

Last Name: _____ CAPID# _____

APPLICATION FOR THE 2020 CONNECTICUT WING ENCAMPMENT

Please print in blue or black ink. ANY APPLICATIONS turned in without ALL necessary signatures will be considered incomplete and will not be accepted.

NAME (LAST, First)				JOINED CAP (MM YY)	
CAP ID	CAP Grade (NOT School Grade)	UNIT CHARTER NUMBER (NOT Name – i.e. CT-036)		Region	Wing
APPLICATION FOR: <input type="checkbox"/> Senior Staff <input type="checkbox"/> Cadet Staff <input type="checkbox"/> Cadet Basic (Student)	Prerequisite for Cadet Staff: Basic Encampment Year of Basic _____ Location __. ____	<input type="checkbox"/> Cadet Commander <input type="checkbox"/> Cadet Deputy Commander <input type="checkbox"/> Cadet Executive Officer <input type="checkbox"/> Cadet First Sergeant <input type="checkbox"/> Where I'm needed!	<input type="checkbox"/> Executive Staff 1 st _____ 2 nd _____ 3 rd _____	<input type="checkbox"/> Flight Line Staff	
Mailing Address (Number and Street)				Home Phone	
City				State	Zip
Date of Birth (DD/MM/YY)	Age During Encampment	Height	Weight	Gender	Hair Color
Participant's Email				Cell #	
Mothers Email				Cell #	
Father's Email				Cell #	

Staff/Participant Sizing Information – Please check one.

Tee Shirt Size: XS S M L XL XXL XXXL

EXTREMELY IMPORTANT! EXTREMELY IMPORTANT! EXTREMELY IMPORTANT!

All medications must be listed on the cadet's application in the CAPF 160 "Medication Information" section, p. 2. This includes any over-the-counter meds as well: i.e. sunscreen, bug spray, Tylenol/Advil, Tums, etc.

All medications must be in the original container (no "med boxes"), clearly labeled with the cadets name, medication and dosage, and not be expired. *Please note if the medication will require refrigeration.*

The cadet must be capable of taking the medication on their own. Staff cannot handle cadet medication, nor can they be responsible for reminding cadets to take medications.

Please bring your medications in their original containers and all in one zip lock bag. Be able to access the bag easily upon arrival, so that it can be inspected by our medical staff. If you are using over the counter medications you must bring them with you. We will not have any available.

Parents- if your cadet is on medications, please stay until the medical staff has been able to inspect your child's medications to avoid having to come back to the encampment to make corrections.

Last Name: _____

CAPID# _____

APPLICATION FOR THE 2020 CONNECTICUT WING ENCAMPMENT

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 in 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, _____

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 (Parent/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:

Parent or Legal Guardian Initials:

Last Name: _____

CAPID# _____

APPLICATION FOR THE 2020 CONNECTICUT WING ENCAMPMENT

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 Participant's Name (print)

Participant's Signature

ALL CADETS MUST PROVIDE THIS INFORMATION REGARDLESS OF AGE:

Parent/Legal Guardian Name (print) _____

Parent/Legal Guardian Signature _____

SQUADRON CERTIFICATION

I certify that the above information is CORRECT and that all requirements for attendance, as specified by National Headquarters and/or Connecticut Wing Headquarters Directives, will be completed by the required dates. This applicant is applying for: Basic (Student) Cadet Staff Senior Staff

DATE Print Squad CC Name Squad CC Signature Squad CC Phone

Please write NEATLY and LEGIBLY!! Squad CC Email

OUT-OF-STATE WING CERTIFICATION (Participants NOT from CTWG)

I certify that the above information is CORRECT and that all requirements for attendance, as specified by National Headquarters and/or Connecticut Wing Headquarters Directives, will be completed by the required dates. This applicant is applying for: Basic (Student) Cadet Staff Senior Staff

DATE Print Wing/Group CC Name Wing/Group CC Signature Wing/Group CC Phone

Please write NEATLY and LEGIBLY!! Wing/Group CC Email

Last Name: _____

CAPID# _____

AIR TRANSPORTATION AGREEMENT		DATE
PLACE Connecticut Encampment Camp Nett, Niantic CT	FULL NAME	
PERMANENT ADDRESS		
<p style="text-align: center;">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.</p>		
SIGNATURE		
WITNESS	WITNESS	
NAME AND ADDRESS OF PERSON TO BE NOTIFIED IN EMERGENCY		