

## APPLICATION FOR NEW HAMPSHIRE WING ENCAMPMENT OR CADET ACTIVITY

FILL IN THE FOLLOWING PAGES AS ACCURATELY AS POSSIBLE. PLEASE TYPE OR PRINT NEATLY. IF FORMS ARE NOT LEGIBLE THEN YOU MAY NOT BE SELECTED TO ATTEND ENCAMPMENT.

NAME (Last Name, First Name, Middle)					JOINED CAP: MM/YY /		<b>ATTACH PHOTO HERE</b> (REQUIRED FOR STAFF APPLICATIONS)
CAPSN	CAP GRADE	UNIT CHARTER NUMBER	REGION	WING			
MAILING ADDRESS							
PHYSICAL ADDRESS (If different from mailing address)							
CITY			STATE	ZIP CODE			
DATE OF BIRTH: MM/DD/YYYY / /	HEIGHT	WEIGHT (LBS)	GENDER	HAIR COLOR	EYE COLOR	HOME PHONE	
SCHOLASTIC ACHIEVEMENT (YEARS) <input type="checkbox"/> HIGH SCHOOL _____ <input type="checkbox"/> COLLEGE _____		RELIGIOUS PREFERENCE				CELL PHONE	
		PRESENT OCCUPATION				WORK PHONE	
E-MAIL ADDRESS					FAX		

### DESIRED ACTIVITY

#### CADET

- BASIC CADET ENCAMPMENT
- NCO LEADERSHIP ACADEMY
- BASIC CADET ENCAMPMENT STAFF
- 1<sup>ST</sup> Choice: \_\_\_\_\_
- 2<sup>nd</sup> Choice: \_\_\_\_\_
- 3<sup>rd</sup> Choice: \_\_\_\_\_
- NCO LEADERSHIP ACADEMY CADET STAFF
- 1<sup>ST</sup> Choice: \_\_\_\_\_
- 2<sup>nd</sup> Choice: \_\_\_\_\_

#### SENIOR

- ENCAMPMENT
- SENIOR MEMBER TAC OFFICER/ASSISTANT TAC OFFICER
- SENIOR MEMBER ENCAMPMENT STAFF – POSITION: \_\_\_\_\_
- NCO LEADERSHIP ACADEMY
- SENIOR MEMBER TAC OFFICER/ASSISTANT TAC OFFICER
- SENIOR MEMBER ACADEMY STAFF – POSITION: \_\_\_\_\_

ADULT T-SHIRT SIZE (check box)

- SMALL     MEDIUM     LARGE     X-LARGE     XX-LARGE

## RELEASE AGREEMENT

KNOW ALL MEN BY THESE PRESENTS that I am submitting my application to attend a New Hampshire Wing Civil Air Patrol Encampment or Cadet Activity, and hereby volunteer entirely upon my own initiative, risk, and responsibility for an assignment in this encampment and with full knowledge that such encampment or 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 encampment, travel incident to the 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 encampment or activity.
6. Acting as a spokesman for Civil Air Patrol, rendering reports on the encampment or activity.
7. Refraining from argumentative discussions concerning government policies.
8. Will follow all rules, regulations, and directives as established by the Civil Air Patrol, Inc., or encampment commander, or other staff members. If not following the above mentioned rules, regulations, and directives I may be sent home at the discretion of the project officer, or encampment commander at my expense.

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 encampment, encampments, or 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 encampment, encampments, or activity or continuances thereof, as well as all ground or flight operations incident thereto.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

## RELEASE BY PARENTS OR GUARDIANS

KNOW ALL MEN BY THESE PRESENTS: WHEREBY my child has applied for the 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 encampment, encampments, or 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 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 encampment, encampments, or 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 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., 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, or encampment commander 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

\_\_\_\_\_  
SIGNATURE OF FATHER OR LEGAL GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF MOTHER OR LEGAL GUARDIAN

## SQUADRON CERTIFICATION

I certify that the above information is correct and that all requirements for attendance, as specified in the National Headquarters Directives and by New Hampshire Wing, will be completed by the required dates. This applicant is the \_\_\_\_\_ of \_\_\_\_\_ cadets/seniors in the squadron applying for this encampment or activity.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF SQUADRON COMMANDER or DESIGNEE

## WING CERTIFICATION (IF OTHER WING THAN NEW HAMPSHIRE)

This applicant has my full permission to attend the above listed encampment or activity hosted by the New Hampshire Wing Civil Air Patrol. This applicant is the \_\_\_\_\_ of \_\_\_\_\_ cadets/seniors from this wing applying for this encampment or activity.

