APPLICATION FOR CAP ENCAMPMENT OR SPECIAL ACTIVITY

Name (Last, First, Middle Initial)			CAPID	CAP Grade	Gender
Member Type	Charter No. (e.g. GLR-MI-059)		Grade in School	Religious Preference	
Address (Include No., Street, City, State and Zip Code)			Home Phone Number	Cell Phone Number	
			E-Mail Address		
Date of Birth (mm/dd/yy)	Shirt Size	Height (Inches)	Weight (Lbs)	Hair Color	Eye Color
Title of Activity		Location of Activity		Activity Dates	
Staff Position(s) Sought					

Emergency Contact Information

(Primary Contact) Name (Last, First, Middle Initial)	Relationship	Primary Phone Number
(Secondary Contact) Name (Last, First, Middle Initial)	Relationship	Primary Phone Number

RELEASE AGREEMENT

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 _____

(Continued on reverse)

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Name (Last, First, Middle Initial)	Title of Activity

RELEASE BY PARENTS OR GUARDIAN

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. (Squadron Commander's signature is not necessary if the activity is approved in eServices or if it is a squadron activity.)

I certify that the above information is correct and that all requirements for attendance, as specified in National Headquarters Directives, will be completed by the required dates.

Date	Squadron Commander

Group Certification. (Group Commander's signature is not necessary if the activity is approved in eServices or if the activity is held within the group.)

Date	Group Commander (or designee)

Wing Certification. (Wing Commander's signature is not necessary if the activity is approved in eServices or if the activity is held within the wing.)

Date	Wing Commander (or designee)

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CAP MEMBER HEALTH HISTORY FORM

This information is CONFIDENTIAL and for official use only. It cannot be released to unauthorized persons. Answer all questions as accurately as possible so that the activity or encampment staff can make themselves aware of any pre-existing medical problems or conditions and be alert to help you. This form will also provide medical information in a case when you are unable to do so.

Name *(Last, First, Middle)*			**Grade**	**CAPID**	**Charter Number**
Date of Birth	**Height**	**Weight**	**Hair Color**	**Eye Color**	**Gender**

Allergies: List Names of Medication or Other Allergies *(i.e., bee sting, food, plants)* and types of reactions; please note food allergy details with dietary restrictions below on back as well.

Do You Now Have Or Have You Ever Had Any Of The Following? *Explain any yes' in the remarks section below or attach additional sheet. Conditions not specifically noted below having the potential to interfere with performance during the special activity or encampment should be documented in the remarks section.)*

If "Yes" is marked in an item with multiple choices, please circle which problem applies.

No	Yes		No	Yes	
☐	☐	Decreased vision, glaucoma, contacts	☐	☐	Chronic or recurring injuries
☐	☐	Ear infections, perforation	☐	☐	Activity, mobility restrictions
☐	☐	Difficulty equalizing ears	☐	☐	Use of cane, walker, wheelchair
☐	☐	Hearing loss, hearing aid	☐	☐	Back or neck pain or injury
☐	☐	Allergies, nasal stuffiness	☐	☐	Migraine or severe headaches
☐	☐	Anaphylaxis, serious allergic reaction	☐	☐	Dizziness or fainting spells
☐	☐	Asthma, emphysema (COPD)	☐	☐	Head injury, unconsciousness
☐	☐	Ever use an inhaler	☐	☐	Epilepsy or seizure
☐	☐	Short of Breath with activity	☐	☐	Stroke, paralysis
☐	☐	Heart Attack, chest pain, angina	☐	☐	Thyroid problems (low or high)
☐	☐	Heart murmur, heart problems	☐	☐	Diabetes, high or low blood sugars
☐	☐	Congestive heart failure	☐	☐	Cancer, leukemia
☐	☐	Irregular or rapid heartbeat	☐	☐	Blood disease, hemophilia
☐	☐	High or low blood pressure	☐	☐	Motion sickness
☐	☐	Stomach trouble, ulcers	☐	☐	Special diet, food allergies
☐	☐	Hepatitis or liver problems	☐	☐	Current bedwetting problems
☐	☐	Diarrhea, constipation	☐	☐	ADD (Attention Deficit Disorder)
☐	☐	Hernia or rupture	☐	☐	Mental illness (bipolar, other)
☐	☐	Kidney disease or stones	☐	☐	Depression, anxiety, suicidal
☐	☐	Prostate problems (men)	☐	☐	Admission to the hospital
☐	☐	Frequent urination	☐	☐	Other chronic medical illnesses
☐	☐	Menstrual cramps (women)	☐	☐	Sleep disorder, sleep apnea
☐	☐	Broken bone, joint problems	☐	☐	Serious Injury

