

# CALIFORNIA WING — APPLICATION FOR CAP ACTIVITY

CAP ID NUMBER (6-digits)	UNIT CHARTER NUMBER	DATE JOINED CAP Month/Year	CAP GRADE	AGE	GENDER	CADET MEMBER SENIOR MEMBER
NAME (Last Name, First Name, Middle Initial)				GROUP	SQUADRON	TELEPHONE NUMBER (HOME) (include Area Code)
MAILING ADDRESS (Number & Street) <span style="float: right;">Apartment or Space Number</span>					TELEPHONE NUMBER (BUSINESS)	
CITY			STATE	ZIP CODE		RELIGIOUS PREFERENCE (Specific as possible)
E-MAIL ADDRESS			HEIGHT (inches)	WEIGHT	DATE OF BIRTH Month / Day / Year	T-Shirt Size (some activities may provide T-Shirts) <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL
SCHOLASTIC ACHIEVEMENT (Senior Members Only) <input type="checkbox"/> High School Graduate <input type="checkbox"/> College Graduate <input type="checkbox"/> Post Graduate Graduate _____ Years Completed   _____ Years Completed			PRESENT OCCUPATION (Senior Members only)			CURRENT SCHOOL GRADE LEVEL (Cadets Only)
ACTIVITY YOU ARE APPLYING FOR (One activity per application, please)			LOCATION		FOR CAWG USE ONLY (Check number/Amount Paid)	

I would like to attend this activity as a:

Student/Participant      Cadet Staff Member as: \_\_\_\_\_      Senior Staff Member as: \_\_\_\_\_  
POSITION REQUESTED
POSITION REQUESTED

## MEDICAL INFORMATION - TO BE COMPLETED BY ALL APPLICANTS

*HAVE YOU HAD OR NOW HAVE ANY OF THE FOLLOWING?* (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)<br><input type="checkbox"/> NO <input type="checkbox"/> YES   Any injury or illness in the past 2 years (List Below)<br><input type="checkbox"/> NO <input type="checkbox"/> YES   Any known allergies (List Below)<br><input type="checkbox"/> NO <input type="checkbox"/> YES   Hay fever<br><input type="checkbox"/> NO <input type="checkbox"/> YES   Frequent or severe headaches<br><input type="checkbox"/> NO <input type="checkbox"/> YES   Stomach trouble<br><input type="checkbox"/> NO <input type="checkbox"/> YES   Motion sickness<br><input type="checkbox"/> NO <input type="checkbox"/> YES   Ear infections<br><input type="checkbox"/> NO <input type="checkbox"/> YES   Dizziness or fainting spells<br><input type="checkbox"/> NO <input type="checkbox"/> YES   Asthma<br><input type="checkbox"/> NO <input type="checkbox"/> YES   Unconsciousness for any reason<br><input type="checkbox"/> NO <input type="checkbox"/> YES   Eye trouble, excluding glasses<br><input type="checkbox"/> NO <input type="checkbox"/> YES   Any drug or narcotic habit<br><input type="checkbox"/> NO <input type="checkbox"/> YES   Chronic or recurring injuries | <input type="checkbox"/> NO <input type="checkbox"/> YES   Sugar or albumin in urine<br><input type="checkbox"/> NO <input type="checkbox"/> YES   Heart trouble<br><input type="checkbox"/> NO <input type="checkbox"/> YES   High or low blood pressure<br><input type="checkbox"/> NO <input type="checkbox"/> YES   Chronic diseases like Diabetes or Bronchitis<br><input type="checkbox"/> NO <input type="checkbox"/> YES   Severe Menstrual cramps (Female Only)<br><input type="checkbox"/> NO <input type="checkbox"/> YES   Admission to hospital<br><input type="checkbox"/> NO <input type="checkbox"/> YES   Attempted suicide<br><input type="checkbox"/> NO <input type="checkbox"/> YES   Rupture or Groin Injury<br><input type="checkbox"/> NO <input type="checkbox"/> YES   Positive TB skin test<br><input type="checkbox"/> NO <input type="checkbox"/> YES   Epilepsy or seizures<br><input type="checkbox"/> NO <input type="checkbox"/> YES   Kidney stones or blood in urine<br><input type="checkbox"/> NO <input type="checkbox"/> YES   Nervous trouble of any sort<br><input type="checkbox"/> NO <input type="checkbox"/> YES   Other illness, injuries or accidents (List Below)<br><input type="checkbox"/> NO <input type="checkbox"/> YES   Medical treatment within the past 5 years other than regular office visits or physicals (List Below) |
|--|--|

*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.*

REMARKS - MEDICATIONS and EXPLANATIONS (Attach additional sheet if necessary) **Full disclosure of medical information for cadets is very important!**

FAMILY PHYSICIAN'S NAME	FAMILY PHYSICIAN'S TELEPHONE #	MEDICAL INSURANCE COMPANY	MEDICAL INS POLICY NUMBER
EMERGENCY CONTACT - Parent, Guardian, or closest Relative to be notified in case of emergency		DAY TIME TELEPHONE #	NIGHT TIME TELEPHONE #

## RELEASE AGREEMENT

KNOW ALL MEN BY THESE PRESENTS that 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.

Social Security Number - Only if requested

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

## 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 and is able to participate without the physical/emotional support of others.  
**Also, he/she is capable of taking any prescribed medications without supervision.**
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 he/she does not follow the activity/encampment rules, regulations, and directives he/she may be sent home at the discretion of the project officer, encampment commander or activity director at my expense.
4. Should firearms training be offered as outlined in CAPR52-16, permission is here by given for the applicant to participate.

However, in case of injury, disease or other illness, permission is hereby granted to treat the participant 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

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

\_\_\_\_\_  
FATHER OR LEGAL GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS FOR MOTHER'S SIGNATURE

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

\_\_\_\_\_  
MOTHER OR 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 or 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, Inc., activity project officer or encampment commander, or other staff members. If he/she does not follow the activity/encampment rules, regulations, and directives he/she may be sent home at the discretion of the project officer, encampment commander or activity director at *parental or unit* expense.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
UNIT COMMANDER