



**UTAH WING  
WINTER ENCAMPMENT**  
Civil Air Patrol-United States Air Force Auxiliary  
640 N 2360 W  
Salt Lake City, Utah 84116

31 August 2018

**MEMORANDUM FOR WINTER ENCAMPMENT APPLICANTS**

**FROM:** C/2Lt. Faith Christiansen  
Cadet Commander,

**SUBJECT:** Welcome Letter and Participation Information

1. You have made an excellent choice to consider participation in the Utah Wing Winter Encampment. This activity may be one of the most challenging experiences that you have in your Civil Air Patrol career, but the benefits and training provided are unmatched by any other activity or comparable organization in the country. You will be supervised by an experienced cadre that is trained and prepared to develop you into a quality follower, leader, and member of the community. This memorandum will outline more details of encampment including in-processing, out-processing, packing, and possible training activities. Please read it all the way through.
2. In-processing will begin at 1100 hours and end at 1201 hours on 26 December 2018. It is expected that cadets will arrive within this time frame; however, if any extenuating circumstances prevent arrival at this time, the parent of the cadet needs to contact the Encampment cadre immediately. Cadets will need to be in their BDU/ABU uniform prior to check in. If cadets arrive with incomplete applications on file, they may be sent home. Also during this time, cadets will turn in any medications to the medical officer. The graduation Pass-in-Review will take place on 31 December 2018 at 1100 hours in the Barn. A CAP member will be available to help you find the location. Out-processing will begin shortly thereafter.
3. If there are any questions, you can reach me by email at [faithyc99@gmail.com](mailto:faithyc99@gmail.com). I look forward to seeing you in Mesquite!

//SIGNED//

Faith Christiansen, C/2Lt., CAP  
Utah Wing Winter Encampment Cadet Commander

## **How to Apply:**

### **To apply, you must Complete:**

- A CAPF 31
- A CAPF 32
- A CAPF 161
- A CAPF 160 (Include any food allergies or any dietary restrictions on the form. This document will only be seen by Encampment Personnel.)

### **Notes on filling out the application:**

- Applications (Form's 31, 32, 160 and 161) must be filled out digitally and then printed off.
- If you are unable to fill out the forms digitally, they must be NEATLY filled out by hand using BLACK or BLUE pen (no marker, crayon, felt tip pen, etc). Additionally:
- Numbers must be clearly written and distinct from one another
- All applicants MUST fill out height and weight requirements; there are no exceptions. If cadets do not indicate their weight and height, they will not participate in certain activities, such as flying.
- All applicants MUST fill out their birth date.
- All applicants MUST indicate their shirt size.
- Applicants should allow the Squadron Commanders to fill out the Unit Charter Number information on the Form 31.
- All contact info MUST be correct and current.
- **Make note of any previous and existing medical conditions.**
- **Make note of any dietary restrictions, vegetarian, lactose intolerant, gluten free etc. The food service personnel will need to know in order to prepare a special meal.**
- When Squadron Commanders fill out the forms, they must also neatly write their names in case there is need for emergency contact.
- If any information is missing, the application will be sent back for completion.

### **Submitting the application:**

- All applications must be emailed to Capt. Alice Wadley, [alicewadley@yahoo.com](mailto:alicewadley@yahoo.com).
- All applications need to go through Capt. Alice Wadley. All applications must have a method of payment attached. Examples: A check or money order. A signed letter from the squadron commander stating the squadron will cover the cost of encampment. If you plan on applying for the Cadet Encampment Assistance Program and submit your application prior to November 1, attach a signed letter from your squadron commander stating your intent to apply for CEAP, after November 1, acknowledgment from CAP your application for CEAP was received. All applications must be mailed in with the associated payment to the following address:

