

FLORIDA WING CADET PROGRAMS ACTIVITY APPLICATION

CAP ID	UNIT CHARTER NUMBER SER-FL-458	UNIT NAME Wesley Chapel Cadet Sqdrn	GROUP (If applicable) 3	AGE	GENDER	<input type="checkbox"/> CADET <input type="checkbox"/> SENIOR
NAME (Last Name, First Name, Middle Initial) / .			CAP GRADE	TELEPHONE NUMBER – PRIMARY (Include area code) - - TYPE:		
MAILING ADDRESS				TELEPHONE NUMBER – ALTERNATE (Include area code) - - TYPE:		
CITY	STATE	ZIP CODE	EMAIL ADDRESS		CPPT COMPLETION DATE (FOR CADETS 18 & OLDER AND SENIOR MEMBERS ONLY)	
HEIGHT (Inches) "	WEIGHT (Pounds) lbs	DATE OF BIRTH	CURRENT SCHOOL GRADE (Cadets Only) <input type="checkbox"/> PRIVATE <input type="checkbox"/> PUBLIC	SCHOLASTIC ACHIEVEMENT (Senior Members Only) <input type="checkbox"/> High School Graduate <input type="checkbox"/> College <input type="checkbox"/> Post Graduate _ Years Completed		RELIGIOUS PREFERENCE
T-SHIRT SIZE (Available at some activities, check one) <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL		SHORT SIZE (Available at some activities, check one) <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL		IF YOU REQUIRE SPECIFIC CLOTHING NEEDS OTHER THAN LISTED, PLEASE SPECIFY		
ACTIVITY YOU ARE APPLYING FOR (One activity per application)			LOCATION OF ACTIVITY YOU ARE APPLYING FOR		STANDARD CHECK LIST PLEASE MAKE SURE THE FOLLOWING ARE ENCLOSED ALONG WITH THIS APPLICATION <input type="checkbox"/> ACTIVITY FEE – I have enclosed \$ _____ <input type="checkbox"/> All other items as directed by the requested activity OPERATIONS ORDER	
YOU ARE APPLYING FOR THE POSITION OF <input type="checkbox"/> STUDENT/PARTICIPANT <input type="checkbox"/> CADET STAFF MEMBER – SPECIFY _____ <input type="checkbox"/> SENIOR STAFF MEMBER – SPECIFY _____						
MEDICAL INFORMATION All information MUST be completed. This section is to be completed by the applicant. <i>HAVE YOU HAD OR NOW HAVE ANY OF THE FOLLOWING?</i> (If YES is answered on any item, please explain in the remarks section with dates and physician(s) consulted (if any).						
<input type="checkbox"/> NO <input type="checkbox"/> YES	Are you currently taking Prescription Medications (List Below)		<input type="checkbox"/> NO <input type="checkbox"/> YES	Sugar or albumin in urine		
<input type="checkbox"/> NO <input type="checkbox"/> YES	Any injury or illness in the past 2 years (List Below)		<input type="checkbox"/> NO <input type="checkbox"/> YES	Heart trouble		
<input type="checkbox"/> NO <input type="checkbox"/> YES	Any known allergies (List Below)		<input type="checkbox"/> NO <input type="checkbox"/> YES	High or low blood pressure		
<input type="checkbox"/> NO <input type="checkbox"/> YES	Hay fever		<input type="checkbox"/> NO <input type="checkbox"/> YES	Chronic diseases like Diabetes or Bronchitis		
<input type="checkbox"/> NO <input type="checkbox"/> YES	Frequent or severe headaches		<input type="checkbox"/> NO <input type="checkbox"/> YES	Severe Menstrual cramps (Female Only)		
<input type="checkbox"/> NO <input type="checkbox"/> YES	Stomach trouble		<input type="checkbox"/> NO <input type="checkbox"/> YES	Admission to hospital		
<input type="checkbox"/> NO <input type="checkbox"/> YES	Motion sickness		<input type="checkbox"/> NO <input type="checkbox"/> YES	Attempted suicide		
<input type="checkbox"/> NO <input type="checkbox"/> YES	Ear infections		<input type="checkbox"/> NO <input type="checkbox"/> YES	Rupture or Groin injury		
<input type="checkbox"/> NO <input type="checkbox"/> YES	Dizziness or fainting spells		<input type="checkbox"/> NO <input type="checkbox"/> YES	Positive TB skin test		
<input type="checkbox"/> NO <input type="checkbox"/> YES	Asthma		<input type="checkbox"/> NO <input type="checkbox"/> YES	Epilepsy or seizures		
<input type="checkbox"/> NO <input type="checkbox"/> YES	Unconsciousness for any reason		<input type="checkbox"/> NO <input type="checkbox"/> YES	Kidney stones or blood in urine		
<input type="checkbox"/> NO <input type="checkbox"/> YES	Eye trouble, excluding glasses		<input type="checkbox"/> NO <input type="checkbox"/> YES	Nervous trouble of any sort		
<input type="checkbox"/> NO <input type="checkbox"/> YES	Any drug or narcotic habit		<input type="checkbox"/> NO <input type="checkbox"/> YES	Other illness, injuries or accidents (List Below)		
<input type="checkbox"/> NO <input type="checkbox"/> YES	Chronic or recurring injuries		<input type="checkbox"/> NO <input type="checkbox"/> YES	Medical treatment within the past 5 years other than regular office visits or physicals (List Below)		
<i>Information not specifically noted above having the potential to interfere with performance during the activity should be documented in the remarks section. Some activities may require additional medical verification such as a physical exam prior to attendance. Consult current activity information or contact the activity project officer.</i>						
DESCRIBE ANY SPECIAL DIETARY NEEDS					BLOOD TYPE	
REMARKS – MEDICATIONS and EXPLANATIONS (Attach additional sheet if necessary). FULL disclosure of medical information for cadets is very important and mandatory!						
FAMILY PHYSICIAN'S NAME		FAMILY PHYSICIAN'S TELEPHONE No. - -		MEDICAL INSURANCE COMPANY		MEDICAL INSURANCE POLICY No.

