



**HEADQUARTERS
2009-2010 WINTER ENCAMPMENT
CIVIL AIR PATROL FLORIDA WING
UNITED STATES AIR FORCE AUXILIARY
CAMP BLANDING FL 32091**



28 September 2009

MEMORANDUM FOR—SEE DISTRIBUTION

FROM: FLWG ENC/CC

SUBJECT: 2009-2010 Florida Wing Winter Encampment Operations Order

1. OVERVIEW. Florida Wing (FLWG) will conduct a Winter Encampment at Camp Blanding Army National Guard Training site in Starke, Florida from 27 December 2009 to 2 January 2010.

2. MISSION. The mission of Florida Wing Encampments is to provide cadets a positive training environment that reinforces the core values of the Civil Air Patrol and the United States Air Force through consistency and adherence to the standards of the Cadet Program. Through interaction with peers and direct mentorship from their leaders cadets will gain experiences that will form the foundation of their cadet career and serve them as young adults. Physical and mental safety will be the first consideration of all members. All activities will be conducted to the highest ethical and professional standards.

2. EXECUTION. Staff members (cadet and senior) will arrive between 1200 and 1400 on 26 Dec 09 for inprocessing. Staff training for all members will begin at 1430. Basic Cadets will arrive between 1130 and 1300 on 27 Dec 09 and shall eat lunch prior to arrival. All basic cadets will be dismissed upon completion of the graduation ceremony at 1100 on 2 Jan 09. Encampment staff (cadet and senior) will be dismissed at 1200 following the Army National Guard final out inspection. Early or late arrivals or departures must be coordinated through the member's chain of command and require Encampment Commander approval.

3. TRANSPORTATION. Transportation to and from the encampment site is the member's personal responsibility. Groups and squadrons may, and are encouraged to do so, arrange for common transportation through car pool and utilization of CAP corporate vehicles. Contact your unit commander for details.

4. COMMAND. The encampment command staff is selected by the encampment commander with concurrence of the Florida Wing Director of Cadet Programs (FLWG/DCP). The encampment command staff will be announced mid October 2009.

5. APPLICATION PROCEDURES. For the purpose of encampment application, there are two types of participant applications: basic applications and staff applications. Basic application

procedures are for cadets attending encampment for their first time (“Doolie” Encampment). Staff application procedures are for all other encampment participants, cadet and senior.

a. Prerequisites. To attend encampment the applicant must be a current CAP member, in possession of a current CAP identification card, in good standing with Civil Air Patrol, and have a membership expiration date of January 2010 or later. . These additional requirements must also be met:

(1) Basic Applicants. Prior to the start of encampment, cadets attending their first encampment must have completed the Curry Achievement (Achievement 1) and be promoted to Cadet Airman (C/Amn).

(2) Cadet Staff Applicants. Prior to 1 Dec, cadet staff applicants must have earned the Wright Brothers Award and be promoted to Cadet Staff Sergeant (C/SSgt). Cadets 18 and over must complete Cadet Protection Policy Training (CPPT) prior to encampment. All cadet staff shall complete Basic Communications User Training (BCUT) prior to encampment. Additionally, cadet staff is required to complete the online Operational Risk Management (ORM) Basic and Intermediate Courses available at <https://tests.cap.af.mil/newtests/test.cfm?grp=orm>.

(3) Senior Staff Applicants. All seniors must have completed Level 1, to include OPSEC and Equal Opportunity training available through e-services. Seniors shall have their CAP/FLWG driver’s license prior to 10 December 2009. Additionally, senior staff is required to complete the online Operational Risk Management (ORM) Basic and Intermediate Courses available at <https://tests.cap.af.mil/newtests/test.cfm?grp=orm>. The encampment executive officer will assist seniors in obtaining their CAP DL as needed or requested. Seniors unable to obtain a CAP DL should include “UNABLE CAP DL” in their applications; explanations may be provided at the member’s discretion. Experience in cadet programs is desired however, not required. All senior staff shall complete Basic Communications User Training (BCUT) prior to encampment.

b. Application Submission. All applicants must submit a FLWG Form 500 (Cadet Activity Application) and FLWG Form 504 (Medical Disclosure). Scanned electronic copies will be accepted; however the applicant must ensure that all signatures are on the form prior to submitting. Applications require at least one parent signature (witness not required) and the signature of either the squadron commander or deputy commander for cadets. Applicants will ensure all medical information is provided accurately and correctly. Applications and medical disclosure forms will be submitted to:

2009-2010 Encampment Registrar
567 Mimosa St SW
Palm Bay, FL 32908

or **winterencampment@flwg.us**

Basic applications will include the encampment fee with the FLWG Form 500 and FLWG Form 504. Staff applicants will submit the encampment fee *separate* from the FLWG Form 500 and FLWG Form 504 and only *after* they’ve been selected for staff. Activity fee must be mailed.

