NAME (Last Name, First Name, Middle Initial) CAP GRADE WING UNIT CHARTER NUMBER REGION ENCAMPMENT LOCATION MAILING ADDRESS (Number and Street) Applying As: Basic Cadet NCO Academy Cadet Staff Senior Staff This is my first encal DATE OF BIRTH: DD MMM YY HEIGHT GENDER HAIR COLOR EYE COLOR SOCIAL SECURITY NUMBER	YEAR
MAILING ADDRESS (Number and Street) Applying As: Basic Cadet NCO Academy Cadet Staff Senior Staff This is my first encar	moment -
Basic Cadet NCO Academy (City) (State) (Zip Code) Cadet Staff Senior Staff This is my first encar	D D D D D D D D D D D D D D D D D D D
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PATE OF BIRTH. DD WIWWITT REIGHT GENDER HAIR COLOR ETE COLOR SOCIAL SECURITI NOWIDER	! (Required)
SCHOLASTIC ACHIEVEMENT RELIGIOUS PREFERENCE PRESENT OCCUPATION	1
High School Graduate	
College Years ARE YOU INTERESTED IN ATTENDING RELIGIOUS SERVICES? (Home Phone):	
Post Graduate Years YES NO	
E-MAIL ADDRESS (Business Phone):	
T-SHIRT SIZE (Required) CPPT (18 and Older Only): Completed (Cell Phone):	
Will be completed prior to encampment □	
SENIORS ONLY: Full-Time or Part-Time	
Dates I will be at the encampment (Part-Time only):	
Basic Cadet Encampment Contract: (You will be asked to sign this when you arrive at the encampment	nt.)
Prior to the encampment:, ➤ if not already at that rank or higher, I will attain the rank of Cadet Airman.	
During the encampment:	
I will participate actively in all training activities, consistently performing to the highest standards for Civil Air Patro	l Cadets.
 I will consistently adhere to the Civil Air Patrol Manual 39-1 in a constant state of readiness for inspection. I will maintain my quarters and personal gear in accordance with the Cadet Standard Operating Procedures and 	
Supplements. My quarters and gear will be in a constant state of readiness for inspection.	
I will accept and complete all academic assignments in a timely, correct, and concise manner. By the conclusion of the encampment:	
> I will be able to demonstrate satisfactory performance of basic drill movements, and customs and courtesies outlined	ned in
AFMAN 36-2203 and the Encampment Ols. I will be able to perform as part of a team, cooperating with and supporting other members of the team.	
PAYMENT OF ENCAMPMENT FEES: I have included payment of \$ in the form of: Cash: ☐ Check: ☐ Money Order: ☐ Crec	dit Card: □
If Paying by Credit Card Visa MasterCard	
Account Number Expiration Date: (MMM YY)	
Name on Credit Card:	
Signature of Card-holder	

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CIVIL AIR PATROL RELEASE AGREEMENT (ALL	MUST	SIGN)
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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 Iraveling by land, sea, or air in US military, commercial, or privately owned vehicles from regular place or residence to the site encampment, travel incident to the activity or encampment, and subsequent return to place of residence.
 Participation in aeronautical activities as a passenger or student trainee in US military, commercial, or privately owned aircraft.
 Living for a period of one week or more on diminished rations and minimal shelter simulating actual survival conditions.
 Being quartered and/or subsisting away from regular or normal place of residence for an extended period of time.
 Remaining with the cadet group I am assigned to at all times during the activity or encampment.
 Acting as a spokesman for Civil Air Patrol, rendering reports on the activity or encampment.

