



Army Cadet Exchange Bio Sheet

Please Use Ink and Write In CAPITALS

Tel: 946-9810

Fax: 946-9811

Country of Origin (ACE):

Name: Last Name		First Name		Middle Name		GENDER [] M [] F	
Date Of Birth: (dd/mm/yyyy)		Cellular Phone:		Home Phone:		EMAIL ADDRESS	
RESIDENTIAL ADDRESS:						PASSPORT # & EXPIRATION	
						ISSUED BY:	
MAILING ADDRESS:		APT #			P.O. BOX		
		CITY:			POSTCODE:		
BUILD: Height ____ FT ____ IN		Weight _____ lbs		BLOOD TYPE:		RELIGIOUS AFILIATION	
COUNTRY OF BIRTH:							
NEXT OF KIN: Name				Address		Phone	Relationship
LIST ALLERGIES BELOW. ALSO LIST ANY MEDICATION THAT YOU ARE TAKING WITH YOU:							
PRESENT Star Level and Rank (if applicable. This information is important so we can)							
STAR:				DATE OF TEST:			
RANK:				DATE OF PROMOTION:			
T-Shirt Size:							
Other pertinent information (Medical or dietary needs etc)...							

HOBBIES, SPECIAL INTEREST OR SKILLS:



Parent or Guardian's consent for child/ward applying to attend the Caribbean Cadet Camp.

I hereby give permission to my child/ward _____ to attend and participate in the International Army Cadet Exchange (YR) _____. I agree to abide by all the rules and regulations governing all members of the Corps and the Exchange. I hereby commit to support my child/children in prescribed activities. My child/ward is/ is not permitted to be transported/participate in

(tick the ones the child/ward is permitted for):

- | | |
|---------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> Helicopters | <input type="checkbox"/> Rappelling |
| <input type="checkbox"/> Airplane (other than to & from camp) | <input type="checkbox"/> Rock Climbing |
| <input type="checkbox"/> Seaplane | <input type="checkbox"/> Mountain Climbing |
| <input type="checkbox"/> Army Tank | <input type="checkbox"/> Watermanship (Kayaking; Boating; Canoeing, water crossing) |
| <input type="checkbox"/> Scuba Diving | <input type="checkbox"/> Snorkelling |

List any other activity that your child/ ward **MAY NOT** participate in _____

Signature of Parent/Guardian: _____ **Date:** ____/____/____

Name of Parent/Guardian:	Mailing Address:
Physical Address:	Emergency Contact Telephone Numbers & Email:

PLEASE NOTE THAT A MEDICAL MUST BE DONE TO VERIFY FITNESS FOR ACTIVITIES

Use the form CICC-MED-STAT-02 OR COUNTRY MEDICAL FORM

CONFIDENTIAL

RECORD OF VALUABLE ITEMS

SURNAME _____

FIRST NAME _____

CADET UNIT _____

1. Unless serial numbers or a description of valuable items is properly recorded, it is virtually impossible to identify items reported found, lost or stolen. All cadets should record their names on their personal belongings and record serial numbers and description of their valuables brought abroad.
2. This page is to be completed for identification purposes only. The Portfolio of Internal and External Affairs & the Cayman Islands Cadet Corps does not accept responsibility for personal property.

ITEM AND DESCRIPTION

SERIAL NUMBER

ITEM AND DESCRIPTION	SERIAL NUMBER
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____