

Cadet Activity Permission Release

DIRECTIONS: Fill out this form completely. Do not leave any blanks. Parents must sign their name in the space provided. If you have any medical problems or disease, list them on the reverse side of this form. Include any allergies, asthma, etc.

SECTION A: (Please Print)

Cadet _____ has permission to attend a Civil Air Patrol Cadet activity. This function will be:

1. **Description:** Cadet Orientation Flight
2. **Location:** _____ (Fill in location)
3. **Date (s):** _____ (Fill in date)
4. **Time (s):** Start time of the activity is 0800 hrs. Cadets should report 1/2 hours prior to their projected times in the schedule.

SECTION B: Cadet Approval

I do hereby agree to obey all rules and regulations connected with this activity. I understand that any misconduct or infraction of the rules could result in removal from the activity, or possibly termination from the cadet program.

Cadet's Signature: _____ Date: _____
Rank: _____ CAP ID # : _____ Phone: _____

SECTION C: Parent Approval

I understand that this Civil Air Patrol activity is being supervised by adult senior members and senior cadet officers. I do further authorize the administration of first-aid or any other medical treatment that may be necessary in an emergency to save life or limb. I have completed any information regarding my child's health on the reverse side of this form.

Parent's Signature: _____ Date: _____

Emergency Telephone Number: _____