(1) Supplemental Staff Application. Cadet and Senior staff applicants will submit a chronological list of CAP activities (group level and higher) that they have participated in and in what capacity (i.e. “Group 99 Leadership School, 15 Jul 2020 – Flight Sergeant”) for the past three years. Additionally, list at least one but no more than three positions being applied for. Lastly, include your personal and/or organizational short term and/or long term goals (no more than six). This supplemental application information should be compiled to a single document (.doc, .rtf, .txt, and .pdf file types *only*) and submitted to the encampment e-mail address (winterencampment@flwg.us) with a subject of “STAFF APPLICATION.”

c. Encampment Fee. The Encampment Fee will be \$175.00 if the application is postmarked 3 December or earlier. The fee will increase to \$195.00 after 3 Dec. Checks or money orders will be made payable to “Civil Air Patrol.” Cash will not be accepted. For multiple members of the same, immediate family wanting to attend encampment, the cost will be \$175.00 for the first member and \$85.00 for each additional member (after 3 Dec the cost is \$195 for first member and \$85 for each additional family member). Squadron commanders must verify the relationship. This discount applies to both cadet and senior members and may not be combined with any other discounts. If paperwork is submitted electronically, insure that the fee is mailed to comply with the appropriate deadline.

d. Deadlines. Applicants are responsible for ensuring that their application is submitted, and received, by the below published deadlines. Extensions must be requested prior to the deadline date and require encampment commander approval.

(1) Basic Applications. FLWG Form 500, FLWG Form 504, and encampment fee postmarked no later than *10 December 2009*.


(2) Cadet & Senior Staff Applications. FLWG Form 500 and FLWG Form 504 postmarked by *1 November 2009*. Supplemental Staff Application must be received by *25 October 2009*. Encampment fee due by *10 December 2009* (submitted *after* selected for encampment staff).

6. WEBSITE. The official encampment website is located on the Florida Wing Cadet Programs website at <http://www.flcadet.com/WinterEncampment.aspx>. The website is the official source for all encampment publications and should be checked regularly for updates and the latest encampment information and news. The website also contains important information for first time cadets, staff, and parents.

7. EQUIPMENT. The encampment participant packing list is included as attachment 2 to this order. Participants will pack only what is on the packing list. *Any* equipment brought that is not listed on the equipment list will be confiscated and considered contraband (Contraband will be returned to the cadet during out-processing). Cold weather gear is *essential* for a safe and enjoyable encampment and is *not* an optional packing item. It is recommended that cadets pack their gear so that it may be transported easily and without assistance.

8. PREPARATION. All encampment participants will experience long, demanding, and very active days. Cadets can expect to be active about 16 hours a day. To be successful at encampment, prior preparation is critical. Arrive at encampment with the correct equipment, well rested, and hydrated. Even during the cooler winter temperatures, dehydration still occurs. Proper hydration will help prevent many common encampment injuries and serve to keep you healthy during a demanding week. Cadets should study available encampment materials prior to encampment so that the information is fresh and cramming does not result.

9. CONDUCT. During encampment, everyone is expected to perform as a professional and perform in such a way as to bring credit to oneself and the Civil Air Patrol. The Cadet Protection Policy will be strictly enforced. The appearance of impropriety is justification for dismissal by the commander. The Florida Wing Cadet Honor Code will be strictly enforced. Any member disrupting the encampment will be counseled and may be dismissed by the commander. Members dismissed from the encampment are responsible for transportation from the activity. Parents may incur additional expense if a cadet is dismissed from encampment.



JUSTIN R. MCELVANEY, Capt, CAP
Encampment Commander

Attachments:

1. Guide for Encampment Preparation
2. Equipment Packing List
3. FLWG Form 500 – Cadet Activity Application
4. FLWG Form 504 – Medical Disclosure

Distribution:

ALL FLWG Members
FLWG General List (e-mail list)
FLWG Cadet Programs List (e-mail list)
FLWG GRP/CCs
FLWG SQD/CCs
SER/CP
MSWG/DCP
ALWG/DCP
GAWG/DCP
TNWG/DCP
PRWG/DCP

WINTER ENCAMPMENT PREPARATION GUIDE

This guide is published by the Florida Wing Cadet Programs Office to provide unit commanders, Cadet Programs personnel, parents, and cadets with a basic understanding of what an encampment is, who should attend, why attendance should be stressed, and what should be done to prepare a cadet for the Encampment experience.