EMERGENCY CONTACT INFORMATION	RELATIONSHIP (Ex: Mother, Uncle, etc)	TELEPHONE NUMBER – DAYTIME - - TYPE:	TELEPHONE NUMBER – EVENING - - TYPE:
NAME (Parent, guardian or closest relative to be notified in case of emergency)			

RELEASE AGREEMENT

KNOWN ALL MEN BY THESE PRESENTS that I am submitting my application for this Civil Air Patrol activity, and I hereby volunteer entirely upon my own imitative, risk, and responsibility for an assignment to participate in this activity 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, travel incident to the activity, 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.
6. Acting as a spokesman for the Civil Air Patrol, rendering reports on the activity.
7. Refraining from argumentative discussions concerning governmental policies.
8. Physically demanding exercise and/or tasks.
9. Being ordered home or suspended from activity functions as a result of a disciplinary action as determined by the officer in charge.

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, 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 or continuances thereof, as well as all ground and flight operations incident thereto.

SIGNATURE OF APPLICANT

DATE

RELEASE BY PARENTS OR GUARDIAN

KNOWN ALL MEN BY THESE PRESENTS: WHEREBY my child has applied for the activity referred to on the first page of this document, 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, 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 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 the first page of this document and is able to participate without the physical/emotional support or others. **Also, he/she is capable of taking any prescribed medication without supervision.**
3. Will follow all rules, regulations, and directives as established by the Civil Air Patrol activity project officer or officer in charge or encampment commander. If he/she does not follow the activity rules, regulations, and directives written or verbal, he/she may be sent home at the discretion of the activity project officer or officer in charge or encampment commander at my expense.
4. Should firearms training be offered as outlined in CAPR 52-16, permission is hereby given for the applicant to participate.
5. I have read, understood, and agree to all items as outline in the Release Agreement section and Release by Parents or Guardian section. I also certify that ALL information on as part of this document is true to my knowledge.

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

REFUND POLICY – Due to prior financial obligations by third parties, the following refund policy has been established.

1. Florida Wing Activities applications must be complete and accompanied by FULL PAYMENT or the application will not be processed.
2. All out-of-state cadets must send a cashier's check or money order. NO PERSONAL CHECKS.
3. All request for refunds must be in writing and postmarked by the following dates:
 - A. Cancellations 14 or more days before the scheduled activity will receive a 90% refund.
 - B. Cancellations 5-13 days before the scheduled activity will receive a 50% refund.
 - C. Cancellations 4 days or less before the scheduled activity will receive NO REFUNDS.

SIGNATURE OF FATHER OR LEGAL GUARDIAN

DATE

WITNESS FOR FATHER'S SIGNATURE

(Must be signed by an adult other than parent/legal guardian)

SIGNATURE OF MOTHER OR LEGAL GUARDIAN

DATE

WITNESS FOR MOTHER'S SIGNATURE

(Must be signed by an adult other than parent/legal guardian)

UNIT CERTIFICATION

To my knowledge:

1. I certify that ALL of the information on this form is complete and correct.
2. This applicant meets the activity prerequisites and is prepared to attend this activity.
3. This applicant has no history of injury or disease which might be affected by this activity except those previously noted in the Medical Information section of this form.
4. This applicant will follow all rules, regulations, and directives as established by the Civil Air Patrol, the activity project officer or officer in charge or encampment commander or other staff members. If he/she does not follow the activity rules, regulations, and directives, he/she may be sent home at the discretion of the activity project officer or officer in charge or encampment commander at parental or unit expense.

SIGNATURE OF UNIT COMMANDER OR DEPUTY COMMANDER FOR CADETS

DATE

PRINT NAME