unit Location

**At your unit, do you participate in any additional activities besides weekly training:**

Check any that apply:

<input type="checkbox"/>	Music Training (Brass and Reed)	<input type="checkbox"/>	Debating
<input type="checkbox"/>	Music Training (Pipe and Drum)	<input type="checkbox"/>	Sheers
<input type="checkbox"/>	Drill Team (With Arms)	<input type="checkbox"/>	Exertion
<input type="checkbox"/>	Drill Team (Without Arms)	<input type="checkbox"/>	Ground School
<input type="checkbox"/>	Biathlon	<input type="checkbox"/>	FTXs
<input type="checkbox"/>	Marksmanship	<input type="checkbox"/>	Orienteering
<input type="checkbox"/>	Effective Speaking	<input type="checkbox"/>	Sailing/ Sail Weekends
<input type="checkbox"/>	Flying	<input type="checkbox"/>	Canoeing
<input type="checkbox"/>	Expedition (ZET, etc)	<input type="checkbox"/>	Sports Teams
Please indicate any other additional activities you participate in with cadets:			

What Community Service Activities do you participate in with Cadets:


**AGREEMENT**

<i>The information above is correct</i>	<i>The information above is correct</i>
_____	_____
Student Signature	Parent Signature
Date	Date

**Note:**

- Print a copy of this form, complete (with student and Parent/Guardian signature) and include in application
- Cadets are to include this form in the package, scan and email it to [sandy.mcdonald@ucdsb.on.ca](mailto:sandy.mcdonald@ucdsb.on.ca)