WHAT IS AN ENCAMPMENT?

An encampment is a basic introduction to the military way of life and an opportunity to experience leadership from both a follower's and leader's point of view. It is an excellent way of meeting new cadets from throughout the Wing and establishing esprit de corps amongst the "next generation" of cadet leaders.

WHO SHOULD ATTEND AN ENCAMPMENT AS A BASIC CADET?

Any cadet who is a current member of CAP as evidenced by the most recent CAP Cadet Monthly Membership Listing (MML) and has not previously attended an encampment. A minimum of squadron training is required to ensure that the cadet understands the basics of CAP customs and courtesies, the basics of CAP drill, and the basics of how to wear the CAP uniform, which will be discussed below. Cadets must have completed the Curry Achievement prior to the start of encampment.

WHY SHOULD A CADET ATTEND AN ENCAMPMENT?

- It is a requirement to achieve the Billy Mitchell Award.
- It is required for most National and Wing-sponsored special activities.
- It provides an outstanding leadership and training forum for new cadets and new cadet command/staff officers.
- It provides an opportunity to meet other cadets and begin lasting friendships with them.
- It provides numerous experiences that appeal directly to CAP Cadets and is a fun, and exciting opportunity.

WHAT SHOULD A SQUADRON COMMANDER DO TO PREPARE A CADET TO ATTEND AN ENCAMPMENT?

Provide classes on the following topics (see manual references in parentheses):

- CAP customs and courtesies (Leadership: 2000 and Beyond, all volumes)
- Proper wear of the CAP uniform (CAPM 39-1)
- Basic drill maneuvers (drill and ceremonies)
- Personal hygiene and self care (basic first aid, cleanliness).
- Idea of what homesickness is for cadets who have never been away from home. Discuss with him/her the resources available at the encampment (Chaplain, TAC Officers, squadron members)
- Explain to your cadets what it is like to live with little privacy. This can be a shock.

ARE THERE ADDITIONAL SOURCES OF INFORMATION CONCERNING ENCAMPMENTS?

Yes. CAPR 52-16, Chapter 5, governs CAP Encampments. Cadets and seniors who have attended previous encampments are a great source for information as well as training.

WHAT ARE THE REQUIREMENTS FOR A CADET TO ATTEND AN ENCAMPMENT?

Cadets must have a current membership card, meet grooming standards, have completed the Curry Achievement, and submit the necessary paperwork. All application instructions are detailed at the beginning of this information package.

WHAT ITEMS SHOULD A CADET BRING TO AN ENCAMPMENT?

Since every encampment is slightly different (different locations, weather, etc) the packing list changes slightly every year. For the most current and accurate packing list for the encampment you are attending go to the Florida Wing Cadet Programs website and select the encampment activity page (www.flcadet.com).

(Intentionally left blank for proper duplex printing)

CADET EQUIPMENT LIST

CADET NAME (LAST, FIRST, MI)

This checklist must be used by all participants. Failure to bring required items to encampment will create hardship on yourself and the encampment and make the experience less favorable for everyone. Items with an asterisk (*) next to the number indicate it is an optional item. Unless marked optional, all items are mandatory.

SERVICE UNIFORM (Blues)		
Qty	Item	Packed
1	Blues Shirt	<input type="checkbox"/>
2	White V-neck undershirt (V-neck ONLY, no crewneck)	<input type="checkbox"/>
1	Tie (male) / Tie-tab (female)	<input type="checkbox"/>
1	Blues Pants (Skirts authorized if no pants owned or available)	<input type="checkbox"/>
1	Flight cap w/insignia	<input type="checkbox"/>
1	Blues Belt (chrome buckle, w/chrome tip)	<input type="checkbox"/>
2	pair; black dress socks (neutral shade hose allowed for females)	<input type="checkbox"/>
1	Plastic blue cadet (CAP) nametag	<input type="checkbox"/>
1	Complete set of ribbons, badges, and cadet grade insignia	<input type="checkbox"/>
1	pair; black military low quarter dress shoes, lace type (pumps allowed for females)	<input type="checkbox"/>

