

APPLICATION FOR NEW YORK WING ENCAMPMENT & ACADEMIES

NAME (Last Name, First Name, Middle Initial)		JOINED CAP: MMM YY	CAPID	YR of Activity
CAP GRADE	WING	UNIT CHARTER NUMBER		ENCAMPMENT LOCATION Stratton ANGB, Scotia, NY
MAILING ADDRESS (Number and Street)			Applying As: Basic Cadet <input type="checkbox"/> Cadet Staff <input type="checkbox"/> Senior Staff <input type="checkbox"/> Other* <input type="checkbox"/> This is my first encampment <input type="checkbox"/> <small>* If applying for an advanced academy (i.e., Flight Academy – Powered, Flight Academy – Glider) – enter the name of the activity here. Otherwise leave blank.</small>	
(City)	(State)	(Zip Code)		
DATE OF BIRTH: DD MMM YY	GENDER	Do you prefer to receive mailings about the encampment via E-MAIL <input type="checkbox"/> REGULAR MAIL <input type="checkbox"/>		
RELIGIOUS PREFERENCE		ARE YOU INTERESTED IN ATTENDING RELIGIOUS SERVICES? YES <input type="checkbox"/> NO <input type="checkbox"/>	PRESENT OCCUPATION	
E-MAIL ADDRESS			(Home Phone):	
PARENT'S (GUARDIAN'S) E-MAIL ADDRESS (OPTIONAL)			(Business Phone):	
T-SHIRT SIZE (Required)	CPPT (18 and Older Only): Completed <input type="checkbox"/> Will be completed prior to encampment <input type="checkbox"/>		(Cell Phone):	
Special Meals Required: <input type="checkbox"/> What kind? <i>(Special meals may not be able to be accommodated)</i>				
SENIORS ONLY: Full-Time <input type="checkbox"/> or Part-Time <input type="checkbox"/> Part-Time Dates:				
Check the statement that best reflects your experience in each of the two categories of flight:				
1. Single Engine Aircraft Flight Experience (Cadets Only):				
Have never flown in a single engine plane (0)			<input type="checkbox"/>	Weight (cadets only - for flight planning purposes): <input style="width: 50px; height: 20px;" type="text"/>
CAP Orientation Flight – Back Seat Only (1)			<input type="checkbox"/>	
CAP Orientation Flight – Front Seat – "Flew the airplane" (2)			<input type="checkbox"/>	
Had additional flight training or student pilot (3)			<input type="checkbox"/>	
Ineligible to fly (over 18 at time of encampment) (x)			<input type="checkbox"/>	
Do not want to fly in a small aircraft (x)			<input type="checkbox"/>	
2. Flight Experience in Military Aircraft (i.e., C130, etc.) (Cadets & Seniors):				
Have never flown in a military aircraft (0)			<input type="checkbox"/>	
Have flown once in a military aircraft (1)			<input type="checkbox"/>	
Have flown more than once in a military aircraft (2)			<input type="checkbox"/>	
Do not want to fly in a military aircraft (x)			<input type="checkbox"/>	
PAYMENT OF ENCAMPMENT FEES:				
I have included payment of \$_____ in the form of: Cash: <input type="checkbox"/> Check: <input type="checkbox"/> Money Order: <input type="checkbox"/> Credit Card: <input type="checkbox"/>				
If Paying by Credit Card Visa <input type="checkbox"/> MasterCard <input type="checkbox"/>				
Account Number _____		Expiration Date: (MMM YY) _____		
Name on Credit Card: _____		Signature of Card-holder _____		

CIVIL AIR PATROL RELEASE AGREEMENT (ALL MUST SIGN)

KNOW ALL MEN BY THESE PRESENTS that I 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.

DATE

SIGNATURE OF APPLICANT

RELEASE BY PARENTS OR GUARDIAN (CADETS ONLY)

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.
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 not following 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

WITNESS FOR FATHER'S SIGNATURE

FATHER OR LEGAL GUARDIAN

WITNESS FOR MOTHER'S SIGNATURE

MOTHER OR LEGAL GUARDIAN

SQUADRON CERTIFICATION

I certify that the applicant is a member in good standing in my unit and I approve his/her request.

