



Personal Emergency Notification

Rank	Surname		Component – Element		
Given Names		Cadet <input type="checkbox"/> Officer <input type="checkbox"/> Branch <input type="checkbox"/>			
1. Primary next of kin			2. Secondary next of kin		
Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Surname		
Given Names			Given Names		
Complete residence address		Postal Code	Complete residence address		Postal Code
Relationship	Language	Religion (optional)	Relationship	Language	Religion (optional)
Telephone numbers			Telephone numbers		
Residence:			Residence:		
Office:			Office:		
Cell :			Cell:		
3. Personal emergency notification contact (first person to be notified) same as #1 <input type="checkbox"/> same as #2 <input type="checkbox"/> Or <input type="checkbox"/>					
Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Surname		Given Names
Complete residence address		Postal code	Relationship	Religion (optional)	
		Residence ()	Language		
		Office Phone ()			
		Cell Phone ()			
4. Authority to release / exchange information					
I authorize the Navy League of Canada to exchange / release information in the event that the applicant suffers an injury, illness or death to any medical facility or medical professional for the purpose of providing medical care.				YES <input type="checkbox"/>	
				NO <input type="checkbox"/>	
5. Members of Navy League Cadet Corps					
Corps Name CATARAQUI		Corps Number 77	Date of Birth	Division Ontario <input checked="" type="checkbox"/> Other: <input type="checkbox"/>	
Duration of Activity:					
<input type="checkbox"/> The Personal Emergency Notification form is for the permanent records file. (Normal Training)					
<input type="checkbox"/> This Personal Emergency Notification form is only for a cadet activity and is only valid from;					
Commence Date:			till Termination Date:		
6. Remarks					
Signature of Applicant / Parent or Guardian			Date	Office use Only	

Confidential when Completed