APPLICATION FOR THE 2011 CT011 GREAT START WEEKEND

PLEASE PRINT

NAME (Last Name, First Name, Middle Initial)				JOINED CAP (MM YY)	
CAPID	SOCIAL SECURITY (LAST 4 DIGITS ONLY) ▲ ▲ ▲	CAP GRADE	UNIT CHARTER NUMBER	REGION	WING
MAILING ADDRESS (Number and Street)					
(City)				(State)	(ZIP Code)
DATE OF BIRTH (MM DD YY)	HEIGHT	WEIGHT	GENDER	HAIR COLOR	EYE COLOR
RELIGIOUS PREFERENCE	PRESENT OCCUPATION		E-MAIL ADDRESS		
HOME PHONE	BUSINESS/ALTERNATE			FAX	

The entries in these fields MUST appear legibly, or this form will be returned

POSITION YOU ARE APPLYING FOR

(PLEASE CHECK)

- CADET ☐
- CADET STAFF ☐
- SENIOR STAFF ☐
- ENCAMPMENT CADET STAFF ☐
- ENCAMPMENT SENIOR STAFF ☐

CONNECTICUT WING ENCAMPMENT APPLICATION CHECKLIST

☐ Completed CTWG Form 31A (4 Pages)

☐ Completed CAP Cadet Medications Policy And Certification Letter (1 Page)

- All over the counter items such as sunscreen, aspirin and upset stomach medicines are included in this policy. Please list any and all over the counter items being brought to encampment.
- Physician's signature is required for any prescription medications. Please note if the medication will require refrigeration.

☐ Completed CAP Form 60 (2 Pages)

☐ SENIOR & CADETS: Check for $22.00 made out to "CAP - CT011"

- Please write "2011 CT011 GSW" and your cadet's CAPID on the check memo line

Applications must be received by April 15th, 2011 to be valid. Send all completed applications to: CAPT Robin Wojtcuk, 27 Cedar Lane, Norwich, CT 06360

2011 GREAT START WEEKEND INFORMATION

The 2011 143rd Composite Squadron Cadet Great Start Weekend will be held at Camp Niantic, Niantic, Connecticut, from Friday, May 13th to Sunday, May 15th.

Emergency contact information during the encampment:
Major Joe Palys, Activity Officer Cell: 203.247.6378 Email: jpalys@circle1marketing.com
Capt Robin Wojtcuk, Admin/Finance Email: heartandsoul@snet.net

APPLICATION FOR THE 2011 CT011 GREAT START WEEKEND

RELEASE AND HOLD HARMLESS

This application is being submitted for the Civil Air Patrol Connecticut Wing Encampment to be conducted at the Connecticut Army National Guard Facilities located at Camp Niantic, Niantic, Connecticut (the "Encampment"). This application is being made entirely upon my own or our and my child's own initiative, risk and responsibility to participate in the training at the first available opportunity and with full knowledge that the Encampment may include:

1. Traveling by land, sea or air in U.S. Military, commercial or privately owned vehicles from regular place of residence to the site of the Encampment, travel incident to the Encampment and subsequent return to place of residence;
2. Participation is a wide variety of physical activities;
3. Participation in aeronautical activities as a passenger or student trainee in U.S. Military, commercial or privately owned aircraft;
4. Living for a period of one week or more on diminished rations and minimal shelter simulating actual survival conditions;
5. Being quartered and/or subsisting away from regular or normal place of residence for an extended period of time;
6. Remaining with the cadet group assigned to at all times during the Encampment;
7. Acting as a spokesperson for Civil Air Patrol, rendering reports on the Encampment, which may include, without limitation, being interviewed by the news media;
8. Refraining from argumentative discussions concerning lawful orders and/or government policies.

In consideration for the permission extended to me/us whereby my child or myself, _____ (the "Participant") is about to participate in the Encampment, the Participant is doing so entirely upon his or her own initiative, risk and responsibility; and with full knowledge, consent and approval by me as the Participant or Participant's (Parents/Legal Guardian). In consideration for the permission extended to me (participant) or my child (participant) by the Civil Air Patrol, Inc., the United States of America, the State of Connecticut, the Connecticut Army National Guard, and the Civil Air Patrol – Connecticut Wing, through its members, officers, agents, employees acting officials or otherwise to participate in the Encampment, to the fullest extent allowed by law, I do hereby for myself, my child, my heirs, executors, administrators and assigns, release and forever discharge the Civil Air Patrol, Inc., the United States of America, the State of Connecticut, the Connecticut Army National Guard and the Civil Air Patrol – Connecticut Wing, its members, officers, agents, employees, acting officials or otherwise, from and against any and all claims, demands, actions, causes of actions on account of death or bodily injury of any kind or nature to myself or my child(ren) which may occur as a result of the Training whether or not such bodily injury or death is caused in whole or in part by the active or passive negligence of the Civil Air Patrol, Inc., the United States of America, the State of Connecticut, the Connecticut Army National Guard, and the Civil Air Patrol – Connecticut Wing, its members, officers, agents, employees, acting officials or otherwise.