- 7. Refraining from argumentative discussions concerning governmental policies.

activity/encampment o Inc./United States of A action, on account of r	or activities/encampments, I do hereby for america, and all its officers, agents, and ell my death or on account of any injury to magents or employees during said activity/e	myself, my heirs, execumployees acting official e or my property which r	of America through its officers and agents to participate in said tors, and administrators release and forever discharge the Civil Air Patrol, or otherwise, from any and all claims, demands, actions, or causes of may occur as a result of the negligence of the Civil Air Patrol/United s/encampments or continuances thereof, as well as all ground and flight
	-	DATE	SIGNATURE OF APPLICANT
	RELEASE BY PA	ARENTS OR GUARI	DIAN (ONLY IF UNDER 18)
extended to my child be activities/encampment America, and all its off death or on account of employees during saic addition, by my signate 1. Is my minor chil 2. Has no history of 3. Will follow all rul members. If not encampment co	by the Civil Air Patrol/United States of Ams, I do hereby for myself, my heirs, execuricers, agents and employees acting officie f any injury to my child which may occur at activity/encampment or activities/encampure below, I certify the applicant: d or ward. or injury or disease which might be affected les, regulations, and directives as establis following the above mentioned rules, regumander or activity directory at my exper	erica through its officers tors, and administrators all or otherwise, from any s a result of the neglige prements or continuances and by this activity except shed by the Civil Air Patulations, and directives it isse.	wity or encampment referred to above, In consideration of the permission is and agents to participate in said activity/encampment or release and forever discharge the Civil Air Patrol, Inc./United States of y and all claims, demands, actions or causes of action, on account of the noce of the Civil Air Patrol/United States of America, its agents or thereof, as well as all ground and flight operations incident thereto. In those previously noted in the Medical Information section of this form. Tol, Inc., activity project officer or encampment commander, or other staff ne/she may be sent home at the discretion of the project officer, at the applicant as required, and if the applicant is released from the vided by myself.
DATE	WITNESS FOR FATHER'S SIGNA	TURE	FATHER OR LEGAL GUARDIAN
_	WITNESS FOR MOTHER'S SIGNA	TURE	MOTHER OR LEGAL GUARDIAN
I certify that the above info	ormation is correct and that all requirements for a	SQUADRON CERTII	
,		,	SQUADRON COMMANDER
	` .	red for applicants w	ho are not members of New York Wing)
This applicant has my per-	mission to attend the NYW Encampment.		

CONTINUE ON TO NEXT PAGE NYWF 31 (15FEB03) Page 2 of 4

WING COMMANDER

NAME OF PARTICIPANT (Liss 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 FOLLOWIND? (if yes is answered on any litems, please explain why in the remarks section with dates and physician(s) consulted of any), litems not specifically include below lively the potentials to line fire with performance during the special activity or excarpment should be documented in the remarks section.) NO YES Disclainess or familing spells NO YES Disclainess or familing spells NO YES Disclainess or familing spells NO YES Unconsidoseness for any reason NO YES Unconsidoseness for any reason NO YES Unconsidoseness for any reason NO YES Eyes trouble, excluding glasses NO YES Eyes trouble, excluding glasses NO YES Hay ferer NO YES Sugar or abumin in urne NO YES Motion sidoness NO YES Sugar or abumin in urne NO YES Norwan altergies NO YES Record of infallic convictions NO YES High or low allood pressure NO YES Any from altergies NO YES Shorrach trouble NO YES Any from altergies NO YES Any from a finance of the convictions NO YES Any from a finance of the formation of the finance or any physical distriction or physical distriction or physical districtions NO YES Any from a finance or any physical distriction or physical dis the finance or physical distriction or physical distriction or	MEDICAL INFORMATION - TO BE COMPLETED BY ALL APPLICANTS					
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 physiciant(s) consulted (if eye) items not specifically violed feels or bring the periodial to indicate with performance over the pe	NAME OF PARTICIPANT (Last Name, First Name) CAPID					
Moderary No. YES Spectron for Inferious No. YES Reput No. YES Repu	DO YOU CURRENTLY USE ANY MEDICATION? (Including eye drops) NO YES (List any medication taken and the reason in the remarks section.)					
any). Items not specifically noted below having the potential to interfere with performance during the special activity or encomprent should be documented in the remarks section.) NO YES Frequent or severe headaches NO YES Ear infections NO YES Chronic diseases like Diabetes or Bronchitis NO YES Dizziness or fainting spells NO YES Rupture NO YES Girls only - Menstrual cramps NO YES Unconsciousness for any reason NO YES Positive TB skin test NO YES Other illness or accidents NO YES Eye trouble, excluding glasses NO YES Epilepsy or fits NO YES Military rejection or medical discharge NO YES Hay fever NO YES Kidney stones or blood in urine NO YES Rejection for life insurance NO YES Sugar or albumin in urine NO YES Motion sickness NO YES Admission to hospital NO YES Heart trouble NO YES Nervous trouble of any sort NO YES Record of traffic convictions NO YES High or low blood pressure NO YES Any known altergies NO YES Activated suicide NO YES Asthma NO YES Any drug or narcotic habit NO YES Medical treatment within the past 5 years other than regular office visits or physicials IMMUNIZATIONS INSURANCE INFORMATION Medical Company Policy Number EMERGENCY ADDRESSEE - PARENT, GUARDIAN, OR CLOSEST RELATIVE TO BE NOTIFIED IN CASE OF EMERGENCY Name Relationship						
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REMARKS	Address Day Telephone Night Telephone					
	REMARKS					