BATTLE DRESS UNIFORM (BDU)		
Qty	Item	Packed
1	BDU Shirt; 2 to 3 recommended; laundry n/a; shirt & pants should match	<input type="checkbox"/>
1	BDU Pants; 2 to 3 recommended; laundry n/a; shirt & pants should match	<input type="checkbox"/>
1	Blue web belt w/subdued open face buckle and subdued (black) tip	<input type="checkbox"/>
1	BDU USAF style hat; squadron hat, group hat, 5 point USMC hats, & berets prohibited	<input type="checkbox"/>
8	pair; boot socks	<input type="checkbox"/>
2*	pair, blousing bands	<input type="checkbox"/>
1	pair, plain, black combat, jungle, or jump boot; shined	<input type="checkbox"/>
8	Brown undershirts (t-shirts); BASIC CADETS ONLY	<input type="checkbox"/>
8	Black undershirts (t-shirts); ENCAMPMENT STAFF ONLY	<input type="checkbox"/>

FITNESS TRAINING UNIFORM		
Qty	Item	Packed
3	T-shirts for fitness training; plain shirts or CAP activity shirts authorized	<input type="checkbox"/>
2	Athletic shorts for fitness training; plain black; limited writing okay, not preferred	<input type="checkbox"/>
1	pair athletic shoes (basketball shoes and shoes with cleats not authorized)	<input type="checkbox"/>
1	sweatshirt or windbreaker (for cold weather workouts)	<input type="checkbox"/>
1	sweatpants or windbreaker (for cold weather workouts)	<input type="checkbox"/>
1*	beanie (headgear); preferably black	<input type="checkbox"/>

PERSONAL HYGIENE ITEMS		
Qty	Item	Packed
1	Soap / Covered Soap Dish	<input type="checkbox"/>
2	towels	<input type="checkbox"/>
1	washcloth	<input type="checkbox"/>
1	shampoo	<input type="checkbox"/>
1*	comb / brush	<input type="checkbox"/>
1	deodorant	<input type="checkbox"/>
1	foot powder	<input type="checkbox"/>
1	toothbrush	<input type="checkbox"/>
1	toothpaste	<input type="checkbox"/>
1	shaving gear (razor, cream, etc)	<input type="checkbox"/>
1	sunscreen	<input type="checkbox"/>
1	insect repellent	<input type="checkbox"/>

PERSONAL CLOTHING ITEMS		
Qty	Item	Packed
8	ea Underclothing; underwear, long underwear, etc	<input type="checkbox"/>
1	set of casual civilian attire (in good taste)	<input type="checkbox"/>
1	pair shower shoes (for showers)	<input type="checkbox"/>

MISCELLANEOUS ITEMS & EQUIPMENT		
Qty	Item	Packed
1	Current CAP ID Card (membership card or CAP photo ID card; NOT 101 card)	<input type="checkbox"/>
2	CAPF 60, completed	<input type="checkbox"/>
1	Permanent BLACK marker	<input type="checkbox"/>
1	Current phase leadership book	<input type="checkbox"/>
1*	CAP Uniform Manual	<input type="checkbox"/>
1	Small memo book that fits in your pocket	<input type="checkbox"/>
3	Black pens	<input type="checkbox"/>
5	White clothes hangers	<input type="checkbox"/>
1	Sewing kit w/safety pins and thread	<input type="checkbox"/>
1	Dusting / cleaning rag	<input type="checkbox"/>
1	Flashlight (white) with extra batteries	<input type="checkbox"/>

MISCELLANEOUS ITEMS & EQUIPMENT		
Qty	Item	Packed
1	Laundry bag	<input type="checkbox"/>
1*	Iron	<input type="checkbox"/>
1*	Starch	<input type="checkbox"/>
1*	Swimsuit; optional, for showers	<input type="checkbox"/>
1*	Stationery	<input type="checkbox"/>
	Medications; prescribed and over the counter. Must be disclosed on check-in	<input type="checkbox"/>
1	Poncho (black, green, or woodland only)	<input type="checkbox"/>
1	Shoe Shine Kit (liquid polish NOT authorized)	<input type="checkbox"/>
1	12" ruler	<input type="checkbox"/>
2	Canteens w/web belt OR 1 Camelbak; must hold 2qts water; brown, black, or tan only	<input type="checkbox"/>
1	Spending Money (no more than \$20; member's responsibility to secure)	<input type="checkbox"/>

PROHIBITED ITEMS: Weapons, knives, cash in excess of \$20, illegal drugs (prescribed and over the counter drugs must be disclosed to the medical officer), tobacco, alcohol, food, candy, gum, electronic devices (i.e. iPod, walkman, CD player, etc), computers/laptops, cellphones (coordinate prior to encampment), video game devices, jewelry other than wrist watch and studs for females).

Any items found that are not on the equipment list will be confiscated and placed in contraband. Be accountable for your own actions and DO NOT pack anything not authorized on this equipment list.