Further, to the fullest extent permitted by law, I do hereby for myself, my child, my heirs, executors, administrators and assigns agree to defend, indemnify and save harmless the Civil Air Patrol, Inc., the United States of America, the State of Connecticut, the Connecticut Army National Guard, and the Civil Air Patrol – Connecticut Wing, its members, officers, agents, employees, acting officials and otherwise from and against any and all claims, losses, expenses (including attorneys' fees), demands, actions, causes of actions arising out of or resulting from the Training, provided that such claim, damage, loss or expense is attributable to bodily injury, sickness, disease or death, or to injury or destruction of tangible property, but only to the extent caused by the negligent acts or omissions of the Participant or me or anyone for whom the Participant or I may be liable regardless of whether or not such claim, damage, loss or expense, is caused in whole or in part by a person or entity indemnified hereunder.

Further, I understand that the news media may be invited to view, photograph or film portions of the Encampment, and to interview Participants. I agree and consent to the use of my own or my child's (participant's) photograph, image, quote or voice in news presentations.

I further agree that I, as the Participant, will not leave The Connecticut Wing Encampment unless authorized or directed to do so by the Encampment Commander or designated legal representative.

Participant Initials: _____

Father or Legal Guardian Initials: _____

Mother or Legal Guardian Initials: _____

APPLICATION FOR THE 2011 CT011 GREAT START WEEKEND

RELEASE AND HOLD HARMLESS (Continued)

I/we further represent and warrant the following:

1. If the Participant is a child, that the Participant is my child or legal ward;
2. That the Participant has no history of injury or disease which might be affected by the Encampment, except those disclosed in the medical information section of this form;
3. That the Participant will follow all lawful orders, rules, regulations and directives as established by the Encampment Commander, or other staff members. In the event the Participant refuses to follow the aforementioned lawful orders, rules, regulations and directives, the Participant may be sent home at the discretion of the Encampment Commander at my/our sole cost and expense.

Further, in the case of injury, disease or other illness, permission is hereby granted to treat the Participant as required, and if the Participant is released from the Encampment before the recovery of said injury, disease or illness, further treatment will be provided by myself.

DATE	PRINTED NAME OF PARTICIPANT	SIGNATURE OF PARTICIPANT	SIGNATURE OF WITNESS

IF APPLICANT IS A CADET (REGARDLESS OF AGE) THE FOLLOWING SIGNATURES/INFORMATION ARE REQUIRED:

DATE	PRINTED NAME OF FATHER/LEGAL GUARDIAN	SIGNATURE OF FATHER/LEGAL GUARDIAN	SIGNATURE OF WITNESS
	FATHER/LEGAL GUARDIAN HOME PHONE	FATHER/LEGAL GUARDIAN CELL PHONE	FATHER/LEGAL GUARDIAN EMAIL

DATE	PRINTED NAME OF MOTHER/LEGAL GUARDIAN	SIGNATURE OF MOTHER/LEGAL GUARDIAN	SIGNATURE OF WITNESS
	MOTHER/LEGAL GUARDIAN HOME PHONE	MOTHER/LEGAL GUARDIAN CELL PHONE	MOTHER/LEGAL GUARDIAN EMAIL

SQUADRON CERTIFICATION

I certify that the above information is correct and that all the requirements for attendance, as specified in National Headquarters and/or Connecticut Wing Headquarters Directives, will be completed by the required dates. This applicant is applying for:

☐ CADET ☐ CADET STAFF ☐ SENIOR STAFF

DATE	SQUADRON COMMANDER PRINTED NAME	SQUADRON COMMANDER SIGNATURE	PHONE	EMAIL

OUT OF STATE WING CERTIFICATION

I certify that the above information is correct and that all the requirements for attendance, as specified in National Headquarters and/or Connecticut Wing Headquarters Directives, will be completed by the required dates. This applicant is applying for:

☐ CADET ☐ CADET STAFF ☐ SENIOR STAFF

DATE	WING COMMANDER PRINTED NAME	WING COMMANDER SIGNATURE	PHONE	EMAIL

APPLICATION FOR THE 2011 CT011 GREAT START WEEKEND

NAME (Last Name, First Name, Middle Initial)	CAPID	UNIT CHARTER NUMBER

MEDICAL INFORMATION - TO BE COMPLETED BY ALL APPLICANTS

This information is for Official Use Only and will not be released to unauthorized persons. Answer all questions as accurately as possible so that special activity or encampment staff can make themselves aware of any pre-existing medical problems or conditions and be alert to help you.

HAVE YOU EVER HAD AN FAA OR OTHER FLIGHT PHYSICAL DENIED, SUSPENDED, OR REVOKED? ☐ NO ☐ YES (Give the date and reason in the remarks section.)

