Instructions:

- **Complete this form including all required signatures and send it via e-mail to rwojtcuk614@gmail.com to apply for the Connecticut Wing Encampment. This will speed up the application process and reserve your space at the encampment. You may use physical or digital signatures on the e-mail application.**

- **To complete the registration process, you must print out a copy of your application, including all required signatures in handwriting and send them to**

Maj. Robin Wojtcuk
27 Cedar Lane
Norwich, CT 06360

- **Your application cannot be considered without a physical copy of the completed application forms. Your written application must be received by the deadlines listed on page 1.**

APPLICATION FOR THE 2014 CONNECTICUT WING ENCAMPMENT

Please print in blue or black ink. ANY APPLICATIONS turned in without ALL necessary signatures will be considered incomplete and will have to be redone. Social Security # MUST be provided to get on base.

Name (Last, First, Middle Initial)				Joined CAP (MM YY)	
CAP ID	Social Security Number (Last 4 digits ONLY) XXX-XX-__ __ __ __	CAP Grade	Unit Charter Number	Region	Wing
Mailing Address (Number and Street)					
(City)			(State)	(ZIP Code)	
Date of Birth (Month, Day, Year)	Height	Weight	Gender	Hair Color	Eye Color
Religious Preference	Occupation (Senior)		Home Phone		

APPLICATION FOR:

- **Senior Staff** ☐
- **Cadet Basic** ☐
- **Cadet Staff** ☐

Prerequisite: Basic Encampment

Year of Basic _____

Location_____

- ☐ Cadet Commander
- ☐ Cadet Deputy Commander
- ☐ Cadet Executive Officer
- ☐ Cadet First Sergeant
- ☐ Executive Staff
- ☐ Flight Line Staff
- ☐ Where I'm needed!

Participant's E-Mail Address	Participant's Cell Phone
MOTHER'S E-Mail Address	MOTHER'S Cell Phone
FATHER'S E-Mail Address	FATHER'S Cell Phone

Staff/Participant Sizing Information – Please check one.

Tee Shirt Size: ☐XS ☐S ☐M ☐L ☐XL ☐XXL ☐XXXL

ALL completed applications **MUST** be checked by squadron commanders and delivered to CTWG HQ by the following deadlines:

Cadet Command Staff: 5 Feb 2014 **Cadet & Senior Staff: 5 Apr 2014**

Basic Cadets: 14 July 2014

☐ Complete CTWG Form 31A (Pages 1-3)

- **ALL** signatures of cadets, parents, squadron commanders and out-of-state wing commanders **MUST** be provided or application will be returned and may miss the deadline.

☐ Complete Cadet Self-Medication for Encampment (Page 4)

- **ALL** prescription **AND** over-the-counter meds (i.e. Advil, Tums, Midol, etc.) ***AND*** other health care supplies (i.e. sunscreen, bug repellent, pain patches, etc.) ***need to be included on this list***.
- ***Physician's signature is required for any prescription medications. Please note if the medication will require refrigeration.***

☐ Complete RI National Guard Training Release (Page 5)

☐ Complete CAPF 160 and CAPF 161 (Pages 6, 7, & 8)– must be attached

☐ **CADETS:** Check for **$160.00** made out to "CAP-CTWG"

- *Please write "2014 CTWG Encampment" AND your cadet's CAPID on the check's MEMO LINE.*

For Out-of-State Commanders:

CAP CTWG HQ PO BOX 1233 MIDDLETOWN, CT 06457-1233

APPLICATION FOR THE 2014 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:

APPLICATION FOR THE 2014 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. **(PLEASE SIGN ON THE LINE PROVIDED and provide a witness signature.)**

Date **Participant's** Name (print) **Participant's** Signature **Witness** Signature

ALL CADETS MUST PROVIDE THIS INFORMATION REGARDLESS OF AGE:

Parent/Legal Guardian Name (print)_____

Parent/Legal Guardian Signature _____

Witness Signature_____

Parent/Legal Guardian: Home Phone_____Cell Phone _____

E-Mail _____

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 E-Mail

OUT OF STATE WING CERTIFICATION – Participants NOT from CTWG

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 Group Commander (if necessary) Printed Name Group Commander (if necessary) Signature Phone E-Mail

Date Wing Commander Printed Name Wing Commander Signature Phone E-Mail

CADET SELF-MEDICATION 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, bug spray, 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

APPLICATION FOR THE 2014 CONNECTICUT WING ENCAMPMENT

The RING may provide helicopter or airplane flights for CTWG encampment. ***ALL*** *participants must fill this out.*

LIABILITY RELEASE AND INDEMNIFICATION AGREEMENT

In consideration of the Rhode Island National Guard's permission extended to me to participate on orientation flights and other activities, I hereby release the United States of America and the State of Rhode Island, the Adjutant General, their agents, servants and other employees, from any liability for damage or injury to any person and property caused by the intentional, negligent, grossly negligent, willful, wanton and reckless conduct due to the acts of the above named sovereignties, their agents, servants and other employees for the duration of this activity. I hereby sign this waiver entirely upon my own volition, initiative, risk, and responsibility in consideration to participate in this flight.