**Attn: Capt. Alice L. Wadley**  
**PO Box 434**  
**Huntington, UT 84528**

- If you are unable to mail them before encampment, bring the forms with you at in processing. We **must know** you are coming because we need to know how many rooms to reserve. All applications need to be emailed to Capt. Wadley, [alicewadley@yahoo.com](mailto:alicewadley@yahoo.com).
- The deadline for applications is 15 December 2018.
- Refunds will be 50 percent if you cancel by 20 December 2018. No refunds after 26 December 2018.
- The cost for the encampment is **\$225**.
- Make payments to “**Utah Wing Civil Air Patrol Cadet Programs**”
- Please make sure you send the proper payment amount.
- There is no money for wing level financial assistance. Each squadron can decide if they would like to use squadron funds to assist cadets if necessary.
- The Cadet Encampment Assistance Program for winter encampments will open 1 November 2018. The website is [https://www.capmembers.com/cadet\\_programs/activities/ceap/](https://www.capmembers.com/cadet_programs/activities/ceap/)

If you have any questions about applications, feel free to contact Capt. Alice L. Wadley, [alicewadley@yahoo.com](mailto:alicewadley@yahoo.com) or call 435-609-0404. Email is preferred method of contact.

### **How to Prepare for Encampment:**

- Exercise daily. Encampment has a rigorous physical fitness program.
- Eat healthy. It is important that you are nutritionally sustained for physical well-being.
- Eliminate carbonated beverages from your diet.
- Attend meetings. It is important to ensure that you receive all of the preparation that you can previous to encampment from your squadron leadership.
- Obtain all items on the packing list. It is time-consuming and tedious for yourself and for the Encampment leadership to obtain any items that are not brought.
- If you do not already have them, ensure that you purchase Combat Boots immediately and break them in previous to encampment.

### **How/Where to Arrive:**

- Ensure that you are well hydrated, and received a full night of rest prior to arrival.
- Arrive on 26 December 2018 between 1100-1201 hours. Lunch will be served shortly after in-processing.
- The location of the encampment is the Rising Star Sports Ranch in Mesquite, NV 89027. The address is 333 North Sandhill Boulevard. It is located just off of I-15, exit 122. The Rising Star will be on the right. Drop off cadets at the hotel lobby entrance. A senior member or member of the cadet cadre will be there to assist you as necessary.

## **Packing List:**

### **CLOTHING:**

- BDU **or** ABU, consisting of:
- Blouse
- Pants
- Black Combat Boots (Broke in)
- BDU **or** ABU Cover (no colored covers)
- Seven (7) pair black socks
- Seven (7) pair underwear
- Seven (7) Plain black t-shirts **or** tan (ABU) (No logos) **Note: Do not wear tan with BDUs and do not wear black with ABUs**
- 1 Navy Blue belt with black buckle **or** 1 tan rigger style belt
- 1 Olive green canteen belt
- 1 Olive green Canteen
- 1 Olive green canteen cover + belt clips

### **Blues, consisting of:**

- Short sleeve blues dress shirt
- Blues dress slacks
- White V-neck undershirt
- Flight Cap with enlisted or officer device
- Military leather dress shoes
- 1 Navy Blue belt with silver buckle
- 1 Pair black socks

### **PTU's, consisting of:**

- Black gym shorts.
- Black sweat pants.
- 3 Plain Grey T-shirt (no cut sleeves, no logos)
- Running Shoes (no Vans, Converse, Chuck Taylors, DC's, PF Flyers etc.)
- White Socks
- Warm lightweight jacket or hoodie. **Highly suggested. It will be cold in the morning and evenings.**
- Warm coat
- Any clothing with vulgar statements or advertising is not permitted.

### **Hygiene:**

- Soap
- Toothbrush

- Toothpaste
- Deodorant
- Shampoo/conditioner
- Shaving items
- Shower Shoes (flip flops or sandals)
- 1 Sunscreen
- 1 Raincoat or Poncho
- 1 case/bag for shower and bath items
- 1 Set of Shaving Items
- Feminine hygiene products
- 1 Package of 'Moleskin' (blister protection for feet)
- Swimsuit (optional)

**Accessories:**

- 1 3Hole Punch Spiral Notebook
- 3 Pens
- 4-6 Hangers
- 3 Pencils
- 1 Shoe Shine Kit (polish, brush, rag)
- Gloves for PT

