



## FALL CAMP 2025 – CAMP CADICASU

Dear Parents:

This Year's Fall Camp will be held at Camp Cadicasu from Friday, October 24th until Sunday October 26th, 2025. Attached is a kit list and registration form.

**Completed forms are due by Thursday, September 25th, 2025.**

**Payment is due by Thursday, October 2nd, 2025.**

- AS SPACE IS LIMITED FOR THIS CAMP SHOULD YOUR CADET'S APPLICATION FORM AND PAYMENT ARE NOT RECEIVED BY THE ABOVE DATES, YOUR CADET WILL NOT BE ALLOWED TO ATTEND THE CAMP

Priority for attendance at Fall Camp will be allocated based on the order in which application forms are received. Once capacity is reached, any additional applications will be placed on a waitlist.

**There will be a cost that will be announced associated with this camp.**

**Amount and Payment instructions To Be Announced.**

We will be posting more details as we receive them, such as drop-off times and locations. Attached is a kit list to help your cadet pack the appropriate items.

Yours Aye,

LT (NL) Tony Song

Commanding Officer

#166 NLCC John A. Hamilton

# KIT LIST

## IMPORTANT:

- To avoid any possibility of lost items and clothing, **we recommend that cadets label their personal belongings.**
- Cadets are expected to bring their kit to and from the bus and their sleeping accommodations. **Ensure that the cadet can carry their kit without assistance.**
- This list is only a guide – **ensure that you pack the appropriate amount of clothing for a weekend activity and be sure to pack according to the weather conditions.** Be prepared for ANY and ALL weather.
- **Medications must be turned in to the Medical Officer only.** Each corps will designate their own Medical Officer.

## BRING:

- Appropriate Pajamas/Sleepwear
- Indoor/Outdoor Shoes (**NO FLIP FLOPS**)
- Sleeping Bag and Pillow
- Winter Boots (NOT parade boots)
- Toothbrush and Toothpaste
- Face Cloth/Soap/Towel
- Brush/Comb
- Sunscreen (SPF 30 or higher)
- Socks (3 pairs)
- Underwear (3 pairs)
- Pants (3 pairs)
- **Water Bottle** (with name)
- T-shirt/Sweater (Corps t-shirt preferred)
- Hat/Ballcap (Corps ballcap preferred)
- Deodorant
- Teddy bear if sleeping with one

**DO NOT BRING:**

- Knives/Weapons
- Cell phones
- iPods/iPads/Tablets
- Portable Electronic Games (Nintendo DS, Sony PSP, etc.)
- Any valuable items (jewelry, collector cards, etc.)
- Food/Drinks/Snacks
- Money
- Make-up, hair accessories and straighteners/curlers/etc.
- Perfume and cologne

Cadets are responsible for all of their own personal property. If they are caught with banned items, they will be disciplined, and the item(s) will be confiscated.

# #166 NLCC – John A Hamilton Fall Camp 2025

## REGISTRATION INFORMATION

CADET LAST NAME	RANK	CADET FIRST NAME	
DATE OF BIRTH	MALE		FEMALE
NAME OF PARENT(S)/ GUARDIAN(S)		HOME PHONE	CELL PHONE
ALTERNATE EMERGENCY CONTACT		HOME PHONE	CELL PHONE

## MEDICAL INFORMATION

NAME OF FAMILY DOCTOR	PHONE NUMBER	ALBERTA HEALTH CARE NO.
HAS THE ABOVE-MENTIONED CADET SUFFERED FROM ANY OF THE FOLLOWING:		
	Yes    No	Yes    No
Head injury or concussion	<input type="checkbox"/>	Tension or migraine headaches
Motion or travel sickness	<input type="checkbox"/>	Heart problems
Allergy-related symptoms	<input type="checkbox"/>	Food allergies
Asthma, lung disease, or chronic cough	<input type="checkbox"/>	Chicken pox or measles
Nose, throat, or ear problems	<input type="checkbox"/>	Epilepsy, convulsions, or fits
Dizzy or fainting spells	<input type="checkbox"/>	Had any broken bones?
Diabetes – type one or two	<input type="checkbox"/>	ADHD, behavioral/social difficulties
Kidney or bladder problems	<input type="checkbox"/>	Learning difficulties
Menstrual problems	<input type="checkbox"/>	Recently hospitalized/surgery?
Foot or ankle problems	<input type="checkbox"/>	Wears glasses?

PLEASE LIST OR DESCRIBE ANY ITEMS THAT WERE CHECKED "YES" IN THE PREVIOUS LIST.
PLEASE LIST ANY AND ALL MEDICATIONS THAT THE CADET CURRENTLY TAKING, WITH DOSAGE AND SIDE EFFECTS.
Please List any Dietary restrictions.

## PARENTAL CONSENT

I hereby give my consent for my child/ward to participate in Fall Camp 2025. I understand that if they are injured in case of an accident and I or my Alternate cannot be reached, I therefore, give my consent for them to undergo medical treatment as required in cases of emergency.		
PRINTED NAME OF PARENT/GUARDIAN	SIGNATURE OF PARENT/GUARDIAN	DATE

