CADET ACTIVITIES CONSENT FORM

To be completed fully and signed by the person having parental responsibility or personally by a cadet aged over 18 years

ACTIVITY: **LOCATION:**
FROM: **TO:**

Cadet's Surname:		**Forenames: (must be as in your passport for overseas camps)**
Rank:	**Male/Female:**	**ATC Sqn/Wing** **CCF Unit:**
Date of Birth:		**Religion:**
Person having Parental Responsibility		**Relationship:**
Home Address: **Post Code:**		**Home Telephone No:** **Mobile Telephone No:** **E-mail:**
Contact address and telephone number during the period of training (if different from above): **Post Code:**		

Cadet Below the Age of 18:	**Cadet Over the Age of 18:**
I give full consent to the above named cadet to attend the activity detailed above. I understand that he/she will be subject to Air Cadets care and discipline and must conform to appearance standards required. Permission is given to participate in all appropriate activities, I give permission to the Course Commander or his appointed representative to act as the person in loco parentis should he/she have to undergo medical treatment including any emergency operation to which I am unable physically to give consent.	I understand that I will be subject to Air Cadets care and discipline and must conform to appearance standards required. I wish to participate in all appropriate activities.
The information contained in this document is classified as sensitive personal information and is subject to the provisions of the Data Protection Act 1998. It is necessary for such information to be retained for legal reasons. Only such data as is relevant to the cadet's attendance on the activity will be used or retained. Signing below indicates your consent for us to use and retain such data. You have the right under the Data Protection Act 1998 to request access to any personal information we hold on the cadet.	
Date _____ Signed _____	Date _____ Signed _____
Name in BLOCK Letters _____ (Person having Parental Responsibility)	Name in BLOCK Letters _____ (Cadet over the Age of 18)

THE CERTIFICATE OF HEALTH/DECLARATION OF FITNESS - CC FORM 3, MUST BE COMPLETED FULLY AND ATTACHED TO THIS CONSENT FORM FOR THE SAFETY AND WELL BEING OF THE CADET. ALL USEFUL INFORMATION SHOULD BE ATTACHED IN ORDER FOR PRE-EXISTING CONDITIONS TO BE MANAGED APPROPRIATELY. IT IS VERY IMPORTANT THAT HONEST STATEMENTS ARE MADE, THIS WILL NOT NECESSARILY PREVENT THE CADET TAKING PART IN ACTIVITIES BUT SPECIAL ALLOWANCES OR ARRANGEMENTS CANNOT BE MADE FOR CONDITIONS NOT DECLARED.

If you are in receipt of Income Support, Contribution-based Job Seekers Allowance or Family Credit you do not have to pay the food charge at Camps and Adventure Training Centres. If you wish to claim exemption please quote your National Insurance Number in the box provided and sign below.

									Signed