**Banned Items (including but not limited to the following)**

- Drugs (except for prescriptions that will checked in with the Medical Officer)
- Alcohol
- Guns
- Knives
- Multitools (Leatherman, Swiss Army pocket knife)
- Matches
- Lighters
- Needles
- Money (except encampment fee)
- Reading Material
- Unauthorized Boots (any kind other than black leather)
- Cell Phones
- iPods
- All electronic devices
- Watches
- Food, snacks, gum, etc.
- Hydration packs (Camelbaks)

## CAP MEMBER HEALTH HISTORY FORM

*This information is CONFIDENTIAL and for official use only. It cannot be released to unauthorized persons. Answer all questions as accurately as possible so that the activity or encampment staff can make themselves aware of any pre-existing medical problems or conditions and be alert to help you. This form will also provide medical information in a case when you are unable to do so.*

|  |               |               |                   |                  |                       |
|--|---------------|---------------|-------------------|------------------|-----------------------|
| <b>Name</b> <i>(Last, First, Middle)</i> |               |               | <b>Grade</b>      | <b>CAPID</b>     | <b>Charter Number</b> |
| <b>Date of Birth</b>                     | <b>Height</b> | <b>Weight</b> | <b>Hair Color</b> | <b>Eye Color</b> | <b>Gender</b>         |

**Allergies:** List Names of Medication or Other Allergies (*i.e., bee sting, food, plants*) and types of reactions; please note food allergy details with dietary restrictions below on back as well.

**Do You Now Have Or Have You Ever Had Any Of The Following?** *Explain any yes' in the remarks section below or attach additional sheet. Conditions not specifically noted below having the potential to interfere with performance during the special activity or encampment should be documented in the remarks section.)*

**If "Yes" is marked in an item with multiple choices, please circle which problem applies.**

| No                       | Yes                      |  | No                       | Yes                      |                                    |
|--------------------------|--------------------------|--|--------------------------|--------------------------|------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Decreased vision, glaucoma, contacts   | <input type="checkbox"/> | <input type="checkbox"/> | Chronic or recurring injuries      |
| <input type="checkbox"/> | <input type="checkbox"/> | Ear infections, perforation            | <input type="checkbox"/> | <input type="checkbox"/> | Activity, mobility restrictions    |
| <input type="checkbox"/> | <input type="checkbox"/> | Difficulty equalizing ears             | <input type="checkbox"/> | <input type="checkbox"/> | Use of cane, walker, wheelchair    |
| <input type="checkbox"/> | <input type="checkbox"/> | Hearing loss, hearing aid              | <input type="checkbox"/> | <input type="checkbox"/> | Back or neck pain or injury        |
| <input type="checkbox"/> | <input type="checkbox"/> | Allergies, nasal stuffiness            | <input type="checkbox"/> | <input type="checkbox"/> | Migraine or severe headaches       |
| <input type="checkbox"/> | <input type="checkbox"/> | Anaphylaxis, serious allergic reaction | <input type="checkbox"/> | <input type="checkbox"/> | Dizziness or fainting spells       |
| <input type="checkbox"/> | <input type="checkbox"/> | Asthma, emphysema (COPD)               | <input type="checkbox"/> | <input type="checkbox"/> | Head injury, unconsciousness       |
| <input type="checkbox"/> | <input type="checkbox"/> | Ever use an inhaler                    | <input type="checkbox"/> | <input type="checkbox"/> | Epilepsy or seizure                |
| <input type="checkbox"/> | <input type="checkbox"/> | Short of Breath with activity          | <input type="checkbox"/> | <input type="checkbox"/> | Stroke, paralysis                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Heart Attack, chest pain, angina       | <input type="checkbox"/> | <input type="checkbox"/> | Thyroid problems (low or high)     |
| <input type="checkbox"/> | <input type="checkbox"/> | Heart murmur, heart problems           | <input type="checkbox"/> | <input type="checkbox"/> | Diabetes, high or low blood sugars |
| <input type="checkbox"/> | <input type="checkbox"/> | Congestive heart failure               | <input type="checkbox"/> | <input type="checkbox"/> | Cancer, leukemia                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Irregular or rapid heartbeat           | <input type="checkbox"/> | <input type="checkbox"/> | Blood disease, hemophilia          |
| <input type="checkbox"/> | <input type="checkbox"/> | High or low blood pressure             | <input type="checkbox"/> | <input type="checkbox"/> | Motion sickness                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Stomach trouble, ulcers                | <input type="checkbox"/> | <input type="checkbox"/> | Special diet, food allergies       |
| <input type="checkbox"/> | <input type="checkbox"/> | Hepatitis or liver problems            | <input type="checkbox"/> | <input type="checkbox"/> | Current bedwetting problems        |
| <input type="checkbox"/> | <input type="checkbox"/> | Diarrhea, constipation                 | <input type="checkbox"/> | <input type="checkbox"/> | ADD (Attention Deficit Disorder)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Hernia or rupture                      | <input type="checkbox"/> | <input type="checkbox"/> | Mental illness (bipolar, other)    |
| <input type="checkbox"/> | <input type="checkbox"/> | Kidney disease or stones               | <input type="checkbox"/> | <input type="checkbox"/> | Depression, anxiety, suicidal      |
| <input type="checkbox"/> | <input type="checkbox"/> | Prostate problems (men)                | <input type="checkbox"/> | <input type="checkbox"/> | Admission to the hospital          |
| <input type="checkbox"/> | <input type="checkbox"/> | Frequent urination                     | <input type="checkbox"/> | <input type="checkbox"/> | Other chronic medical illnesses    |
| <input type="checkbox"/> | <input type="checkbox"/> | Menstrual cramps (women)               | <input type="checkbox"/> | <input type="checkbox"/> | Sleep disorder, sleep apnea        |
| <input type="checkbox"/> | <input type="checkbox"/> | Broken bone, joint problems            | <input type="checkbox"/> | <input type="checkbox"/> | Serious Injury                     |

