			APP	LICATIO	N FOR C	ADET.	ACTIVI [*]	TES			
TITLE OF ACTIVITY				LOCATION OF ACTIVITY				ACTIVITY START and END DATE			
NAME (Last Name, First Name, Middle Initial)				JOINED CAP: MM YY		GENDER	CAP GRADE		AGE	CAPID	
MAILING ADDRESS	6 (Number and Street)							TELEPHOI (Home):	NE	<u> </u>
(City) (State)				(Zip Code)				(Alternate):			
WING UNIT CHARTER NUMBER SQUADRON NAME			I NAME	<u> </u>				(Business):			
SCHOLASTIC ACHIEVEMENT GROUP NAME High School Graduate				REGION			(Fax):				
College Post Graduate	Years	E-MAIL	. ADDRESS			1			<u> </u>		
RELIGIOUS PREFE	RENCE								T-SHIRT S relevant for activities)		
Check if you wo		nsidere	d for a staff	position for	this activity.				Position ^a	?	
			ditional shee					,			taken regularly.
EMERGENCY ADDR	RESSE (Parent, Gua	rdian, or	Closest Relative	e to be notified	_	ency.)	SHIP				
ADDRESS						Н	ARE	EA CODE	PHONE N	UMBER	
						BUSIN	ESS				
I CERTIF	Y THAT THE	ABOV	E INFORM	MATION IS	S CORREC	т то т	HE BES	T OF M	Y KNOW	LEDGE A	AND BELIEF.
		Si	gnature of App	licant				Date			
	CAP Memb	ershi	_		f of Memi SET TO S					d Activ	rity.

	CIVIL AIR PATROL REI	EASE AGREEN	ENT (ALL MUST SIGN)
			Patrol Special Activities, and I hereby volunteer entirely upon my own vailable opportunity and with full knowledge that such activity may
incident to the ac 2. Participation in a 3. Living for a peric 4. Being quartered 5. Remaining with 6. Acting as a spok	d, sea, or air in US military, commercial, or private ctivity, and subsequent return to place of residence aeronautical activities as a passenger or student to do of one week or more on diminished rations and and/or subsisting away from regular or normal places that the cadet group I am assigned to at all times during the cadet group I are passigned to at all times during the cadet group I are passigned to at all times during the cadet group I are passigned to at all times during the cadet group I are passigned to at all times during the cadet group I are passigned to a substantial times during the cadet group I	e. rainee in US militar I minimal shelter sir ace of residence for ng the activity. e activity.	nulating actual survival conditions.
or activities, I do hereb all its officers, agents, account of any injury to	y for myself, my heirs, executors, and administrat and employees acting official or otherwise, from a	ors release and fore any and all claims, of of the negligence of	merica through its officers and agents to participate in said activity ever discharge the Civil Air Patrol, Inc./United States of America, and lemands, actions, or causes of action, on account of my death or on the Civil Air Patrol/United States of America, its agents or employees rations incident thereto.
		DATE	SIGNATURE OF APPLICANT
	RELEASE BY PARENT	TS OR GUARDIA	N (ONLY IF UNDER 18)
child by the Civil Air Pexecutors, and adminis official or otherwise, fro occur as a result of the as well as all ground at 1. Is my minor child 2. Has no history o 3. Will follow all rul above mentioned.	atrol/United States of America through its officers strators release and forever discharge the Civil Air pany and all claims, demands, actions or cause a negligence of the Civil Air Patrol/United States on the flight operations incident thereto. In addition, but or ward. In injury or disease which might be affected by this es, regulations, and directives as established by the drules, regulations, and directives he/she may be	and agents to parti- r Patrol, Inc./United s of action, on accc f America, its agent by my signature belo activity except thos the Civil Air Patrol, sent home at the d r granted to treat the	se previously noted in the Medical Information section of this form. Inc., activity project officer, or other staff members. If not following the iscretion of the project officer or activity director at my expense. e applicant as required, and if the applicant is released from the activity
DATE	WITNESS FOR FATHER'S SIGNATURE		FATHER OR LEGAL GUARDIAN
_	WITNESS FOR MOTHER'S SIGNATURE		MOTHER OR LEGAL GUARDIAN
	SQUAD	RON CERTIFI	CATION
	(Requir	ed for ALL a	ctivites)
l certify	that the applicant is a cadet in go	od standina ir	n my unit and I approve his/her request.
. 55.1119			,

SQUADRON COMMANDER	