APPLICATION FOR CAP ENCAMPMENT OR SPECIAL ACTIVITY

This application is used for Wing Encampments and National Cadet Special Activities (NCSA/CSA) only. For all other activities, use CAPF 60-80. Parent / guardian approval in Registration Zone is an equivalency for approval on this form.

Name (Last, First, Middle Initial)		**CAPID**	**CAP Grade**	**Gender**
Member Type	**Charter No. (e.g. GLR-MI-059)**	**Date of Birth**	**Shirt Size**	
Address (Include No., Street, City, State and Zip Code)		**Height (inches)**	**Weight (lbs)**	
		E-Mail Address		
Home Phone Number	**Cell Phone Number**	**Parent or Guardian E-Mail Address**		
Title of Activity	**Location of Activity**	**Activity Dates**		
Staff Position(s) Sought				

Applicant Signature

I hereby submit my application and ask to be considered for the above activity. I certify that the above information is correct and that all requirements for attendance will be completed by the required date.

Date _____ Signature of Applicant _____

Release by Parent or Guardian

Not required for cadets who have reached the age of majority.

For special activities using eServices registration, parent signature obtained after cadet is offered a slot at activity.

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 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 is my minor child or ward and they 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 my child does not follow 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 _____ Parent or Legal Guardian Signature _____

Squadron Certification

I hereby endorse this application and will support the cadet's participation if selected. I certify that the above information is correct and that all requirements for attendance will be completed by the required dates.

Date _____ Squadron Commander _____