**Dietary Restrictions or Limitations** (*List any dietary restrictions like food allergies, diabetes, gluten-free, vegetarian diets, etc.*)

**Past Surgical History** (*List all surgeries including tonsils, ear tubes, appendix, gall bladder, hernia, hysterectomy, heart, heart catheterization, bone and joint and all other surgeries.*)

**Date Tetanus Booster**  
 No Td or Tdap  
 Date:

**Hepatitis Vaccine**  
 No  
 Date:

**Pneumonia Vaccine**  
 No  
 Date:

**Varicella Immunization/chickenpox**  
 No  
 Date:

**Influenza Vaccine**  
 No  
 Date:

**Medication Information** - *Include supplements, over-the-counter medicines, herbals, creams, etc., or write "None".*

| Name of Medication/Inhaler | Tablet Strength | Times taken per day | Reason for Medication | Any Special Dosing or Storage Instructions (i.e., as needed, with meals, must be refrigerated, etc.) |
|----------------------------|-----------------|---------------------|-----------------------|--|
| 1.                         |                 |                     |                       |  |
| 2.                         |                 |                     |                       |  |
| 3.                         |                 |                     |                       |  |
| 4.                         |                 |                     |                       |  |

**Social History**

**Tobacco Use** (*packs per day, years smoked, smokeless tobacco use*)

**Occupation** (*student or other*)

**Religious Preference**

**Remarks** (*Attach additional sheet if needed*)

**CONSENT FOR MINOR CADET PARTICIPATION, MEDICATIONS, TREATMENT**

I give permission for full participation in CAP programs, subject to any limitations noted herein.

My signature below evidences my consent for my child/ward to possess and self-administer the prescription medications listed above. I understand that there are legal limitations imposed on CAP senior members with regard to the involuntary administration of medications to my child/ward. (Cross out if permission is denied).

