Instructions:

- Complete this application carefully and completely. Please ask your squadron commander to check your information when he/she signs this, BEFORE you send it to me.

- The complete application is the 3-page application itself **PLUS** the CAPF 160 and CAPF 161. As encampment approaches you might also receive other permission forms that need to be completed correctly and returned quickly. They will be sent by email if necessary.

- ADD Major Wojtcuk to cadet and parent "Accepted Emails" lists so I don't get spammed - rwojtcuk614@gmail.com **Email is the most efficient way communications for encampment are handled.**

- You MAY (not required) INITIALLY send it via e-mail to rwojtcuk614@gmail.com to reserve your space at the encampment. This DOES NOT guarantee your acceptance.

- **TO COMPLETE THE REGISTRATION PROCESS** and be considered for attendance at this year's encampment, you must print out a copy of your application, **including all required signatures** in handwriting, and send them **with your check** 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:

  Cadet Command Staff: 4 March 2016 **Cadet & Senior Staff: 5 April 2016**
  Basic Cadets: 14 July 2016

- **DO NOT SEND** your paper copy to me until **ALL** signatures of cadets, parents, squadron commanders and out-of-state wing commanders are provided. It is YOUR responsibility to obtain these signatures, not mine. Start early and ask often until they are completed! Incomplete applications **will not be considered**, and you may miss the deadline.

- Check for $160.00 made out to "CAP-CTWG". *Please write "2016 CTWG Encampment" and your cadet's CAPID on the check's MEMO LINE.*

APPLICATION FOR THE 2016 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.

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:	Prerequisite for Cadet Staff:		
☐ Senior Staff ☐ Cadet Staff ☐ Cadet Basic (Student)	Basic Encampment Year of Basic _____ Location_____	☐ Cadet Commander ☐ Cadet Deputy Commander ☐ Cadet Executive Officer ☐ Cadet First Sergeant ☐ Where I'm needed!	☐ Executive Staff ☐ Flight Line Staff 1st _____ 2nd _____ 3rd _____

Mailing Address (Number and Street)				Home Phone		
City				State	Zip	
Date of Birth (DD/MM/YY)	Age During Encampment	Height	Weight	Gender	Hair Color	Eye 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, mediation 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.

APPLICATION FOR THE 2016 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 2016 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

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

NAME:

UNIT #:

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 ☐ No Td or Tdap Date:	Hepatitis Vaccine ☐ No Date:	Pneumonia Vaccine ☐ No Date:	Varicella Immuni-zation/chickenpox ☐ No Date:	Influenza Vaccine ☐ No 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**	