I further agree to defend, indemnify and otherwise hold harmless the United States and the State of Rhode Island, their agents, servants and other employees, in any and all actions, either in law or equity, which may be brought against them for damage or injury or death to myself or any person or his/her property which may arise out of this activity, performed by the Rhode Island National Guard, its agents, servants or other employees, licensees or invites, be it intentional or negligent, grossly negligent or willful, wanton or reckless, while using the aforementioned equipment.

I,_____ , INDIVIDUALLY AND FOR MY SUCCESSORS, HEIRS, LEGATEES AND
Participant
ASSIGNS, HEREBY AGREE TO DEFEND, INDEMNIFY, AND OTHERWISE HOLD HARMLESS THE ABOVE-MENTIONED SOVEREIGNTIES FOR CLAIMS, ACTIONS OR AWARD AGAINST SAID SOVEREIGNTIES BY ME OR ON MY BEHALF.

I HAVE READ THE ABOVE AND UNDERSTAND ALL THE AGREEMENTS AND WARNINGS CONTAINED THEREIN.

Signed_____
If cadet, parent MUST sign.

Address_____

_____

Telephone:_____

Date:_____

Witness Signature:_____

_____
Witness Name (Print)

_____
(Designation)

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 *(Last, First, Middle)*			**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	
☐	☐	Decreased vision, glaucoma, contacts	☐	☐	Chronic or recurring injuries
☐	☐	Ear infections, perforation	☐	☐	Activity, mobility restrictions
☐	☐	Difficulty equalizing ears	☐	☐	Use of cane, walker, wheelchair
☐	☐	Hearing loss, hearing aid	☐	☐	Back or neck pain or injury
☐	☐	Allergies, nasal stuffiness	☐	☐	Migraine or severe headaches
☐	☐	Anaphylaxis, serious allergic reaction	☐	☐	Dizziness or fainting spells
☐	☐	Asthma, emphysema (COPD)	☐	☐	Head injury, unconsciousness
☐	☐	Ever use an inhaler	☐	☐	Epilepsy or seizure
☐	☐	Short of Breath with activity	☐	☐	Stroke, paralysis
☐	☐	Heart Attack, chest pain, angina	☐	☐	Thyroid problems (low or high)
☐	☐	Heart murmur, heart problems	☐	☐	Diabetes, high or low blood sugars
☐	☐	Congestive heart failure	☐	☐	Cancer, leukemia
☐	☐	Irregular or rapid heartbeat	☐	☐	Blood disease, hemophilia
☐	☐	High or low blood pressure	☐	☐	Motion sickness
☐	☐	Stomach trouble, ulcers	☐	☐	Special diet, food allergies
☐	☐	Hepatitis or liver problems	☐	☐	Current bedwetting problems
☐	☐	Diarrhea, constipation	☐	☐	ADD (Attention Deficit Disorder)
☐	☐	Hernia or rupture	☐	☐	Mental illness (bipolar, other)
☐	☐	Kidney disease or stones	☐	☐	Depression, anxiety, suicidal
☐	☐	Prostate problems (men)	☐	☐	Admission to the hospital
☐	☐	Frequent urination	☐	☐	Other chronic medical illnesses
☐	☐	Menstrual cramps (women)	☐	☐	Sleep disorder, sleep apnea
☐	☐	Broken bone, joint problems	☐	☐	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	Hepatitis Vaccine	Pneumonia Vaccine	Varicella Immuni-zation/chickenpox	Influenza Vaccine
☐ No Td or Tdap	☐ No	☐ No	☐ No	☐ No
Date:	Date:	Date:	Date:	Date:

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 (packs per day, years smoked, smokeless tobacco use)*	Occupation *(student or other)*	Religious Preference

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 *(Last, First, Middle)*	**Grade**	**CAPID**	**Charter Number**
Mailing Address *(Number and Street)*	**City**	**State**	**Zip Code**
(Area Code) **Home Phone**	*(Area Code)* **Cell Phone**		

Primary Insurance Information *(Please attach copy of insurance cards, front and back)*

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	*(Area Code)* **Phone**		
Mailing Address *(Number and Street)*	**City**	**State**	**Zip Code**

Emergency Contact *(Parent, guardian or closest relative to be notified in case of emergency)*

Name		**Relationship to Applicant**	
Mailing Address *(Number and Street)*		**City**	**State**	**Zip Code**
(Area Code) **Pager**	*(Area Code)* **Cell/Mobile Phone**	*(Area Code)* **Day Phone**	*(Area Code)* **Night Phone**
Unit Commander Name and Grade		**Unit Name**	
(Area Code) **Unit Commander Day Phone**		*(Area Code)* **Unit Commander Night Phone**	