Applicant Statement of Understanding	
I certify that I have packed my own equipment for equipment and that only the authorized items on this packing list have been brought. I understand bringing items not included on this list is a cadet honor code violation and may result in dismissal from encampment.	
_____	_____
Cadet Signature	Date

Parental Verification	
I have verified that my child has packed all required equipment as listed on this equipment packing list. I've discussed the consequences of bringing unauthorized materials to encampment and my child is aware of the consequences.	
_____	_____
Parent Signature	Date

*****THIS FORM MUST BE TURNED IN DURING IN-PROCESSING*****

FLORIDA WING CADET PROGRAMS ACTIVITY APPLICATION

CAP ID	UNIT CHARTER NUMBER -- --	UNIT NAME	GROUP (If applicable)	AGE	GENDER	<input type="checkbox"/> CADET <input type="checkbox"/> SENIOR
NAME (Last Name, First Name, Middle Initial) / .			CAP GRADE	TELEPHONE NUMBER – PRIMARY (Include area code) – – TYPE:		
MAILING ADDRESS				TELEPHONE NUMBER – ALTERNATE (Include area code) – – TYPE:		
CITY	STATE	ZIP CODE	EMAIL ADDRESS		CPPT COMPLETION DATE (FOR CADETS 18 & OLDER AND SENIOR MEMBERS ONLY)	
HEIGHT (Inches) "	WEIGHT (Pounds) lbs	DATE OF BIRTH	CURRENT SCHOOL GRADE (Cadets Only) <input type="checkbox"/> PRIVATE <input type="checkbox"/> PUBLIC	SCHOLASTIC ACHIEVEMENT (Senior Members Only) <input type="checkbox"/> High School Graduate <input type="checkbox"/> College <input type="checkbox"/> Post Graduate ____ Years Completed		RELIGIOUS PREFERENCE
T-SHIRT SIZE (Available at some activities, check one) <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL		SHORT SIZE (Available at some activities, check one) <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL		IF YOU REQUIRE SPECIFIC CLOTHING NEEDS OTHER THAN LISTED, PLEASE SPECIFY		
ACTIVITY YOU ARE APPLYING FOR (One activity per application)			LOCATION OF ACTIVITY YOU ARE APPLYING FOR		STANDARD CHECK LIST PLEASE MAKE SURE THE FOLLOWING ARE ENCLOSED ALONG WITH THIS APPLICATION <input type="checkbox"/> ACTIVITY FEE – I have enclosed \$ _____ <input type="checkbox"/> All other items as directed by the requested activity OPERATIONS ORDER	
YOU ARE APPLYING FOR THE POSITION OF <input type="checkbox"/> STUDENT/PARTICIPANT <input type="checkbox"/> CADET STAFF MEMBER – SPECIFY _____ <input type="checkbox"/> SENIOR STAFF MEMBER – SPECIFY _____						
MEDICAL INFORMATION All information MUST be completed. This section is to be completed by the applicant. <i>HAVE YOU HAD OR NOW HAVE ANY OF THE FOLLOWING?</i> (If YES is answered on any item, please explain in the remarks section with dates and physician(s) consulted (if any).						
<input type="checkbox"/> NO	<input type="checkbox"/> YES	Are you currently taking Prescription Medications (List Below)		<input type="checkbox"/> NO	<input type="checkbox"/> YES	Sugar or albumin in urine
<input type="checkbox"/> NO	<input type="checkbox"/> YES	Any injury or illness in the past 2 years (List Below)		<input type="checkbox"/> NO	<input type="checkbox"/> YES	Heart trouble
<input type="checkbox"/> NO	<input type="checkbox"/> YES	Any known allergies (List Below)		<input type="checkbox"/> NO	<input type="checkbox"/> YES	High or low blood pressure
<input type="checkbox"/> NO	<input type="checkbox"/> YES	Hay fever		<input type="checkbox"/> NO	<input type="checkbox"/> YES	Chronic diseases like Diabetes or Bronchitis
<input type="checkbox"/> NO	<input type="checkbox"/> YES	Frequent or severe headaches		<input type="checkbox"/> NO	<input type="checkbox"/> YES	Severe Menstrual cramps (Female Only)
<input type="checkbox"/> NO	<input type="checkbox"/> YES	Stomach trouble		<input type="checkbox"/> NO	<input type="checkbox"/> YES	Admission to hospital
<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	Ear infections		<input type="checkbox"/> NO	<input type="checkbox"/> YES	Rupture or Groin injury
<input type="checkbox"/> NO	<input type="checkbox"/> YES	Dizziness or fainting spells		<input type="checkbox"/> NO	<input type="checkbox"/> YES	Positive TB skin test
<input type="checkbox"/> NO	<input type="checkbox"/> YES	Asthma		<input type="checkbox"/> NO	<input type="checkbox"/> YES	Epilepsy or seizures
<input type="checkbox"/> NO	<input type="checkbox"/> YES	Unconsciousness for any reason		<input type="checkbox"/> NO	<input type="checkbox"/> YES	Kidney stones or blood in urine
<input type="checkbox"/> NO	<input type="checkbox"/> YES	Eye trouble, excluding glasses		<input type="checkbox"/> NO	<input type="checkbox"/> YES	Nervous trouble of any sort
<input type="checkbox"/> NO	<input type="checkbox"/> YES	Any drug or narcotic habit		<input type="checkbox"/> NO	<input type="checkbox"/> YES	Other illness, injuries or accidents (List Below)
<input type="checkbox"/> NO	<input type="checkbox"/> YES	Chronic or recurring injuries		<input type="checkbox"/> NO	<input type="checkbox"/> YES	Medical treatment within the past 5 years other than regular office visits or physicals (List Below)
<i>Information not specifically noted above having the potential to interfere with performance during the activity should be documented in the remarks section. Some activities may require additional medical verification such as a physical exam prior to attendance. Consult current activity information or contact the activity project officer.</i>						
DESCRIBE ANY SPECIAL DIETARY NEEDS					BLOOD TYPE	
REMARKS – MEDICATIONS and EXPLANATIONS (Attach additional sheet if necessary). FULL disclosure of medical information for cadets is very important and mandatory!						
FAMILY PHYSICIAN'S NAME		FAMILY PHYSICIAN'S TELEPHONE No. -- --		MEDICAL INSURANCE COMPANY		MEDICAL INSURANCE POLICY No.

