

INTERNATIONAL SEA CADET ASSOCIATION

FORM No: ISCA 1

TYPICAL EXCHANGE PROGRAMME REGISTRATION

Print Clearly

[Hosting Country and Dates]

Print Clearly

Organisation:		
Participants Name:	Mr/Mrs Miss/Ms	Full Names:
Rank/Position:		Date of Birth:
Occupation:	Passport No:	Blood Group:
Home Address: _____ _____		
Contact Person Name, Address and Telephone No. in Case of Emergency:		
Name:		Relationship:
Address & Phone Nos:		
Allergies/Medication/Health problems:		
Signature of Cadet/Escort Officer:		Date
Parent/Guardian Consent for participant under age of 18 years: I give my consent for my son/daughter to join the above Exchange Programme. I shall be fully responsible for all the expenses so incurred (eg airfares, medical and accident insurance etc) and have completed Form ISCA 2 - Indemnity & Waiver.		Affix a Passport size Photo of Cadet or Escort Officer
Signature of Parent/Guardian		Date

Return Address: _____ Return Date: _____