



818 Toronto Falcon Squadron

130 Queen Street East

Toronto, Ontario

M5A 1R9

(416) 865-0678 / 818info@gmail.com

Event / Activity Information Sheet

Event:	Orillia Aviation Experience Day
Classification:	Optional
Purpose:	Cadets will have the opportunity to participate in an aviation experience day to learn about Aircraft Maintenance and Aerodrome Operations by visiting Orillia Rama Regional Airport.
Details	
Date:	Saturday April 4th, 2020
Times:	Meet at Moss Park Armoury 0830 hrs Depart Moss Park Armoury 0900 hrs Expected return to Moss Park Armoury 1715 hrs
Location:	Meet at Moss Park Armoury Aviation Experience Day will take place at Orillia Rama Regional Airport.
Transportation:	Bus from Moss Park Armoury
Activity Description:	Cadets will be provided with a personal tour of the local airport and runway, see the maintenance facilities and gain a better understanding of how small aircrafts are repaired. Also, they will be able to see the variety of career opportunities that exist at a small airport.
Dress:	Appropriate civilian dress. Dress for the weather – cadets will be both indoors and outdoors for the duration of the activity.
Lunch:	Cadets will be provided with lunch and dinner.
Special Instructions:	<ul style="list-style-type: none">Return the attached signed permission form on Monday March 23rd, 2020. You may not participate without a signed form.Cadets MUST bring their health (OHIP) card. Cadets who do not bring their health card will NOT be permitted to participate.If unable to attend for any reason, cadets who have signed up for this activity must phone the office at (416) 865-0678 and leave a message.Cadets are able to PDF scan and email their permission form to 818info@gmail.comPermission form MUST be signed by a parent/guardian for the form to be accepted



Cadet Name (Last, First): _____

Date of Birth: _____ Health Card Number: _____

Medication used and proper dosage(s) if required: _____

Phone number(s) where parent or guardian can be reached during the exercise:

Name and phone number of other contact person (in case parents cannot be reached):

Dietary Restrictions: _____

Parent/Guardian authority for medical treatment:

The commanding officer or other designated supervisory officer is authorized temporary custody of my cadet (named above) throughout the duration of this activity with the Royal Canadian Air Cadets and may, on my behalf, consent to emergency medical and dental treatment. I acknowledge having read or been informed of this exercise and I hereby give permission for my cadet, named above, to participate in the scheduled training with the Royal Canadian Air Cadets.

Date

Print Name

Signature