EMERGENCY CONTACT INFORMATION	RELATIONSHIP (Ex: Mother, Uncle, etc)	TELEPHONE NUMBER – DAYTIME -- --	TELEPHONE NUMBER – EVENING -- --
NAME (Parent, guardian or closest relative to be notified in case of emergency)		TYPE:	TYPE:

RELEASE AGREEMENT

KNOWN ALL MEN BY THESE PRESENTS that I am submitting my application for this Civil Air Patrol activity, and I hereby volunteer entirely upon my own imitative, risk, and responsibility for an assignment to participate in this activity 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, travel incident to the activity, 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.
6. Acting as a spokesman for the Civil Air Patrol, rendering reports on the activity.
7. Refraining from argumentative discussions concerning governmental policies.
8. Physically demanding exercise and/or tasks.
9. Being ordered home or suspended from activity functions as a result of a disciplinary action as determined by the officer in charge.

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, 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 or continuances thereof, as well as all ground and flight operations incident thereto.

SIGNATURE OF APPLICANT

DATE

RELEASE BY PARENTS OR GUARDIAN

KNOWN ALL MEN BY THESE PRESENTS: WHEREBY my child has applied for the activity referred to on the first page of this document, 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, 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 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 the first page of this document and is able to participate without the physical/emotional support or others. **Also, he/she is capable of taking any prescribed medication without supervision.**
3. Will follow all rules, regulations, and directives as established by the Civil Air Patrol activity project officer or officer in charge or encampment commander. If he/she does not follow the activity rules, regulations, and directives written or verbal, he/she may be sent home at the discretion of the activity project officer or officer in charge or encampment commander at my expense.
4. Should firearms training be offered as outlined in CAPR 52-16, permission is hereby given for the applicant to participate.
5. I have read, understood, and agree to all items as outline in the Release Agreement section and Release by Parents or Guardian section. I also certify that ALL information on as part of this document is true to my knowledge.

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

REFUND POLICY – Due to prior financial obligations by third parties, the following refund policy has been established.

1. Florida Wing Activities applications must be complete and accompanied by FULL PAYMENT or the application will not be processed.
2. All out-of-state cadets must send a cashier's check or money order. NO PERSONAL CHECKS.
3. All request for refunds must be in writing and postmarked by the following dates:
 - A. Cancellations 14 or more days before the scheduled activity will receive a 90% refund.
 - B. Cancellations 5-13 days before the scheduled activity will receive a 50% refund.
 - C. Cancellations 4 days or less before the scheduled activity will receive NO REFUNDS.

