



NAVY LEAGUE OF CANADA QUEBEC DIVISION



PARENTAL INFORMATION

The Navy League of Canada cares about the well-being and safety of your children. To avoid any ambiguous situation, please complete this form.

All information will be strictly confidential

| | | |
|----------------------|---------------|----------------|
| Name of your child : | | |
| Address : | | |
| City : | Postal Code : | Phone Number : |

| | | | |
|--|--|-----------------------------------|---------------------------------|
| Does your child live with both parents ? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If not, who has legal custody ? Name : _____ | | <input type="checkbox"/> Father | <input type="checkbox"/> Mother |
| | | <input type="checkbox"/> Guardian | |
| Is there a shared custody ? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, specify how and when : | | | |
| | | | |
| Does he/she live in foster care ? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Name of the responsible : | | Phone Number : | |
| Address : | | City : | Postal Code : |

| Name and address of parents et spouses (if applicable) | | |
|--|----------------|--|
| Father : | Spouse : | |
| Address : | Phone Number : | |
| Mother : | Spouse : | |
| Address : | Phone Number : | |

If your child travels regularly or sporadically with someone other than a parent, please let us know by indicating the person's name, either by a note at the beginning of the change or at the beginning of the activity.

Thank you for your understanding and your cooperation.

Signature of the responsible person : _____ Date : _____