

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)

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

_____		_____
		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)

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 <i>(Last, First, Middle)</i>			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	
<input type="checkbox"/>	<input type="checkbox"/>	Decreased vision, glaucoma, contacts	<input type="checkbox"/>	<input type="checkbox"/>	Chronic or recurring injuries
<input type="checkbox"/>	<input type="checkbox"/>	Ear infections, perforation	<input type="checkbox"/>	<input type="checkbox"/>	Activity, mobility restrictions
<input type="checkbox"/>	<input type="checkbox"/>	Difficulty equalizing ears	<input type="checkbox"/>	<input type="checkbox"/>	Use of cane, walker, wheelchair
<input type="checkbox"/>	<input type="checkbox"/>	Hearing loss, hearing aid	<input type="checkbox"/>	<input type="checkbox"/>	Back or neck pain or injury
<input type="checkbox"/>	<input type="checkbox"/>	Allergies, nasal stuffiness	<input type="checkbox"/>	<input type="checkbox"/>	Migraine or severe headaches
<input type="checkbox"/>	<input type="checkbox"/>	Anaphylaxis, serious allergic reaction	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness or fainting spells
<input type="checkbox"/>	<input type="checkbox"/>	Asthma, emphysema (COPD)	<input type="checkbox"/>	<input type="checkbox"/>	Head injury, unconsciousness
<input type="checkbox"/>	<input type="checkbox"/>	Ever use an inhaler	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy or seizure
<input type="checkbox"/>	<input type="checkbox"/>	Short of Breath with activity	<input type="checkbox"/>	<input type="checkbox"/>	Stroke, paralysis
<input type="checkbox"/>	<input type="checkbox"/>	Heart Attack, chest pain, angina	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid problems (low or high)
<input type="checkbox"/>	<input type="checkbox"/>	Heart murmur, heart problems	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes, high or low blood sugars
<input type="checkbox"/>	<input type="checkbox"/>	Congestive heart failure	<input type="checkbox"/>	<input type="checkbox"/>	Cancer, leukemia
<input type="checkbox"/>	<input type="checkbox"/>	Irregular or rapid heartbeat	<input type="checkbox"/>	<input type="checkbox"/>	Blood disease, hemophilia
<input type="checkbox"/>	<input type="checkbox"/>	High or low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Motion sickness
<input type="checkbox"/>	<input type="checkbox"/>	Stomach trouble, ulcers	<input type="checkbox"/>	<input type="checkbox"/>	Special diet, food allergies
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis or liver problems	<input type="checkbox"/>	<input type="checkbox"/>	Current bedwetting problems
<input type="checkbox"/>	<input type="checkbox"/>	Diarrhea, constipation	<input type="checkbox"/>	<input type="checkbox"/>	ADD (Attention Deficit Disorder)
<input type="checkbox"/>	<input type="checkbox"/>	Hernia or rupture	<input type="checkbox"/>	<input type="checkbox"/>	Mental illness (bipolar, other)
<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease or stones	<input type="checkbox"/>	<input type="checkbox"/>	Depression, anxiety, suicidal
<input type="checkbox"/>	<input type="checkbox"/>	Prostate problems (men)	<input type="checkbox"/>	<input type="checkbox"/>	Admission to the hospital
<input type="checkbox"/>	<input type="checkbox"/>	Frequent urination	<input type="checkbox"/>	<input type="checkbox"/>	Other chronic medical illnesses
<input type="checkbox"/>	<input type="checkbox"/>	Menstrual cramps (women)	<input type="checkbox"/>	<input type="checkbox"/>	Sleep disorder, sleep apnea
<input type="checkbox"/>	<input type="checkbox"/>	Broken bone, joint problems	<input type="checkbox"/>	<input type="checkbox"/>	Serious Injury

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 <input type="checkbox"/> No Td or Tdap Date:	Hepatitis Vaccine <input type="checkbox"/> No Date:	Pneumonia Vaccine <input type="checkbox"/> No Date:	Varicella Immunization/chickenpox <input type="checkbox"/> No Date:	Influenza Vaccine <input type="checkbox"/> No Date:
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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 (<i>packs per day, years smoked, smokeless tobacco use</i>)	Occupation (<i>student or other</i>)	Religious Preference
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Remarks (*Attach additional sheet if needed*)

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 <i>(Last, First, Middle)</i>		Grade	CAPID	Charter Number
Mailing Address <i>(Number and Street)</i>		City	State	Zip Code
<i>(Area Code)</i> Home Phone		<i>(Area Code)</i> Cell Phone		
Primary Insurance Information <i>(Please attach copy of insurance cards, front and back)</i>				
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			<i>(Area Code)</i> Phone	
Mailing Address <i>(Number and Street)</i>		City	State	Zip Code
Emergency Contact <i>(Parent, guardian or closest relative to be notified in case of emergency)</i>				
Name			Relationship to Applicant	
Mailing Address <i>(Number and Street)</i>		City	State	Zip Code
<i>(Area Code)</i> Pager	<i>(Area Code)</i> Cell/Mobile Phone	<i>(Area Code)</i> Day Phone	<i>(Area Code)</i> Night Phone	
Unit Commander Name and Grade		Unit Name		
<i>(Area Code)</i> Unit Commander Day Phone		<i>(Area Code)</i> Unit Commander Night Phone		

NAME: _____
 CAP ID: _____

SENIOR 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.
5. All of your items MUST be marked with your last name and CAP ID number.
6. Place a checkmark next to each item as you prepare/pack for Encampment.

