

FLORIDA WING CADET PROGRAMS ACTIVITY APPLICATION

PART I - MEMBER INFORMATION

CAPID	NAME (Last, First, MI)	CAP GRADE	DATE OF BIRTH	AGE	MEMBER CATEGORY <input type="checkbox"/> CADET <input type="checkbox"/> SENIOR	
UNIT NAME				UNIT CHARTER (ex: SER-FL-001)		GROUP
PRIMARY TELEPHONE	TYPE	ALTERNATE TELEPHONE	TYPE	E-MAIL ADDRESS		
MAILING ADDRESS				FACEBOOK USERNAME/E-MAIL		
CITY		STATE	ZIP CODE	HEIGHT <small>inches</small>	WEIGHT <small>lbs</small>	EYE COLOR
HAIR COLOR		CURRENT SCHOOL GRADE (Cadets Only) Grade: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Homeschool		SCHOLASTIC ACHIEVEMENT (Senior Members Only) Years: <input type="checkbox"/> H.S. Grad <input type="checkbox"/> Under Grad <input type="checkbox"/> Post Grad		RELIGIOUS PREFERENCE
T-SHIRT SIZE <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL		SHORT SIZE <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL		SPECIFIC CLOTHING NEEDS OTHER THAN LISTED (Specify)		
CPPT COMPLETION DATE <small>(18+ Only)</small>	BASIC ORM DATE	INTERMEDIATE ORM DATE	ADVANCED ORM DATE	GES (CAPT116) DATE		

PART II - RECORD OF EMERGENCY DATA

Space is provided for three emergency contacts. At least two contacts are recommended. It is also recommended that at least one of the emergency contacts be located in a geographically separated area from the other(s).

EMERGENCY CONTACT NAME	RELATIONSHIP	PRIMARY TELEPHONE & TYPE	ALTERNATE TELEPHONE & TYPE
EMERGENCY CONTACT NAME	RELATIONSHIP	PRIMARY TELEPHONE & TYPE	ALTERNATE TELEPHONE & TYPE
EMERGENCY CONTACT NAME	RELATIONSHIP	PRIMARY TELEPHONE & TYPE	ALTERNATE TELEPHONE & TYPE

PART III - ACTIVITY APPLICATION SPECIFICS

ACTIVITY APPLYING FOR	LOCATION OF ACTIVITY	DATE OF BASIC ENCAMPMENT
-----------------------	----------------------	--------------------------

INDICATE THE CAPACITY YOU ARE APPLYING FOR:

Student / Participant

Cadet Staff 1st Duty Preference: _____ 2nd Duty Preference: _____

Senior Staff 1st Duty Preference: _____ 2nd Duty Preference: _____

PART IV – ADDITIONAL INFORMATION (FOR STAFF USE OR AS DIRECTED)

PART V - APPLICANT CERTIFICATION

I have reviewed this application and the data provided is to the best of my knowledge accurate as of the date of this application. I understand my application is not complete unless all required documentation for the application process as specified in the activity operations order is received.			APPLICANT CHECKLIST <input type="checkbox"/> Activity Fee of \$_____	
I have reviewed my cadet's application and have verified the information provided is accurate to the best of my knowledge as of the date of this application. I understand it is my cadet's responsibility to complete all required application requirements and failure to do so may result in this application not being considered for the activity.			<input type="checkbox"/> FLWGF503 (If Required)	
APPLICANT NAME (PRINTED)	APPLICANT SIGNATURE	DATE	<input type="checkbox"/> FLWGF504 (If Required)	
PARENT/LEGAL GUARDIAN NAME (PRINTED)			REGISTRAR CHECKLIST	
PARENT/LEGAL GUARDIAN SIGNATURE			<input type="checkbox"/> Fee (CHECK CASH MO)	
DATE			<input type="checkbox"/> F503 Received <input type="checkbox"/> Entered	
			<input type="checkbox"/> F504 Received <input type="checkbox"/> Entered	
			<input type="checkbox"/> Receipt Acknwdg. Sent	

RELEASE AGREEMENT & SQUADRON CERTIFICATION

PART VI - MEMBER DATA & RELEASE AGREEMENT

CAPID	NAME	ACTIVITY NAME
-------	------	---------------

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 initiative, 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.

APPLICANT SIGNATURE	DATE	CAP GRADE	DATE OF BIRTH
---------------------	------	-----------	---------------

PART VII - 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 financial obligations made in the during the planning phase of activities, refunds will be handled where feasible. The refund policy is determined by the activity and the activity finances. I understand it is my responsibility to review the refund policy for the activity my child has applied for and that refund requests will be processed in accordance with the refund schedule published.

SIGNATURE OF FATHER OR LEGAL GUARDIAN	DATE	WITNESS FOR FATHER'S SIGNATURE (ADULT OTHER THAN PARENT/GUARDIAN)	DATE
SIGNATURE OF MOTHER OR LEGAL GUARDIAN	DATE	WITNESS FOR MOTHER'S SIGNATURE (ADULT OTHER THAN PARENT/GUARDIAN)	DATE

PART VIII - UNIT CERTIFICATION

To my knowledge:

1. This applicant meets the activity prerequisites and is prepared to attend this activity.
2. This applicant has no history of injury or disease which might be effected by this activity.
3. 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.

SQUADRON COMMANDER OR DEPUTY COMMANDER FOR CADETS NAME / GRADE	SIGNATURE OF COMMANDER OR DEPUTY COMMANDER FOR CADETS	DATE
--	---	------