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Dietary Restrictions or Limitations *(List any dietary restrictions like food allergies, diabetes, gluten-free, vegetarian diets, etc.)*

Past Surgical History *(List all surgeries including tonsils, ear tubes, appendix, gall bladder, hernia, hysterectomy, heart, heart catheterization, bone and joint and all other surgeries.)*

Date Tetanus Booster	Hepatitis Vaccine	Pneumonia Vaccine	Varicella Immuni-zation/chickenpox	Influenza Vaccine
☐ No Td or Tdap	☐ No	☐ No	☐ No	☐ No
Date:	Date:	Date:	Date:	Date:

Medication Information - *Include supplements, over-the-counter medicines, herbals, creams, etc., or write "None".*

Name of Medication/Inhaler	Tablet Strength	Times taken per day	Reason for Medication	Any Special Dosing or Storage Instructions (i.e., as needed, with meals, must be refrigerated, etc.)
1.				
2.				
3.				
4.				

Social History

Tobacco *Use (packs per day, years smoked, smokeless tobacco use)*	Occupation *(student or other)*	Religious Preference

Remarks *(Attach additional sheet if needed)*

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CONSENT FOR MINOR CADET PARTICIPATION, MEDICATIONS, TREATMENT

I give permission for full participation in CAP programs, subject to any limitations noted herein.

My signature below evidences my consent for my child/ward to possess and self-administer the prescription medications listed above I understand that there are legal limitations imposed on CAP senior members with regard to the involuntary administration of medications to my child/ward. (Cross out if permission is denied).

In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge exam/test results and treatment provided.

_____ _____

DATE SIGNATURE OF PARENT/GUARDIAN

EMERGENCY INFORMATION
(Insurance/Physician Information, Emergency Contacts, Minor Consents

Name *(Last, First, Middle)*	**Grade**	**CAPID**	**Charter Number**
Mailing Address *(Number and Street)*	**City**	**State**	**Zip Code**
(Area Code) **Home Phone**	*(Area Code)* **Cell Phone**		

Primary Insurance Information *(Please attach copy of insurance cards, front and back)*

Medical Insurance Company	**Policy Number**	**Group Code/Number**	**Co-Pay Amount** **$**
Prescription Coverage Company	**Policy Number**	**Group Code/Number**	**Co-Pay Amount** **$**

Family Physician

Name		*(Area Code)* **Phone**	
Mailing Address *(Number and Street)*	**City**	**State**	**Zip Code**

Emergency Contact *(Parent, guardian or closest relative to be notified in case of emergency)*

Name		**Relationship to Applicant**	
Mailing Address *(Number and Street)*	**City**	**State**	**Zip Code**
(Area Code) **Pager**	*(Area Code)* **Cell/Mobile Phone**	*(Area Code)* **Day Phone**	*(Area Code)* **Night Phone**
Unit Commander Name and Grade	**Unit Name**		
(Area Code) **Unit Commander Day Phone**	*(Area Code)* **Unit Commander Night Phone**		

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PERMISSION FOR PROVISION OF MINOR CADET OVER-THE-COUNTER MEDICATION

This form may not be usable in some states due to statutes concerning who can administer medications and administration conditions. Wings with such restrictions will publish appropriate additional guidance in a supplement to CAPR 160-1.

Name *(Last, First, Middle)*	**Grade**	**CAPID**	**Charter Number**

Over-The Counter/Non-Prescription Medications

The following over-the counter medications may be administered according to package directions by CAP senior members. Cross out any medications not approved.

- Acetaminophen (Tylenol) for fever or pain
- Ibuprofen (Advil, Motrin) for fever or pain
- Bacitracin or Neosporin antibiotic ointment to prevent infection
- Hydrocortisone anti-inflammatory rash cream
- Calamine/Caladryl for poison ivy itch relief
- Antifungal creams and sprays for treatment of fungal rashes
- Visine eye drops for dry, irritated eye relief
- Op-Con A eye drops for allergic conjunctivitis
- Benadryl liquid/tabs for allergic reactions
- Claritin antihistamine for seasonal allergies
- Robitussin products for relief of cough and cold symptoms
- Delsym to suppress cough
- Tums or Maalox for relief of stomach upset

Allergies

My child/ward has the following allergies or reactions to over-the-counter medications (list type of reaction):

Consent For Minor Cadet To Receive Over-The-Counter Medications

My signature below evidences my consent for CAP senior members to provide over-the-counter non-prescription medications (such as those listed above) to my child/ward if indicated in the reasonable judgment of such senior members. I understand that I will be informed if any such medications are administered.