✓	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, Grey	0, 1
	1	Rank set	0, 1
	1	Ribbon Set (optional, however, ribbons will not be worn at Encampment)	0, 2
	1	Badges/Accouterments Set (optional)	0, 2
	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 trash bags as it could be mistaken for trash)	2
CORPORATE DRESS UNIFORM			
	1 (2)	Shirt, White, short sleeve w/epaulets	0, 1,4
	1 (2)	Trousers, Grey (male)/slacks (female), poly-wool or polyester	0, 1, 4
	1	Skirt, Grey, poly-wool or polyester (females only) Brings slacks as well if you have them	0, 2
	2 (3)	T-shirt, white, v-neck or crew 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, Black	0, 1
	1	Name tag, plastic, Grey	0, 1
	1	Rank set	0, 1
	1	Ribbon Set (optional, however, ribbons will not be worn at Encampment)	0, 2
	1	Badges/Accouterments Set (optional)	0, 2
	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 trash bags as it could be mistaken for trash)	2
	1	CAP Blue Polo Shirt (only worn as O-Flight crewmember)	0, 2
UTILITY UNIFORM (Either ABU/BDU/Corporate Blue 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)	Shirt, Blue BDU with name and CAP tapes	0, 1, 4
	1 (2)	Trouser, BDU	0, 1, 4
	1 (2)	Trouser, ABU	0, 1, 4
	1 (2)	Trouser, Blue BDU	0, 1, 4
	10	Undershirt, black, crew neck (BDU/Blue BDU only)	0, 1, 4,5
	7 (8)	Undershirt, sand, crew neck (ABU only)	0, 1, 4,5
	7 (8)	Socks, Boot, black	0, 1, 4
	1	Boots, combat, black	0, 1, 6

1	Belt, Blue w/ black open face buckle (BDU/Blue BDU only)	0, 1
1	Belt, Belt sand-colored (ABU only)	0, 1
1	Cap, BDU	0, 1
1	Cap, ABU	0, 1
1	Cap, Blue BDU	0, 1
1	Rank set	0, 1
1	Boot Blousing bands	0, 1
1	Poncho or rain gear	0, 2
PT UNIFORM (Notes 1, 2, 4, 5, 6)		
4 (6)	PT shirt, black (if wearing BDUs, you must bring 10 black T-shirts total)	0, 1, 4, 5
4 (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
6 (8)	Brassiere (female) (any combination of bras/sports bras)	1, 4
1	Athletic supporter (male)	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
1	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)	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, white, bath (approximately 54" x 32")	1
2	Washcloth, white (approximately 12" square)	1
5	Storage bags, Zip-Loc type, gallon size	1
1	Insect repellent	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, 11)		
1	Pillow	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, Filled out	1
1	Picture ID	1, 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	Clipboard (optional, you will not need this)	2
2 (4)	Pens	1, 4
2 (4)	Pencils	1, 4
1	Hydration System (Camelbak type or web belt and canteen)	1
1	Compass	1
1	Flashlight	2
1	Extra flashlight batteries	2
1	Laundry bag	1
1	Lint roller	2
1	Camera (disposable)	2
1	Iron	2
1	Sunglasses	0, 2
1	Fan, Room (Box type or other room fan) PLEASE CONSIDER BRINGING	2
1	Air Conditioner, Window unit	2
As Req	Any extra/additional cadet insignia you may have at your squadron (primarily cadet stripes)	0, 1

PROHIBITED ITEMS (Notes 3, 12)

The following items are prohibited.

Weapons (Firearms, explosives, etc.)	3
Illicit Drugs (illegal drugs and/or accompanying paraphernalia etc.)	3
Pornography of any kind	3

SENIOR SIGNATURE OF UNDERSTANDING: _____ **DATE:** _____

NOTES.

Note 0: Uniforms. All uniforms must be IAW CAPM 39-1. Senior's may wear the Corporate dress uniform in lieu of the USAF blue uniform. If bringing multiple types of uniforms, all uniforms must be complete (no mixing of uniform components). Seniors are allowed to wear either BDUs, ABUs, or Corporate Blue BDUs to encampment. If bringing multiple types of uniforms, all uniforms must be complete (no mixing of uniform components). The Polo shirt uniform will only be worn by seniors on arrival and departure day. Flight suits are not authorized at encampment.

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. Females will wear a 1-piece suit. 2-piece swimsuits (bikinis) or mono-kinis will not be worn. Males will wear swim trunks. Swim briefs (e.g. "Speedos") 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 9 day supply.

Note 10: Senior members may bring any sheet set and blanket/sleeping bag combination as they see fit.

Note 11: Identification. School, Govt issued, military dependent card, Passport, driver's license. (CAP ID card and 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.