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 FOLLOWING? (If yes is answered on any items, please explain why in the remarks section with dates and physician(s) consulted (if any). Items not specifically noted below having the potential to interfere with performance during the special activity or encampment 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 allergies	☐ NO	☐ YES	Record of other convictions
☐ NO	☐ YES	Stomach trouble	☐ NO	☐ YES	Any drug or narcotic habit	☐ NO	☐ YES	Attempted suicide
☐ NO	☐ YES	Asthma	☐ NO	☐ YES	Chronic or recurring injuries	☐ NO	☐ YES	Medical treatment within the past 5 years other than regular office visits or physicals

☐ **NO** ☐ **YES** **Do you have any dietary restrictions and/or special dietary needs?**

IMMUNIZATIONS

FAMILIY PHYSICIAN (Name, address, and phone number)

INSURANCE INFORMATION

☐ Medical
Company

Policy Number

☐ Liability
Company

Policy Number

EMERGENCY ADDRESSEE - PARENT, GUARDIAN, OR CLOSEST RELATIVE TO BE NOTIFIED IN CASE OF EMERGENCY

Name | Relationship

Address | Day Telephone | Night Telephone

REMARKS

APPLICATION FOR THE 2011 CT011 GREAT START WEEKEND

CADET MEDICATIONS FOR ENCAMPMENT

The Civil Air patrol ("CAP") is not a health care provider, and CAP members are not permitted to act in the role of health care providers during the performance of official CAP duties. Consequently, CAP members are not permitted to function as pharmacists, physicians, nurses, or in any other role that would permit the administration and dispensing of prescription and non-prescription drugs under various federal and state laws and regulations. The taking of prescription medication is the responsibility of the individual member for whom the medication was prescribed or, if the member is a minor, the member's parent or guardian and physician.

Your child (the "Cadet") will be attending CAP encampment and to the extent the Cadet needs or requires prescription or non-prescription medication you shall provide such medication to the Cadet for use at Encampment and further you and the Cadet's physician certify that the Cadet is competent to self-medicate and use the medication in accordance with the instructions prescribed by the Cadet's physician.

Medication for the Cadet (list, include any over the counter items such as sunscreen, aspirin and upset stomach medications):

CAP will log in and securely store all prescription and non-prescription medication and make such medication available to the Cadet when requested by the Cadet for use during Encampment. The Cadet is responsible for taking any medication in accordance with such medications directions for use.

_____
Name of Cadet

_____
Parent or legal Guardian

_____
Physician

EMERGENCY NOTIFICATION DATA				
PERSONAL INFORMATION				
LAST NAME	FIRST NAME	MI	CAP RANK	CAPID
ADDRESS			CITY	STATE AND ZIP CODE
CIVIL AIR PATROL UNIT INFORMATION				
UNIT CHARTER NO.	UNIT NAME	UNIT LOCATION (City and State)		
UNIT COMMANDER'S NAME		CAP RANK	TELEPHONE (Weekdays)	
ADDRESS			TELEPHONE (Nights & Weekends)	
PERSON TO NOTIFY IN CASE OF EMERGENCY				
NAME (Mr., Mrs., etc.)		RELATIONSHIP	TELEPHONE (Weekdays)	
ADDRESS		TELEPHONE (Nights & Weekends)	CELL PHONE	

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EMERGENCY NOTIFICATION DATA				
PERSONAL INFORMATION				
LAST NAME	FIRST NAME	MI	CAP RANK	CAPID
ADDRESS			CITY	STATE AND ZIP CODE
CIVIL AIR PATROL UNIT INFORMATION				
UNIT CHARTER NO.	UNIT NAME	UNIT LOCATION (City and State)		
UNIT COMMANDER'S NAME		CAP RANK	TELEPHONE (Weekdays)	
ADDRESS			TELEPHONE (Nights & Weekends)	
PERSON TO NOTIFY IN CASE OF EMERGENCY				
NAME (Mr., Mrs., etc.)		RELATIONSHIP	TELEPHONE (Weekdays)	
ADDRESS		TELEPHONE (Nights & Weekends)	CELL PHONE	

CAP FORM 60, DEC 03 Previous editions will not be used after 31 Mar 04 OPR/ROUTING: LMM

EMERGENCY MEDICAL DATA

PERSONAL PHYSICIAN _____ PHONE _____

PHYSICIAN'S ADDRESS _____ CITY _____

BLOOD TYPE _____

PERTINENT MEDICAL DATA (Allergies, Diseases, Chronic Illnesses, medications, etc.) _____

_____

_____

CAP FORM 60, DEC 03 REVERSE

EMERGENCY MEDICAL DATA

PERSONAL PHYSICIAN _____ PHONE _____

PHYSICIAN'S ADDRESS _____ CITY _____

BLOOD TYPE _____

PERTINENT MEDICAL DATA (Allergies, Diseases, Chronic Illnesses, medications, etc.) _____

_____

_____

CAP FORM 60, DEC 03 REVERSE