In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge exam/test results and treatment provided.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

| <b>EMERGENCY INFORMATION</b><br><b>(Insurance/Physician Information, Emergency Contacts, Minor Consents)</b> |   |  |                                       |                            |
|--|---|--|---------------------------------------|----------------------------|
| <b>Name</b> <i>(Last, First, Middle)</i>   |   | <b>Grade</b>   | <b>CAPID</b>                          | <b>Charter Number</b>      |
| <b>Mailing Address</b> <i>(Number and Street)</i>  |   | <b>City</b>  | <b>State</b>                          | <b>Zip Code</b>            |
| <i>(Area Code)</i> <b>Home Phone</b>   |   | <i>(Area Code)</i> <b>Cell Phone</b>                 |                                       |                            |
| <b>Primary Insurance Information</b> <i>(Please attach copy of insurance cards, front and back)</i>          |   |  |                                       |                            |
| <b>Medical Insurance Company</b>   |   | <b>Policy Number</b>                                 | <b>Group Code/Number</b>              | <b>Co-Pay Amount</b><br>\$ |
| <b>Prescription Coverage Company</b>   |   | <b>Policy Number</b>                                 | <b>Group Code/Number</b>              | <b>Co-Pay Amount</b><br>\$ |
| <b>Family Physician</b>  |   |  |                                       |                            |
| <b>Name</b>  |   |  | <i>(Area Code)</i> <b>Phone</b>       |                            |
| <b>Mailing Address</b> <i>(Number and Street)</i>  |   | <b>City</b>  | <b>State</b>                          | <b>Zip Code</b>            |
| <b>Emergency Contact</b> <i>(Parent, guardian or closest relative to be notified in case of emergency)</i>   |   |  |                                       |                            |
| <b>Name</b>  |   |  | <b>Relationship to Applicant</b>      |                            |
| <b>Mailing Address</b> <i>(Number and Street)</i>  |   | <b>City</b>  | <b>State</b>                          | <b>Zip Code</b>            |
| <i>(Area Code)</i> <b>Pager</b>  | <i>(Area Code)</i> <b>Cell/Mobile Phone</b> | <i>(Area Code)</i> <b>Day Phone</b>                  | <i>(Area Code)</i> <b>Night Phone</b> |                            |
| <b>Unit Commander Name and Grade</b>   |   | <b>Unit Name</b>                                     |                                       |                            |
| <i>(Area Code)</i> <b>Unit Commander Day Phone</b>   |   | <i>(Area Code)</i> <b>Unit Commander Night Phone</b> |                                       |                            |



**APPLICATION FOR CAP ENCAMPMENT OR SPECIAL ACTIVITY**

|  |                                      |                             |                             |                             |                  |
|--|--------------------------------------|-----------------------------|-----------------------------|-----------------------------|------------------|
| <b>Name (Last, First, Middle Initial)</b>                      |                                      | <b>CAPID</b>                | <b>CAP Grade</b>            | <b>Gender</b>               |                  |
| <b>Member Type</b>   | <b>Charter No. (e.g. GLR-MI-059)</b> | <b>Grade in School</b>      | <b>Religious Preference</b> |                             |                  |
| <b>Address (Include No., Street, City, State and Zip Code)</b> |                                      | <b>Home Phone Number</b>    | <b>Cell Phone Number</b>    |                             |                  |
|  |                                      | <b>E-Mail Address</b>       |                             |                             |                  |
| <b>Date of Birth (mm/dd/yy)</b>                                | <b>Shirt Size</b>                    | <b>Height (Inches)</b>      | <b>Weight (Lbs)</b>         | <b>Hair Color</b>           | <b>Eye Color</b> |
| <b>Title of Activity</b>                                       |                                      | <b>Location of Activity</b> | <b>Activity Dates</b>       |                             |                  |
| <b>Staff Position(s) Sought</b>                                |                                      |                             |                             |                             |                  |
| <b>Emergency Contact Information</b>                           |                                      |                             |                             |                             |                  |
| <b>(Primary Contact) Name (Last, First, Middle Initial)</b>    |                                      | <b>Relationship</b>         |                             | <b>Primary Phone Number</b> |                  |
| <b>(Secondary Contact) Name (Last, First, Middle Initial)</b>  |                                      | <b>Relationship</b>         |                             | <b>Primary Phone Number</b> |                  |

