WASHINGTON WING

CADET ACTIVITY APPLICATION

(If form is not legible you may not be selected for the activity that you want to attend)

NAME: Last Name, First Name, Middle Initial **Date Joined CAP**

Month: Year:

MAILING ADDRESS: (Number and Street)

CITY **STATE** **ZIP CODE** **HOME PHONE**

( ) -

UNIT NAME: **CHARTER NUMBER**

CAPID **CAP GRADE** **DATE OF BIRTH** **AGE**

MM DD YY

E-MAIL ADDRESS **GENDER** **HEIGHT** **WEIGHT** **HAIR** **EYES**

M – F (CIRCLE)

SCHOLASTIC ACHIEVEMENT **RELIGIOUS PREFERENCE**

Grade Level Completed: ____ College Years: ____

DESIRED ACTIVITY (check only one box per application)

ENCAMPMENTS	FLIGHT CAMPS	TRAINING	OTHER
☐ Summer	☐ Power	☐ WTA	_____
☐ Winter	☐ Glider	☐ ESTA	

STAFF APPLICATIONS (only)

Desired Position 1. _____ 2. _____ 3. _____

PREVIOUS EXPERIENCE: (staff applications only)

Activity	Dates Attended	Position Held

RELEASE AGREEMENT

KNOW ALL MEN BY THESE PRESENTS that I am submitting my application for Civil Air Patrol, Washington Wing activities, 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. Travailing in US Military, Civil Air Patrol, commercial, or private owned vehicle from regular place of the activity, travel incident to the activity, and subsequent return to place of the activity.
2. Participation in aeronautical activities as a passenger or a student trainee in US Military, Civil Air Patrol, 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.

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 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.

DATE SIGNATURE OF CADET

CONTINUE ON THE BACK

RELEASE BY PARENTS OR GUARDIAN

KNOW ALL MEN BY THESE PRESENTS: WHEREBY my child has applied for the activity 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, 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 an 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 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 of injury or disease which might be affected by this activity except those previously noted in the Washington Wing Medical Information form.
3. Will follow all rules, regulations, and directives as established by the Civil Air Patrol, Inc., activity commander or activity project officer, 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 activity commander or activity project office 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.

Refund Policy

1. All applications for any activity must be complete and be accompanied by **full payment** or the application will not be processed.
2. All **out-of-state** cadets must send only a cashier's check or money order. No Personal checks.
3. **Refund Policy:** All requests for refunds must be in writing and postmarked by the dates shown below.
   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. Cancellation **4 days** or less before the scheduled activity will receive 0% refund.

(PARENT/GUARDIAN INITIAL HERE) ☐ **I/We have read & understand the refund policy.**

DATE	**Print Name of Witness for Father's Signature**	**Print Name of Father/Legal Guardian**
	WITNESS SIGNATURE	**FATHER/LEGAL GUARDIAN SIGNATURE**
	Print Name of Witness for Mother's Signature	**Print Name of Mother/Legal Guardian**
	WITNESS SIGNATURE	**MOTHER OR LEGAL GUARDIAN SIGNATURE**

I certify that the applicant is qualified to attend a CAP activity and recommend approval of the application. Flying (is) (is not) authorized by cadet's parents or guardian.

DATE	**Print Name of Sqdn. Commander/Deputy CC for Cadets**	**Signature of Sqdn. CC/Deputy CC for Cdts.**