\_\_\_\_\_  
WING

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF WING COMMANDER or DIRECTOR OF CADET PROGRAMS

## DO NOT WRITE BELOW THIS LINE – TO BE COMPLETED AT ENCAMPMENT

ENCAMPMENT DUTY ASSIGNMENT

MEDICAL DATA (*Limitations, medications, etc*)

SENIOR MEMBER ASSIGNED TO

CADET ASSIGNED TO

QUARTERS: \_\_\_\_\_

SQUADRON: \_\_\_\_\_ FLIGHT: \_\_\_\_\_

DUTY TELEPHONE: \_\_\_\_\_

DUTY LOCATION: \_\_\_\_\_

BARRACKS: \_\_\_\_\_ ROOM: \_\_\_\_\_ BED #: \_\_\_\_\_

## APPLICATION CHECKLIST

- \_\_\_ APPLICATION IS FILLED OUT COMPLETELY AND LEGIBLY, AND HAS ALL SUPPORTING DOCUMENTATION ATTACHED
- \_\_\_ ALL REQUIRED SIGNATURES HAVE BEEN OBTAINED
- \_\_\_ CHECK(S) OR MONEY ORDER(S) IS(ARE) ATTACHED, MADE OUT TO **NH WING CADET PROGRAMS**

## MEDICAL INFORMATION – TO BE COMPLETED BY ALL APPLICANTS

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS. PLEASE ANSWER ALL QUESTIONS AND PROVIDE ALL REQUESTED INFORMATION AS ACCURATELY AS POSSIBLE SO THAT THE ENCAMPMENT OR ACTIVITY STAFF CAN MAKE THEMSELVES AWARE OF ANY PRE-EXISTING MEDICAL PROBLEMS OR CONDITIONS AND BE ALERT TO HELP YOU.

HAVE YOU HAD OR BEEN INVOLVED IN AN ACCIDENT IN THE PAST TWO (2) YEARS?  NO  YES (IF YES PLEASE EXPLAIN IN REMARKS SECTION)

HAVE YOU BEEN ADMITTED TO THE HOSPITAL FOR A CHRONIC ILLNESS IN THE LAST TWO (2) YEARS?  NO  YES (IF YES PLEASE EXPLAIN IN REMARKS)

HAVE YOU HAD A PHYSICAL EXAM IN THE LAST 24 MONTHS  YES (DATE OF LAST EXAM (MM/YYYY) \_\_\_/\_\_\_)  NO

\* IF THE APPLICANT HAS NOT HAD A PHYSICAL EXAM IN THE LAST 24 MONTHS ONE WILL BE REQUIRED BEFORE THE APPLICANT WILL BE ALLOWED TO ATTEND THE ENCAMPMENT OR ACTIVITY.

HAVE YOU HAD OR DO YOU CURRENTLY HAVE ANY OF THE FOLLOWING: (If a yes answer is given please explain the nature of the condition, whether a physician has been consulted, and whether the condition will limit the applicant's participation in any of the activities during the encampment or activity)

- |  |                                 |  |                                      |  |                            |
|--|---------------------------------|--|--------------------------------------|--|----------------------------|
| <input type="checkbox"/> NO <input type="checkbox"/> YES | Frequent or severe headaches    | <input type="checkbox"/> NO <input type="checkbox"/> YES | Chronic diseases like Diabetes       | <input type="checkbox"/> NO <input type="checkbox"/> YES | Ear infections             |
| <input type="checkbox"/> NO <input type="checkbox"/> YES | Dizziness or fainting spells    | <input type="checkbox"/> NO <input type="checkbox"/> YES | <b>Girls only</b> – Menstrual cramps | <input type="checkbox"/> NO <input type="checkbox"/> YES | Rupture                    |
| <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 accident  |
| <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         |
| <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 | Military medical discharge |
| <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 | Attempted suicide          |
| <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 | High or low blood pressure      | <input type="checkbox"/> NO <input type="checkbox"/> YES | Mononucleosis on past 12 months      |  |                            |
| <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 | Asthma                          | <input type="checkbox"/> NO <input type="checkbox"/> YES | Chronic or recurring injuries        |  |                            |

### INSURANCE INFORMATION

- |  |   |
|--|---|
| <input type="checkbox"/> <b>MEDICAL INSURANCE:</b> | <input type="checkbox"/> <b>LIABILITY INSURANCE</b> (REQUIRED IF YOU ARE BRINGING A PERSONAL VEHICLE) |
| COMPANY: _____                                     | COMPANY: _____  |
| POLICY NUMBER: _____                               | POLICY NUMBER: _____  |

### EMERGENCY CONTACT INFORMATION

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DAY PHONE: \_\_\_\_\_ NIGHT PHONE: \_\_\_\_\_