**RELEASE AGREEMENT**

KNOW ALL MEN BY THESE PRESENTS that I am submitting my application for Civil Air Patrol Special Activities or Encampments, and I hereby volunteer entirely upon my own initiative, risk, and responsibility for an assignment to participate in this activity of encampment at the first available opportunity and with full knowledge that such activity may include:

1. Traveling by land, sea, or air in US military, commercial, or privately owned vehicles from regular place or residence to the site of the activity or encampment, travel incident to the activity or encampment, and subsequent return to place of residence.
2. Participation in aeronautical activities as a passenger or student trainee in US military, commercial, or privately owned aircraft.
3. Living for a period of one week or more on diminished rations and minimal shelter simulating actual survival conditions.
4. Being quartered and/or subsisting away from regular or normal place of residence for an extended period of time.
5. Remaining with the cadet group I am assigned to at all times during the activity or encampment.
6. Acting as a spokesman for Civil Air Patrol, rendering reports on the activity or encampment.
7. Refraining from argumentative discussions concerning governmental policies.

In consideration of the permission extended to me by the Civil Air Patrol/United States of America through its officers and agents to participate in said activity/encampment or activities/encampments, I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Civil Air Patrol, Inc./United States of America, and all its officers, agents, and employees acting official or otherwise, from any and all claims, demands, actions, or causes of action, on account of my death or on account of any injury to me or my property which may occur as a result of the negligence of the Civil Air Patrol/United States of America, its agents or employees during said activity/encampment or activities/encampments or continuances thereof, as well as all ground and flight operations incident thereto.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant

(Continued on reverse)

|   |                                 |
|---|---------------------------------|
| <b>Name (Last, First, Middle Initial)</b> | <b>Title of Activity</b><br>abc |
|---|---------------------------------|

**RELEASE BY PARENTS OR GUARDIAN**

KNOW ALL MEN BY THESE PRESENTS: WHEREBY my child has applied for the activity or encampment referred to above, In consideration of the permission extended to my child by the Civil Air Patrol/United States of America through its officers and agents to participate in said activity/encampment or activities/encampments, I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Civil Air Patrol, Inc./United States of America, and all its officers, agents and employees acting official or otherwise, from any and all claims, demands, actions or causes of action, on account of the death or on account of any injury to my child which may occur as a result of the negligence of the Civil Air Patrol/United States of America, its agents or employees during said activity/encampment or activities/encampments or continuances thereof, as well as all ground and flight operations incident thereto. In addition, by my signature below, I certify the applicant:

1. Is my minor child or ward.
2. Has no history or injury or disease which might be affected by this activity except those previously noted in the Medical Information section of this form.
3. Will follow all rules, regulations, and directives as established by the Civil Air Patrol, Inc., activity project officer or encampment commander, or other staff members. If not following the above mentioned rules, regulations, and directives he/she may be sent home at the discretion of the project officer, encampment commander or activity directory at my expense.

However, in case of injury, disease or other illness, permission is hereby granted to treat the applicant as required, and if the applicant is released from the activity before recovery from said injury, disease, or illness, further treatment will be provided by myself.

|                                |                                |                          |
|--------------------------------|--------------------------------|--------------------------|
| _____                          | _____                          | _____                    |
| Date                           | Witness for Father's Signature | Father or Legal Guardian |
| _____                          |                                | _____                    |
| Witness for Mother's Signature |                                | Mother or Legal Guardian |

**Squadron Certification.** (Squadron Commander's signature is not necessary if the activity is approved in eServices or if it is a squadron activity.)

