

# Common CTC JI Form – Kit List

## Instructions:

Please check-off each item as you pack them. Note that some additional items may be required for your course. Consult your Cadet Training Centre package for more information. **Army Cadets must pack their FTUs. Sea Cadets must pack their Sea Cadet Training Uniform.**

<b>MANDATORY ITEMS (pack these things first!)</b>	
Provincial Health Card	MedicAlert Identification (if needed)
Prescription Medication	Over-the-Counter Medication (if needed)
Prescription Eyewear with protective strap	Cash (approx. \$20)
Time-Off Authorization Form	Personal Kit Log
Banking Info (Void Cheque or Direct Deposit Form)	
Offer of Participation	
<b>CIVILIAN – ESSENTIALS (check off each item once packed)</b>	
Underwear (x8)	Toothbrush (x1)
Cotton Socks (x8)	Toothpaste (x1)
Deodorant / Antiperspirant (x1)	Comb/Hairbrush (x1)
Shampoo / Conditioner (x1)	Hair Gel or Spray (x1)
Shower Sandals (x1 Pair)	Soap (x1)
Towel (x2)	Wash Cloth (x2)
Shaving Razor / Shaving Cream (x1)	Feminine Napkins / Tampons
Laundry Detergent	Combination Lock (x2)
<b>CIVILIAN – OTHER (check off each item once packed)</b>	
T-Shirts (x4)	Shorts (x4)
Running Shoes (x1 Pair)	Pants (x2)
Sweatpants (x2)	Sweater (x2)
Swimsuit (x1)	Sleepwear (x2)
Hat (x1)	Lip balm, SPF 15+ (x1)
Sunblock, SPF 35+ (x1)	Polishing Kit
<b>CADET ISSUED (check off each item once packed)</b>	
Environmental T-Shirt (x1)	Wool Socks (x1)
Headress (x1)	Dress Shirt (x1)
Pants (x1)	Belt with Brass Buckle (x1)
Parade Boots (x1 Pair)	Nametag (x1)
Rank Slip-ons (x1 Pair, for travel only)	Medal Ribbons (for travel only)
<b>PROHIBITED ITEMS</b>	
<p>The following items are prohibited and will be confiscated. Any item found to be illegal, will be seized and reported to Military Police, or the local police service.</p> <ul style="list-style-type: none"> <li><b>Firearm</b></li> <li><b>Alcohol</b></li> <li><b>Illegal or Controlled Substances</b></li> <li><b>Pyrotechnics or other Explosives</b></li> <li><b>Weapons (brass knuckles, throwing stars, etc)</b></li> <li><b>Handcuffs</b></li> <li><b>Pornography</b></li> <li><b>Laser Pointer</b></li> <li><b>Vape, or other forms of electronic cigarettes</b></li> <li><b>Straight Razors</b></li> <li><b>Knives</b> (unauthorized blades of any sort are not permitted. This includes but is not limited to: daggers, swords, axes, hatchets, etc. Spiritual or religious blades, such as a Kirpan or Sgian Dubh are acceptable.).</li> </ul>	

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# Common CTC JI Form – Personal Valuable Property Log

## Instructions:

Complete this form with as much detail as possible. A lack of detail may result in a failure to identify recovered property.

1. CADET IDENTIFICATION			
Cadet Name:	_____	CIN:	_____
Corps/Sqn:	_____	Location:	_____
Course:	_____	CTC:	_____
Phone Number:	_____		

2. PROPERTY IDENTIFICATION			
List each item accordingly, following the example provided.			
#	Item	Property Description (make, model, colour, etc)	Serial Number
	Cellphone	Samsung Galaxy 9, Black	AAA9999999-999
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

3. DECLARATION	
I, _____, hereby identify the above items as personal property, and accept liability for their care. I understand that I may be required to surrender valuable equipment, which may be returned to me following course completion, or at any other time deemed appropriate by course staff.	
Cadet (Signature)	Date
Witness (Print Name)	Witness (Signature)

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Protected B (when completed)

## Common CTC JI Form – Medication Record

### Instructions:

Complete this form with as much detail as possible. Once completed, please place in a sealed envelope and return with all other documents to the CTC.