Date	**Signature of Parent/Guardian**

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Parental Consent for a Cadet to Fly in Military Aircraft
2018 OK/AR Wing Summer Encampment
(Type or Print Legibly)

Purpose:

In accordance with CAP Regulation 76-1, dated 26 December 2012, written parental approval is required for CAP cadets under 18 years of age before they will be permitted to fly on military/CAP-USAF government contract aircraft. This form is used by the parent or guardian of a cadet encampment participant under 18 years old to authorize their child to fly on military/CAP-USAF aircraft during the encampment. **This form is required for all cadets under 18 years old.**

Parental Consent Statement

Cadet Name (Last, First, MI)	Grade (Rank)	CAP ID:

Date:_____

1. I am the parent or legal guardian of the above named cadet and he/she is hereby granted permission to travel by military or CAP-USAF government contract aircraft for the purpose of participating in the Civil Air Patrol's OK/AR Wing Encampment/NCOA/RCLS during the period 2 June – 9 June 2018.

2. I understand that military aircraft and facilities are provided at the convenience of the military and that my dependent may be required to defray cost of commercial transportation to or from activity location or quarters should they become unavailable.

_____

(Signature of Parent or Legal Guardian)

_____

(Typed or Printed Name of Parent or Legal) Guardian

NOTE: Written parental approval is required for CAP cadets under 18 years of age before they will be permitted to fly on military or CAP-USAF government contract aircraft.

ENF 31 – OK/AR_Encampment_Consent Updated 27 Mar 2018	**For Official Use Only**	

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AIR TRANSPORTATION AGREEMENT	DATE
PLACE	FULL NAME
PERMANENT ADDRESS	

For and in consideration of being permitted to fly as a passenger in aircraft operated by or on behalf of the United States of America, for and on behalf of myself, my personal representatives, heirs and assigns, I hereby release and discharge the United States, its agents, servants, or employees from any and all claims for property damage and/or personal injury or death resulting from or during said flight or flights or continuances thereof or from ground operations incident thereto.

SIGNATURE	
WITNESS	WITNESS
NAME AND ADDRESS OF PERSON TO BE NOTIFIED IN EMERGENCY	

DD Form 1381, JUL 62

Adobe Professional 7.0

C/STAFF

NAME: _____
CAP ID: _____

CADET STAFF EQUIPMENT LIST

Instructions:

1. Use this list to prepare/pack for Encampment.
2. Read the associated notes for each item.
3. DO NOT wait until the last minute to purchase the required items for encampment.
4. Please do not attend encampment without the minimum quantities listed. The items listed are minimum quantities. The number listed in parenthesis is the recommended quantity to bring, but not mandatory.
5. All of your items MUST be marked with your last name and CAP ID number.
6. YOU WILL NOT HAVE AN OPPORTUNITY TO PURCHASE ITEMS AT ENCAMPMENT.
7. Place a checkmark next to each item as you prepare/pack for Encampment.
8. You must bring this checklist with you to encampment and submit it during in-processing.
9. Read the associated notes for each item (reminder).

