

# Gable Hall Combined Cadet Force

## Application Form

Pupil Name: .....

Date of Birth: .....

School: Gable Hall School / Hassenbrook Academy

In applying for membership I have read the introductory notes and understand that a subscription of £2 per parade afternoon will be charged.

I also understand that the CCF will provide Service uniform free of charge except for footwear. I understand that I must return my loan kit – including any equipment loaned for exercises – when requested, and that it is my responsibility at all other times. Should I fail to return such kit when requested the appropriate sum will be charged.

I realize that loyalty to an activity is one of the best qualities which I can demonstrate and that I shall be expected to attend CCF each week whilst I remain a member. I understand that I am committed to a minimum of three terms' service from my date of joining the CCF, which includes compulsory attendance at the Recruits Training Weekends and Camps during the school year and holiday periods. I understand that I may not leave the CCF without due notice and without written permission from the Contingent Commander, my parents and the Headteacher.

Pupil Signature: .....

Please ask a parent, guardian to sign the following form: I have read the terms and conditions above and give my consent for my son/daughter \_\_\_\_\_ to join the CCF and agree for him to attend.

Name: .....

Signature: .....

Date: .....

### Photographs

I agree  disagree  to photos of my child being used by Gable Hall School or the CCF in newsletters, noticeboards or other publications.

Signed .....

Date .....

# Gable Hall Combined Cadet Force

## Kitting and Boots Form

Name: .....

Please enter the correct sizes in the appropriate columns, in centimetres please.

In centimetres (cm)

Inside leg	
Waist	
Seat	
Collar	
Head	
Height	
Chest	
T-shirt	

Small (S), Medium (M), Large (L)  
Extra Large (XL)

**Most of your CCF kit is loaned to you throughout your cadetship from CCF Stores. You will be asked to sign for it when you receive it, and return it cleaned and in good repair at the end of your service with us.**

**Replacement items for uniform lost will be charged.**

**Unserviceable uniform or wrong size uniform can be exchanged on parade nights.**

### **Boots**

You will need **brown** boots that come high enough to provide support to your ankles. We sell boots at £25. If you would like us to order you boots please complete the form below. Please bear in mind that you will be wearing thick socks inside your boots.

I would like to order ..... pair(s) of brown boots size ..... at £25 each.

**You will pay for your boots when you receive them**

## **MEDICAL FORM/EMERGENCY CONTACT FORM**

PUPIL'S SURNAME	
PUPIL'S FORENAME	
DATE OF BIRTH	
YEAR AND FORM	
NAME OF PARENT/CARER	
PUPIL'S HOME ADDRESS	
HOME TELEPHONE	
WORK TELEPHONE	
MOBILE TELEPHONE	
E MAIL ADDRESS	
ANY OTHER EMERGENCY CONTACT	

Please Turn Over

HAS YOUR CHILD EVER SUFFERED FROM THE FOLLOWING:

ASTHMA	YES/NO
HEART CONDITION	YES/NO
FITS, FAINTING OR BLACKOUTS	YES/NO
SEVERE HEADACHES	YES/NO
ANXIETY OR DEPRESSIVE TENDENCIES	YES/NO
ALLERGIES TO ANY KNOWN DRUGS	YES/NO

Please list:

ANY OTHER ILLNESS OR DISABILITY YES/NO

If answer is yes please give full details:

HAS YOUR CHILD HAD AN ANTI TETANUS INJECTION IN THE LAST 5 YEARS YES/NO

IS YOUR CHILD ALLERGIC TO PARACETAMOL? YES/NO

DO YOU AUTHORISE THE SCHOOL STAFF TO ADMINISTER PARACETAMOL? YES/NO

DOES YOUR CHILD HAVE ANY SPECIAL DIETARY REQUIREMENTS? YES/NO

If answer is yes please give full details:

I understand that while the school staff in charge of the party will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my son/daughter, which occurs as a result of the school journey.

I authorise to agree such medical treatment for my child as is necessary in an emergency, on the advice of a qualified medical practitioner. I have written above any medical conditions from which my child is suffering, together with details of treatment required.

Signed .....  
(Parent/Carer)

Date .....