I certify that the above information is correct and that all requirements for attendance, as specified in National Headquarters Directives, will be completed by the required dates.

|       |                    |
|-------|--------------------|
| _____ | _____              |
| Date  | Squadron Commander |

**Group Certification.** (Group Commander's signature is not necessary if the activity is approved in eServices or if the activity is held within the group.)

|       |                               |
|-------|-------------------------------|
| _____ | _____                         |
| Date  | Group Commander (or designee) |

**Wing Certification.** (Wing Commander's signature is not necessary if the activity is approved in eServices or if the activity is held within the wing.)

|       |                              |
|-------|------------------------------|
| _____ | _____                        |
| Date  | Wing Commander (or designee) |

# CIVIL AIR PATROL CADET ACTIVITY PERMISSION SLIP

## SUGGESTED BEST PRACTICE for LOCAL "WEEKEND" ACTIVITIES:

Announce the activity at least 2 weeks in advance and require participating cadets to sign-up via this form 1 week prior to the event

### 1. INFORMATION on the PARTICIPATING CADET

|                             |                       |                       |
|-----------------------------|-----------------------|-----------------------|
| <b>Cadet Name:</b>          | <b>Cadet Grade:</b>   | <b>CAPID:</b>         |
| <b>Unit Charter Number:</b> | <b>Activity Name:</b> | <b>Activity Date:</b> |

### 2. INFORMATION about the ACTIVITY

|   |   |
|---|---|
| <i>For hotel-based activity or conference</i><br><b>Grade &amp; Name of Supervising Senior:</b> | <i>For hotel-based activity or conference</i><br><b>Supervising Senior initial to acknowledge responsibility:</b> |
|---|---|

### 3. PARENT's or GUARDIAN's CONTACT INFORMATION

|                                 |                               |   |
|---------------------------------|-------------------------------|---|
| <b>Parent or Guardian Name:</b> | <b>Relationship to Cadet:</b> | <b>Contact Number on Date(s) of Activity:</b> |
|---------------------------------|-------------------------------|---|

### 4. OTHER DOCUMENTS REQUIRED to PARTICIPATE

Check those that apply and attach with this form

|   |  |
|---|--|
| <input type="checkbox"/> <b>CAPF 31</b> Application for Special Activity          | <input type="checkbox"/> Other / Special Local Forms (specify) |
| <input type="checkbox"/> <b>CAPF 160</b> CAP Member Health History Form           |  |
| <input type="checkbox"/> <b>CAPF 163</b> Provision of Over the Counter Medication |  |

### 5. PARENT's or GUARDIAN's AUTHORIZATION

Cadets who have reached the age of majority, write "N.A."

|   |                   |              |
|---|-------------------|--------------|
| <i>I authorize my cadet to participate in the activity described above.</i> | <b>Signature:</b> | <b>Date:</b> |
|---|-------------------|--------------|

*Disposition: Units may discard this completed form when the activity concludes.*

Please detach on the dotted line. The upper portion is for CAP and the lower portion is for the parent's or guardian's reference.

### 6. HELPFUL INFORMATION for PARENTS & GUARDIANS

To be completed by the cadet with assistance from local leaders or activity hosts

|  |  |
|--|--|
| <b>Activity Name:</b>  | <b>Activity Date &amp; Time:</b>   |
| <b>Activity Location:</b>  | <b>Activity Format(s):</b> <input type="checkbox"/> classroom, tour, light duty <input type="checkbox"/> backcountry <input type="checkbox"/> physically rigorous <input type="checkbox"/> flying    |
| <b>Participation Fee:</b>  | <b>Payment Due:</b>  |
| <b>Transportation Provided?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Extra Fee:</b>                   | <b>Transportation Rally Point:</b>   |
| <b>"High Adventure"?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, explain:                        | <b>CAP Point of Contact Name:</b><br>The supervising adult staff is expected to include <input type="checkbox"/> men only <input type="checkbox"/> women only <input type="checkbox"/> men and women |
| <b>Meals:</b> <input type="checkbox"/> Provided <input type="checkbox"/> Bring own food <input type="checkbox"/> Bring money | <b>Emergency Phone:</b>  |
| <b>Equipment Needed:</b> <input type="checkbox"/> See website or flier for equipment list                                    | <b>Activity Website:</b>   |
|  | <b>Estimated Time Returning to Home or Rally Point:</b>  |