✓	QUANTITY	ITEM	NOTES
		BLUES UNIFORM (Notes 0, 1, 2, 4, 6)	
	1 (2)	Shirt, short sleeve w/epaulets	0, 1,4
	1 (2)	Trousers (male)/slacks (female), poly-wool or polyester	0, 1, 4
	1	Skirt, poly-wool or polyester (females only) Brings slacks as well if you have them	0, 2
	2 (3)	T-shirt, white, v-neck	1, 4
	2 (3)	Socks, Dress, cotton or nylon, black	1, 4
	1	Stockings, pantyhose (female only)	2
	1	Tie or Tie-tab	0, 1
	1	Belt, blue, w/chrome tip and matching buckle	0, 1
	1	Name tag, plastic, ultramarine blue	0, 1
	1	Rank set, cadet insignia (your current grade at time of encampment)	0, 1
	1	Ribbon Set	0, 1
	1	Badges/Accouterments Set	0, 1
	1	Cap, flight, w/insignia	0, 1
	1	Jacket, blue, lightweight w/liner (optional)	0, 2
	1	Shoes, low quarters, black	0, 1, 6
	1	Pumps, black (females only)	0, 2, 6
	1	Shirt Garters	2
	1	Garment Bag (do not use grabage bags as it could be mistaken for trash)	2
		UTILITY UNIFORM (Either ABU/BDU is authorized) **(Notes 0, 1, 2, 4, 5,6)**	
	1 (2)	Shirt, BDU with name and CAP tapes	0, 1, 4
	1 (2)	Shirt, ABU with name and CAP tapes	0, 1, 4
	1 (2)	Trouser, BDU	0, 1, 4
	1 (2)	Trouser, ABU	0, 1, 4
	10	Undershirt, black, crew neck (BDU only)	0, 1, 4,5
	6 (7)	Undershirt, sand, crew neck (ABU only)	0, 1, 4,5
	6 (7)	Socks, Boot, black	0, 1, 4
	1	Boots, combat, black	0, 1, 6
	1	Belt, Blue w/ black open face buckle (BDU only)	0, 1
	1	Belt, Belt sand-colored (ABU only)	0, 1
	1	Cap, BDU	0, 1
	1	Cap, ABU	0, 1
	1	Rank set, cadet insignia (your current grade at time of encampment)	0, 1
	1	Boot Blousing bands	0, 1
	1	Poncho or rain gear	0, 2
		PT UNIFORM (Notes 1, 2, 4, 5, 6)	
	4 (5)	PT shirt, black (if wearing BDUs, you must bring 10 black T-shirts total)	0, 1, 4, 5
	3 (5)	PT shorts, black or blue	1, 4
	7 (8)	Socks, plain white, below-the-calf	1, 4
	1 (2)	Shoes, athletic, running, lace-up	1, 6
	1	Towel, white (approximately 24" x 14")	2
		OTHER CLOTHING (Notes 1, 2, 4, 7, 8)	
	8 (10)	Underwear (males should wear briefs or boxer briefs, NO loose fitting boxers)	1, 4
	4 (8)	Brassiere (female) (any combination of bras/sports bras)	1, 4

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	1	Athletic supporter (male) (optional)	2
	1	Swimsuit	1, 7
	1	Civilian Clothes Set	1, 8
BATHING AND HYGIENE ITEMS (Notes 1, 2, 9, 11)			
	1	Razor (w/additional blades) or electric razor	1, 9
		Razor, electric	2
	2	Razor blades (N/A if bringing electric razor)	1, 9
	1	Shaving cream (N/A if bringing electric razor)	1, 9
	1	Toothbrush and toothpaste	1, 9
	1	Aftershave (optional, NO COLOGNE)	2, 11
	1	Shampoo	1, 9
	1	Deodorant (non-aerosol)	1, 9
	1	Hair care products	2, 9
	1	Comb or brush	1
	1	Shower clogs, flip-flops, croc style (all rubber)	1
	1	Bath Soap (bar w/soap box, or liquid soap)	1, 9
	2	Towel, bath (approximately 54" x 32")	1
	2	Washcloth, white (approximately 12" square)	1
	3	Storage bags, Zip-Loc type, gallon size	2
	1	Insect repellant	1, 9
	1	Lip balm	2
	1	Sunscreen, at least SPF 50 (MANDATORY)	1, 9
	1	Small Bottle Liquid Hand Sanitizer	2, 9
	1	Small Bottle Anti-Bacterial Liquid Hand Soap (optional)	2, 9
	1	Packet Sanitary Wet Wipes (optional)	2, 9
	1	Talcum Powder	2
	1	Hydrocortisone Anti-Itch Cream	2
	1	Anti-Fungal Cream	2
	1	Feminine Hygiene Products	2, 9
ADDITIONAL EQUIPMENT AND REQUIRED ITEMS (Notes 1, 2, 4, 10)			
	1	Pillow (sheets and blanket will be provided)	1, 10
	1	Moleskin, roll (for blisters and calluses)	2
	1	Blister Pack	2
	1	Small personal first aid kit (adhesive bandages, etc)	2
	1	CAP ID	1, 11
	1	ALL Encampment paperwork, (CAPF 31, 160, 161, 163 (if required) and Flight clearance form) Filled out with signatures	1
	1	Picture ID	2, 11
	1	101 Card	1, 11
	8 (10)	Clothes hangers	1, 4
	1	Shoeshine kit (equipment and supplies; NO EDGE DRESSING or liquid polish allowed)	1
	1	Digital wrist-watch with a stopwatch feature (IAW CAPM 39-1)	2
	1	Learn to Lead books	1
	1	CAPM 60-20, Drill and Ceremonies	1
	1	12" Ruler	1
	1	Notebook, Spiral bound (no more than 100 pages)	1
	2 (4)	Pens	1, 4
	2 (4)	Pencils	1, 4
	1	Hydration System (Camelbak type or web belt and canteen)	1
	1	Flashlight (small, NO large MAGLIGHT flashlight batons)	2
	1	Extra flashlight batteries	2
	1	Reflective Vest	1
	1	Laundry bag	1
	1	Lint roller	2
	1	Camera (disposable)	2
	1	Small duffle bag, backpack, cloth drawstring bag	2
	1	Fan, Room (Box type or other room fan)	2