SIGNATURE OF FATHER OR LEGAL GUARDIAN

DATE

WITNESS FOR FATHER'S SIGNATURE

(Must be signed by an adult other than parent/legal guardian)

SIGNATURE OF MOTHER OR LEGAL GUARDIAN

DATE

WITNESS FOR MOTHER'S SIGNATURE

(Must be signed by an adult other than parent/legal guardian)

UNIT CERTIFICATION

To my knowledge:

1. I certify that ALL of the information on this form is complete and correct.
2. This applicant meets the activity prerequisites and is prepared to attend this activity.
3. This applicant has no history of injury or disease which might be affected by this activity except those previously noted in the Medical Information section of this form.
4. This applicant will follow all rules, regulations, and directives as established by the Civil Air Patrol, the activity project officer or officer in charge or encampment commander or other staff members. If he/she does not follow the activity rules, regulations, and directives, he/she may be sent home at the discretion of the activity project officer or officer in charge or encampment commander at parental or unit expense.

SIGNATURE OF UNIT COMMANDER OR DEPUTY COMMANDER FOR CADETS

DATE

PRINT NAME

FLORIDA WING CADET ACTIVITY MEDICAL DISCLOSURE FORM

INSTRUCTIONS: A parent/guardian must complete this form in its entirety. Indicate NONE or NO were applicable. Failure to disclose all medical conditions is cause for possible dismissal from this activity. A COPY OF THE CADET'S IMMUNIZATION RECORD AND INSURANCE CARD MUST BE ATTACHED.

STAFF USE ONLY: List serious ALLERGIES. Red ink.

I. CADET INFORMATION																						
CADET'S NAME <i>(Last, First MI)</i>	DATE OF BIRTH	CAPID																				
CADET'S CONTACT																						
DAY PHONE:	EVENING PHONE:	ADDITIONAL PHONE:																				
II. PHYSICIAN INFORMATION																						
PRIMARY CARE PHYSICIAN NAME		PHYSICIAN'S PHONE NUMBER																				
III. EMERGENCY CONTACT INFORMATION																						
<i>Guardian or relative to be notified in case of an emergency</i>																						
GUARDIAN OR RELATIVE		RELATIONSHIP																				
CONTACT																						
DAY PHONE:	EVENING PHONE:	ADDITIONAL PHONE:																				
HOME ADDRESS																						
CITY		STATE	ZIP CODE																			
IV. INSURANCE INFORMATION																						
INSURANCE COMPANY		ID NUMBER	PHONE NUMBER																			
V. MEDICATION INFORMATION																						
<p>INSTRUCTION: List <u>ALL</u> prescription, over-the-counter, and herbal medications this cadet takes. Include medication name, dosage, and time to be given. <u>ALL</u> MEDICATIONS <u>MUST</u> BE IN THE ORIGINAL CONTAINER. <u>DO NOT</u> SEND ANY MEDICATIONS IN DAILY PILL PACKS.</p> <p>If no medication is required, please check NONE. <input type="checkbox"/> NONE</p>																						
Medication <small>(ex: Concerta 27mg)</small>	Dosage <small>(ex: 1 tablet)</small>	Time(s) given <small>(ex: every AM)</small>	Reason for medication <small>(ex: ADHD)</small>	Special Handling Instructions																		
<p>This cadet may be given the following over-the-counter (OTC) medicines, their generics, or a similar product if necessary or deemed appropriate by the Health Services Officer (HSO). No product endorsement is implied.</p> <p>INSTRUCTION: Parent/Guardian, please indicate your approval by initialing each OTC you allow to be given.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">_____ Acetaminophen (Tylenol®)</td> <td style="width: 33%;">_____ Ibuprofen</td> <td style="width: 33%;">_____ Diphenhydramine (Benadryl®)</td> </tr> <tr> <td>_____ Pseudoephedrine</td> <td>_____ Antacids</td> <td>_____ Cough/cold products</td> </tr> <tr> <td>_____ Mido®</td> <td>_____ Pepto-Bismol®</td> <td>_____ Anti-diarrheal products</td> </tr> <tr> <td>_____ Calamine lotion®</td> <td colspan="2">_____ Anesthetic throat spray (Chloraseptic®)</td> </tr> <tr> <td colspan="3">_____ Antibiotic ointments (eg, Triple Ointment®, Neosporin®, Bacitracin®)</td> </tr> <tr> <td colspan="3">_____ Other:</td> </tr> </table>					_____ Acetaminophen (Tylenol®)	_____ Ibuprofen	_____ Diphenhydramine (Benadryl®)	_____ Pseudoephedrine	_____ Antacids	_____ Cough/cold products	_____ Mido®	_____ Pepto-Bismol®	_____ Anti-diarrheal products	_____ Calamine lotion®	_____ Anesthetic throat spray (Chloraseptic®)		_____ Antibiotic ointments (eg, Triple Ointment®, Neosporin®, Bacitracin®)			_____ Other:		
_____ Acetaminophen (Tylenol®)	_____ Ibuprofen	_____ Diphenhydramine (Benadryl®)																				
_____ Pseudoephedrine	_____ Antacids	_____ Cough/cold products																				
_____ Mido®	_____ Pepto-Bismol®	_____ Anti-diarrheal products																				
_____ Calamine lotion®	_____ Anesthetic throat spray (Chloraseptic®)																					
_____ Antibiotic ointments (eg, Triple Ointment®, Neosporin®, Bacitracin®)																						
_____ Other:																						
<p>As the listed parent/guardian named in this document, I hereby grant permission to the Civil Air Patrol and the Health Services Officers of this activity to administer the above medications to my cadet/child during this activity as directed.</p>																						
PARENT/GUARDIAN SIGNATURE _____			DATE _____																			

