



**2963 Seaforth Highlanders Of Canada**  
**Royal Canadian Army Cadet Corps**



TOS (Taken On Strength): \_\_\_\_\_ (filled in by administration)

**Cadet's Name:** \_\_\_\_\_

Birth date: \_\_\_\_\_

Reason For Joining (Where Did You Hear About Us?) \_\_\_\_\_  
\_\_\_\_\_

**Parent Information:**

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number (home): \_\_\_\_\_ (  Check If Primary Contact Phone)

(work): \_\_\_\_\_ Ext: \_\_\_\_\_ (  Check If Primary Contact Phone)

(cell): \_\_\_\_\_ (  Check If Primary Contact Phone)

Email Address: \_\_\_\_\_ (  Check If Primary Contact E-mail)

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number (home): \_\_\_\_\_ (  Check If Primary Contact Phone)

(work): \_\_\_\_\_ Ext: \_\_\_\_\_ (  Check If Primary Contact Phone)

(cell): \_\_\_\_\_ (  Check If Primary Contact Phone)

Email Address: \_\_\_\_\_ (  Check If Primary Contact E-Mail)

**Emergency Contact Information:** (Different from above)

Name: \_\_\_\_\_

Relationship To Cadet: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number (Home): \_\_\_\_\_

(Cell): \_\_\_\_\_

(Work): \_\_\_\_\_ Ext: \_\_\_\_\_

**Medical Information:**

Provincial Health Number (Care Card #): \_\_\_\_\_

Province/Territory Of Issue: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Address or Clinic: \_\_\_\_\_

Phone #: \_\_\_\_\_