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PROHIBITED ITEMS (Notes 3, 12)			
The following items are prohibited. Cadet luggage and bags will be inspected during in-processing. Cadets will be given an opportunity to self-identify and turn in any prohibited items or use an amnesty box during in-processing. Cadets in possession ANY of the following items after in-processing will be met with disciplinary action and possible expulsion from encampment with prejudice with loss of encampment credit. Turned-in or confiscated items will be returned at the end of encampment.			
	Electronic devices (iPods, iPads, Walkman, hand-held game devices, laptops, etc.)		**3**
	Alarm clocks		**3**
	Cell phones		**3**
	Weapons (Firearms, knives, explosives, etc.)		**3**
	Lighters, matches, flamethrowers, etc.		**3**
	Food (Candy, gum, soda, energy drinks, or snacks etc.		**3**
	Illicit Drugs (Non-prescription or illegal drugs and/or accompanying paraphernalia etc.)		**3, 12**
	Alcohol		**3**
	Tobacco products (including e-cigarettes)		**3**
	Games (Cards, dice, or other gambling paraphernalia etc.)		**3**
	Reading materials or magazines (excluding religious texts or CAP Regulations, Manuals and Pamphlets as directed)		**3**
	24/72 Hour Pack, unless using the bag to pack your belongings.		**3**
	Media (Tapes, CDs, DVDs, or other media)		**3**
	Cash in excess of $30		**3**
	Video cameras		**3**
	Cologne (Axe, perfume, cologne, or Febreeze)		**3**
	Sunglasses, unless medically prescribed or "transition lenses"		**3**
	Pornography of any kind		**3**

CADET SIGNATURE OF UNDERSTANDING: _____ **DATE:**_____

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NOTES.

Note 0: Uniforms. All uniforms must be IAW CAPM 39-1. Cadets are allowed to wear either BDUs or ABUs to encampment. If bringing both BDUs and ABUs, both uniforms must be complete (no mixing of uniform components).

Note 1: Mandatory. These items are required for attendance unless listed by exception.

Note 2: Optional. These items are not required for attendance but recommended.

Note 3: Prohibited. These items are not allowed at encampment and will be confiscated during in-processing. Items will be marked and stored for the duration of encampment.

Note 4: The items listed are minimum quantities. The number listed in parenthesis is the recommended number to bring.

Note 5: Each attendee must have 4 (5) [Note 1] black t-shirts for PT, even if they wear ABUs. Members wearing BDUs must bring a **total** of 10 black shirts (uniform and PT shirts).

Note 6: Athletic Shoes. Highly recommended to bring a second pair. If you plan to bring the new "Five Toe Shoes" you are only authorized to wear them during PT. You must ALSO have a standard pair of athletic shoes for all other activities. **Additionally, all shoes and boots must be well broken in to help prevent blisters.**

Note 7: Swimsuit. Swimwear will be **modest** and of good taste. Female cadets will wear a 1-piece suit. 2-piece swimsuits (bikinis), mono-kinis, or "cheeky" swimwear will not be worn. Male cadets will wear swim trunks. Swim briefs or competition swim trunks (e.g. "Speedos" or "Jammers") will not be worn. Additionally, members are encouraged to bring a swimsuit cover-up for transit to and from the pool. PT shirts and shorts count for this.

Note 8: Civilian clothes. It is required to bring one set of civilian clothes to encampment. Even though there are no specific standards on your clothes, it is strongly encouraged that it presents professional image (modest and of good taste). You will keep your civilian clothes in your luggage bag while attending encampment unless instructed otherwise by the encampment staff. Recommend: Button down shirt, Polo shirt or Blouse, Khaki pants, slacks or knee length skirt. No mini-skirts or excessively tight or clingy skirts/dresses (e.g. Bodycon style).

Note 9: Consumables. Bring a 8 day supply.

Note 10: Cadets may bring their own pillow. Pillow case must be white, or other light neutral color (cream, beige etc).

Note 11: Identification. School, Govt issued, military dependent card, Passport, driver's license. (CAPF 101 card does not meet requirements). Recommend bringing an additional ID if using your Oklahoma driver's license due to the REAL ID Act. (See https://www.dhs.gov/real-id-public-faqs) for more information.

Note 12: Drugs. Prescription or Non-prescription drugs may be brought with the approval of the parent or guardian and the appropriate CAP Form 163