IV. MEDICAL HISTORY

LIST ALL MEDICAL CONDITIONS OR RECENT INJURIES *(If none, indicate such)*

HAS THE CADET HAD, OR CURRENTLY HAS, ANY OF THE FOLLOWING?

If yes, please explain in the remarks section with date and physicians consulted.

Y	N	DESCRIPTION	Y	N	DESCRIPTION	Y	N	DESCRIPTION	Y	N	DESCRIPTION
<input type="checkbox"/>	<input type="checkbox"/>	Frequent headaches	<input type="checkbox"/>	<input type="checkbox"/>	Ear infections	<input type="checkbox"/>	<input type="checkbox"/>	Chronic diseases	<input type="checkbox"/>	<input type="checkbox"/>	Eye trouble (except glasses)
<input type="checkbox"/>	<input type="checkbox"/>	Dizziness or fainting	<input type="checkbox"/>	<input type="checkbox"/>	Hernias	<input type="checkbox"/>	<input type="checkbox"/>	Menstrual cramps	<input type="checkbox"/>	<input type="checkbox"/>	Chronic injuries
<input type="checkbox"/>	<input type="checkbox"/>	Unconsciousness	<input type="checkbox"/>	<input type="checkbox"/>	Pos. TB skin test	<input type="checkbox"/>	<input type="checkbox"/>	Known allergies	<input type="checkbox"/>	<input type="checkbox"/>	Stomach trouble
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy or seizures	<input type="checkbox"/>	<input type="checkbox"/>	Been admitted to a hospital	<input type="checkbox"/>	<input type="checkbox"/>	Drug or alcohol habit
<input type="checkbox"/>	<input type="checkbox"/>	Hay fever	<input type="checkbox"/>	<input type="checkbox"/>	Kidney stones	<input type="checkbox"/>	<input type="checkbox"/>	Broken bones	<input type="checkbox"/>	<input type="checkbox"/>	Medical treatment in last 5 years
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Motion sickness	<input type="checkbox"/>	<input type="checkbox"/>	Attempt suicide	<input type="checkbox"/>	<input type="checkbox"/>	Other:
<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>	Nervous trouble	<input type="checkbox"/>	<input type="checkbox"/>	High or Low Blood pressure			

Remarks: Describe all medications being taken, medical ailments, recent accidents, other accidents, and other conditions. We need this to be as thorough as possible. Include a separate sheet of paper or use the back of this page if necessary.

LIST ANY ALLERGIES TO MEDICATIONS, FOOD, INSECT STINGS, ETC. BE SPECIFIC. *(If none, indicate such)*

LIST ANY DIETARY RESTRICTIONS (e.g. MEDICAL, RELIGIOUS, VEGETARIAN, ETC.). *(If none, indicate such)*

ARE YOU NOW OR HAVE YOU EVER BEEN WAIVED FROM PHYSICAL TRAINING BY A DOCTOR? *(If no, indicate such; If)*

No Yes (explain):

IS THERE ANYTHING ELSE WE SHOULD KNOW ABOUT THIS CADET? *(If no, indicate such; If)*

No Yes (explain):

REMINDER: Attach a copy of the cadet's immunization record and insurance card are attached.

As the listed parent/guardian named in this document, I hereby grant permission for the activity Health Services Officer (HSO) to share this information with CAP Senior Staff members and any health care providers as necessary to provide appropriate healthcare care for my cadet/child (or myself if, CAP senior member). I also grant permission for any CAP or non-CAP attending medical or nursing staff to share medical information with any CAP HSO as necessary to provide appropriate healthcare care for my cadet (or myself if, CAP senior member).

PARENT/GUARDIAN SIGNATURE

DATE

NOTIFICATION: This information is for official use only and will not be released to unauthorized persons. Answer all questions as accurately as possible so that activity staff can make themselves aware of any pre-existing medical problems or conditions and be alert to help you.