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FORT DRUM - RELEASE AND HOLD HARMLESS AGREEMENT [EVERYONE MUST SIGN]

1. PRIVACY ACT STATEMENT: Personnel data is solicited under authority of 10 USC 3013 and AR 27-40. The information is for use to determine eligibility for voluntary participation in the potentially hazardous activity of Cadet training in the area of the Fort Drum Military Reservation. Disclosure of requested

information is voluntary, but failure to disclose all or any part period of the New York Wing Civil Air Patrol encampment.	of it may result in denial of permi	ssion to participate in such ac	tivities which will occur during the
2. PERSONAL DATA:			
NAME:			AGE:
ADDRESS:	CITY:	STATE:	ZIP:
PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:			
RELATIONSHIP:			
ADDRESS:	CITY:	STATE:	ZIP:
TELEPHONE:			
and have no known medical condition which could foreseeab condition precedent to my being permitted to engage or partidischarge, indemnify, and hold harmless the United States, it illness, death and property damage, costs, charges, claims, connection with my participation (or my child's participation) treatment, which I am entitled to receive as a soldier or as a to having my child/ward participate in this activity.	icipate in such activity, I, both per ts agents, officers, and employee demands, and liabilities of whatev in the indicated potentially hazard	sonally and on behalf of my cl s, from any and all causes of ver kind, name or nature in an lous activity. This is not a wai	nild, hereby forever release, acquit, actions, including personal injury, y manner arising out of or in ver of any medical benefits or
	DATE SIG	NATURE OF PARENT OR GUAR	DIAN (OR INDIVIDUAL IF OVER 18 YRS)
	-	PRINTED NAME	E OF PARENT OR GUARDIAN
FORT DRUM - PERMISSION FOR	EMERGENCY MEDICAL TR	REATMENT (IF UNDER 18	3 YEARS OLD)
PRIVACY ACT STATEMENT: Personnel data is solicited for voluntary participation in potentially hazardous activity of information is voluntary, but failure to disclose all or any part period of the New York Wing Civil Air Patrol encampment.	Cadet training in the area of the F	Fort Drum Military Reservation	. Disclosure of requested
2. PERSONAL DATA: (SEE ABOVE)			
 DECLARATION: I grant permission for my child/ward to re hazardous activity described above. 	eceive emergency medical treatm	nent for injuries arising out of o	or connected with the potentially
	DATE	SIGNATURE OF	PARENT OR GUARDIAN
	_	PRINTED NAME	E OF PARENT OR GUARDIAN