### 1. CADET IDENTIFICATION

Cadet Name:	_____	CIN:	_____
Corps/Sqn:	_____	Location:	_____
Course:	_____	CTC:	_____
Phone Number:	_____		

### 2. MEDICATION IDENTIFICATION

List each medication accordingly, following the example provided.

#	Medication	Physical Description	Dosage
	<i>Lorazepam</i>	<i>Pill, round, white, "15mg"</i>	<i>As needed, 1 per day</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

### 3. DECLARATION

I, \_\_\_\_\_, understand that I am responsible for managing and taking my medication in accordance with advice and instructions of professional medical personnel.

_____	_____
Cadet (Signature)	Date
_____	_____
Witness (Print Name)	Witness (Signature)

4. PRESCRIPTION PROVIDED	Yes	No
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Protected B (when completed)

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Protected A (when completed)

## Common CTC JI Form – Cadet Transportation

### Instructions:

Complete this form with as much detail as possible. This form must be completed by a parent or guardian.

### 1. CADET IDENTIFICATION

Cadet Name:	_____	CIN:	_____
Corps/Sqn:	_____	Location:	_____
Course:	_____	CTC:	_____
Phone Number:	_____		

### 2. POST-COURSE TRANSPORTATION

I plan on attending my cadet's Course Graduation:	Yes	No
I intend to bring my cadet home with me following Course Graduation:	Yes	No
I authorize the person(s) identified below to transport my cadet home following Course Graduation:	Yes	No

### 3. AUTHORIZED PERSONNEL IDENTIFICATION

*Without prior arrangements, your cadet will not be released to anyone other than a parent, legal guardian, or people identified below with proper identification. If you wish to authorize more people, please identify them on the reverse.*

Name: _____	Relationship to Cadet: _____
Phone Number: _____	Driver's License Number: _____
Name: _____	Relationship to Cadet: _____
Phone Number: _____	Driver's License Number: _____
Name: _____	Relationship to Cadet: _____
Phone Number: _____	Driver's License Number: _____

### 4. DECLARATION

I, \_\_\_\_\_, understand that my cadet will be provided transportation home following their course, and that if I choose to pick-up my cadet or have them released to another authorized party, and that I am responsible for the costs associated with picking them up.

Parent / Guardian (Signature)	_____	Date	_____
Parent / Guardian (Print Name)	_____		

Protected A (when completed)

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Protected A (when completed)

# Common CTC JI Form – Time-Off Authorization and Consent

## Instructions:

Complete this form with as much detail as possible. This form must be completed by a parent or guardian. Please indicate where your cadet will be during their time off.

1. CADET IDENTIFICATION	
Cadet Name: _____	CIN: _____
Corps/Sqn: _____	Location: _____
Course: _____	CTC: _____
Phone Number: _____	

2. TIME OFF REQUEST DATES	
I request that this cadet be authorized for time off (off base) on the following dates. If more dates are requested, please attach an additional <b>Time-Off Authorization and Consent Form</b> :	
Departure Date: _____	Time: _____
Return Date: _____	Time: _____
Location of Time-Off: _____	

3. AUTHORIZED PERSONNEL IDENTIFICATION	
<i>Without prior arrangements, your cadet will not be released to anyone other than a parent, legal guardian, or people identified below. Government-issued Photo Identification is required when picking up a cadet. If you wish to authorize more people, please identify them on the reverse.</i>	
Name: _____	Relationship to Cadet: _____
Phone Number: _____	Driver's License Number: _____
Name: _____	Relationship to Cadet: _____
Phone Number: _____	Driver's License Number: _____
Name: _____	Relationship to Cadet: _____
Phone Number: _____	Driver's License Number: _____

4. DECLARATION	
Parent / Guardian (Signature) _____	Date _____
Parent / Guardian (Print Name) _____	

Protected A (when completed)