



818 Toronto Falcon Squadron

130 Queen Street East

Toronto, Ontario

M5A 1R9

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

Event / Activity Information Sheet

Event:	Spring Gliding
Classification:	Optional
Purpose:	Cadets will have the opportunity to experience a familiarization flight in a Schweizer 2-33 Glider (used in the cadet flying scholarship program) and learn about on-site flight operations. Also, cadets will have the opportunity to receive a tour of a local Canadian Forces Operational Training Center to learn about various training activities that take place at CFB Borden.
Details	
Date:	Sunday May 3rd, 2020
Times:	Meet at Moss Park Armoury 0700 hrs Depart Moss Park Armoury 0715 hrs SHARP Expected return to Moss Park Armoury 1700 hrs
Location:	Meet at Moss Park Armoury Gliding Experience will take place at Borden Cadet Flying Site at CFB Borden along with tour taking place at CFB Borden aircraft hangars as designated.
Transportation:	Bus from Moss Park Armoury
Activity Description:	Depending on the number of cadets attending the event and weather, each cadet will enjoy one or two rides in a Schweizer 2-33 glider flown by qualified personnel.
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.
Special Instructions:	<ul style="list-style-type: none">Return the attached signed permission form on Monday April 20th, 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 Please Circle One: Regular Vegetarian

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