### PERMISSION TO ADMINISTER OVER THE COUNTER MEDICATIONS

LISTED BELOW ARE MEDICATIONS WE HAVE AVAILABLE AT THE ENCAMPMENT OR ACTIVITY. PLEASE CHECK ANY THAT YOUR CHILD (IF APPLICANT IS UNDER 18 YEARS OF AGE) MAY RECEIVE. PLEASE ENSURE THAT YOU SIGN ON THE PARENT/GUARDIAN SIGNATURE LINE.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Tylenol                 | <input type="checkbox"/> Sunscreen           | <input type="checkbox"/> Insect Repellent |
| <input type="checkbox"/> Advil/Motrin            | <input type="checkbox"/> Tums/Roloids        | <input type="checkbox"/> Benadryl         |
| <input type="checkbox"/> Calamine Lotion         | <input type="checkbox"/> Antibiotic Ointment | <input type="checkbox"/> Cough Syrup      |
| <input type="checkbox"/> Cough Drops             | <input type="checkbox"/> Throat Lozenges     | <input type="checkbox"/> Sudafed          |
| <input type="checkbox"/> Hydrocortisone Ointment | <input type="checkbox"/> Neosporin           | <input type="checkbox"/> Solarcaine       |
| <input type="checkbox"/> Aloe                    | <input type="checkbox"/> Foot Powder         | <input type="checkbox"/> Imodium          |

I GIVE PERMISSION FOR MY CHILD TO HAVE THE ABOVE INDICATED MEDICATIONS OR GENERIC EQUIVALENT WHILE AT THE ENCAMPMENT OR ACTIVITY HOSTED BY NEW HAMPSHIRE WING CIVIL AIR PATROL. DOSES WILL BE ADMINISTERED PER PACKAGE DIRECTIONS.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR LEGAL GUARDIAN

REMARKS:

**MEDICAL INFORMATION CONTINUED – TO BE COMPLETED BY ALL APPLICANTS**

**CADET NAME:** \_\_\_\_\_

**ALLERGIES:**

FOOD (specify): _____	TYPE OF REACTION: _____
DRUG (specify): _____	TYPE OF REACTION: _____
ENVIRONMENTAL (specify): _____	TYPE OF REACTION: _____
INSECT STINGS (specify): _____	TYPE OF REACTION: _____
PLANT/POLLEN (specify): _____	TYPE OF REACTION: _____
OTHER _____	TYPE OF REACTION: _____

ARE THERE ANY FACTORS THAT WOULD PRECLUDE THIS APPLICANT FROM PARTICIPATING FULLY IN THIS ACTIVITY? (CONTINUE IN REMARKS IN NEEDED)

**IMMUNIZATIONS:** Please give all dates of immunizations for:

Vaccine	MM/YY	MM/YY	MM/YY	MM/YY	MM/YY
DTP	_____	_____	_____	_____	_____
TD	_____	_____	_____	_____	_____
Tetanus	_____	_____	_____	_____	_____
Polio	_____	_____	_____	_____	_____
MMR	_____	_____	_____	_____	_____
Hepatitis B	_____	_____	_____	_____	_____
Haemophilus	_____	_____	_____	_____	_____
Influenza B	_____	_____	_____	_____	_____
Varicella	_____	_____	_____	_____	_____

HAVE YOU HAD ANY OF THE FOLLOWING?

<input type="checkbox"/> NO	<input type="checkbox"/> YES	Measles	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Mumps	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Hepatitis C
<input type="checkbox"/> NO	<input type="checkbox"/> YES	Chicken Pox	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Hepatitis A			
<input type="checkbox"/> NO	<input type="checkbox"/> YES	German Measles	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Hepatitis B			

**PRESCRIPTION MEDICATIONS**

MEDICATIONS WILL BE IN ORIGINAL CONTAINER. THE DIRECTIONS FOR DOSAGE ON THE CONTAINER WILL BE FOLLOWED UNLESS MEDICATIONS ARE ACCOMPANIED BY PHYSICIANS WRITTEN ORDERS CHANGING DOSAGE.

MEDICATION: \_\_\_\_\_ DOSAGE: \_\_\_\_\_ TIME(S) OF ADMINISTRATION: \_\_\_\_\_

REASON FOR GIVING: \_\_\_\_\_

MEDICATION: \_\_\_\_\_ DOSAGE: \_\_\_\_\_ TIME(S) OF ADMINISTRATION: \_\_\_\_\_

REASON FOR GIVING: \_\_\_\_\_

**PHYSICIANS SIGNATURE** (Required if applicant needs to undergo a physical examination to attend this encampment or activity)

DATE OF EXAM: \_\_\_\_\_ (physical exam must be performed by a licensed physician, nurse practitioner, or physician's assistant)

DOES THIS PERSON HAVE ANY PHYSICAL/MEDICAL CONDITIONS THAT WOULD PRECLUDE THIS PERSON FROM FULL PARTICIPATION IN ALL EVENTS AT THE INDICATED ENCAMPMENT OR ACTIVITY? \_\_\_\_\_NO \_\_\_\_\_YES\*

\*If YES please explain the nature of the condition and the limitations that will be placed on this applicant in the "REMARKS" section.

PHYSICIANS NAME: \_\_\_\_\_ PHYSICIANS SIGNATURE: \_\_\_\_\_

PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

REMARKS: