

RESTRICTED



BARBADOS CADET CORPS

**SUMMER CAMP 2022
(3 - 20 AUGUST 2022)**

PARENT CONSENT FORM

CADET NAME: _____ **RANK:** _____
Surname First name and Initial

GENDER: _____ **STAR LEVEL:** _____ **DATE OF BIRTH:** ___/___/___ **AGE:** _____
DD MM YY

COMPANY: _____ **NAME OF SCHOOL:** _____

Please indicate your attendance for camp by a tick.

| Ser | Camp | Phases | Date | No. of Days | New Location | Yes | No |
|-----|------------|--------|----------------|-------------|-----------------------|-----|----|
| 1 | Star 1 | 3 | 3 – 12 Aug 22 | 10 | The Lodge School | | |
| 2 | Star 4 | | | | The Lodge School | | |
| 3 | BCC Band | | | | The St Michael School | | |
| 4 | Star 2 | 4 | 14 – 20 Aug 22 | 7 | The Lodge School | | |
| 5 | Star 3 | | | | The Lodge School | | |
| 6 | Sea Cadets | | | | The Ellerslie School | | |

1. I have read the letter that was sent with this form and I am fully aware of **all** the dates and occurrences.
2. It is my understanding that he / she will be involved in normal camp routine, physical activities, field training exercises and classroom sessions.
3. I will send a valid excuse in writing to the Commandant if he/she does not attend.
4. I understand that his/her dress and appearance must be in keeping with BCC standards.
5. I understand that my child/ward is expected to take part in the set up and break down of camp.

RESTRICTED

6. I am not aware of any medical condition, which may be life threatening, or any injury, which may be aggravated at the event. *(If you are aware of any such condition, please note it below).*

7. Headquarters Barbados Cadet Corps require that your child/ward with your consent may at any time require your child/ward to take a Covid-19 test and on the dates outlined in the table below. The test would be administered by personnel from the Barbados Defence Force (BDF). As your child/ward parent/guardian you hereby consent to the disclosure of the results to the Barbados Cadet Corps.

| Ser | Camp | Phases | 1 st Testing Dates | Testing Location | 2 nd Testing Dates | Testing Location |
|-----|------------|----------------------|-------------------------------|----------------------------|-------------------------------|--------------------------------|
| 1 | Star 1 | 3 | 2 Aug 22 9:00 am – 3:00 pm | Barbados Cadet Corps | 4 Aug 22 | The Lodge School |
| 2 | Star 4 | | | | | The St. Michael School |
| 3 | BCC Band | | | | 4 | 13 Aug 22 9:00 am – 3:00 pm |
| 4 | Star 2 | The Ellerslie School | | | | |
| 5 | Star 3 | | | | | |
| 6 | Sea Cadets | | | | | |

8. I give permission for my child/ward to be tested for the **COVID-19 Virus** as outlined in the table above.

| | |
|-----|--------------------------|
| Yes | <input type="checkbox"/> |
| No | <input type="checkbox"/> |

Name of Parent/ Guardian: _____
(BLOCK CAPITALS)

Signature: _____ Date: _____

9. I hereby give permission for my child/ward to attend **Star Level Camp** and as indicated and outlined in the table overleaf.

Name of Parent/ Guardian: _____
(BLOCK CAPITALS)

Signature: _____ Date: _____

Contact Tel.: (H) _____ (W) _____ (C) _____

Other numbers in case of an emergency: _____