SQUADRON COMMANDER

WING CERTIFICATION (Required for applicants who are not members of New York Wing)

This applicant has my permission to attend the NYWg Encampment/Academy.

WING COMMANDER

MEDICAL INFORMATION - TO BE COMPLETED BY ALL APPLICANTS

This information is for Official Use Only and will not be released to unauthorized persons. Answer all questions as accurately as possible so that special activity or encampment staff can make themselves aware of any pre-existing medical problems or conditions and be alert to help you.

NAME OF PARTICIPANT (Last Name, First Name)

CAPID

DO YOU CURRENTLY USE ANY MEDICATION? (Including eye drops)

NO YES (List any medication taken and the reason in the remarks section.)

HAVE YOU HAD OR BEEN INVOLVED IN AN ACCIDENT IN THE PAST 2 YEARS?

NO YES (Explain the extent of your injuries and treatment required in the remarks section.)

HAVE YOU HAD OR HAVE NOW ANY OF THE FOLLOWING? (If yes is answered on any items, please explain why in the remarks section with dates and physician(s) consulted (if any). Items not specifically noted below having the potential to interfere with performance during the special activity or encampment should be documented in the remarks section.)

- | | | | | | |
|--|--------------------------------|--|---------------------------------|--|---|
| <input type="checkbox"/> NO <input type="checkbox"/> YES | Frequent or severe headaches | <input type="checkbox"/> NO <input type="checkbox"/> YES | Ear infections | <input type="checkbox"/> NO <input type="checkbox"/> YES | Chronic diseases like Diabetes or Bronchitis |
| <input type="checkbox"/> NO <input type="checkbox"/> YES | Dizziness or fainting spells | <input type="checkbox"/> NO <input type="checkbox"/> YES | Rupture | <input type="checkbox"/> NO <input type="checkbox"/> YES | Girls only - Menstrual cramps |
| <input type="checkbox"/> NO <input type="checkbox"/> YES | Unconsciousness for any reason | <input type="checkbox"/> NO <input type="checkbox"/> YES | Positive TB skin test | <input type="checkbox"/> NO <input type="checkbox"/> YES | Other illness or accidents |
| <input type="checkbox"/> NO <input type="checkbox"/> YES | Eye trouble, excluding glasses | <input type="checkbox"/> NO <input type="checkbox"/> YES | Epilepsy or fits | <input type="checkbox"/> NO <input type="checkbox"/> YES | Military rejection or medical discharge |
| <input type="checkbox"/> NO <input type="checkbox"/> YES | Hay fever | <input type="checkbox"/> NO <input type="checkbox"/> YES | Kidney stones or blood in urine | <input type="checkbox"/> NO <input type="checkbox"/> YES | Rejection for life insurance |
| <input type="checkbox"/> NO <input type="checkbox"/> YES | Sugar or albumin in urine | <input type="checkbox"/> NO <input type="checkbox"/> YES | Motion sickness | <input type="checkbox"/> NO <input type="checkbox"/> YES | Admission to hospital |
| <input type="checkbox"/> NO <input type="checkbox"/> YES | Heart trouble | <input type="checkbox"/> NO <input type="checkbox"/> YES | Nervous trouble of any sort | <input type="checkbox"/> NO <input type="checkbox"/> YES | Record of traffic convictions |
| <input type="checkbox"/> NO <input type="checkbox"/> YES | High or low blood pressure | <input type="checkbox"/> NO <input type="checkbox"/> YES | Any known allergies | <input type="checkbox"/> NO <input type="checkbox"/> YES | Record of other convictions |
| <input type="checkbox"/> NO <input type="checkbox"/> YES | Stomach trouble | <input type="checkbox"/> NO <input type="checkbox"/> YES | Any drug or narcotic habit | <input type="checkbox"/> NO <input type="checkbox"/> YES | Attempted suicide |
| <input type="checkbox"/> NO <input type="checkbox"/> YES | Asthma | <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 |

IMMUNIZATIONS

FAMILY PHYSICIAN (Name, address, and phone number)

INSURANCE INFORMATION

Medical Company

Policy Number

EMERGENCY ADDRESSEE - PARENT, GUARDIAN, OR CLOSEST RELATIVE TO BE NOTIFIED IN CASE OF EMERGENCY

Name Relationship

Address Day Telephone Night Telephone

REMARKS