



OHIO WING CIVIL AIR PATROL ENCAMPMENT



APPLICATION FOR ENCAMPMENT

STAFF BASIC

APPLICANTS MUST FILL IN THE FOLLOWING INFORMATION AS COMPLETELY AND ACCURATELY AS POSSIBLE. PLEASE TYPE OR PRINT NEATLY. IF FORMS ARE NOT LEGIBLE AND DO NOT CONTAIN THE REQUIRED SIGNATURES THE APPLICANT MAY NOT BE APPROVED TO ATTEND THE REQUESTED ACTIVITY.

NAME (Last Name, First Name, MI)			GENDER M <input type="checkbox"/> F <input type="checkbox"/>		LAST 4 DIGITS OF SSN (Required)		ATTACH RECENT PHOTO HERE (Optional)	
CAPID NUMBER		CAP GRADE		UNIT CHARTER NUMBER		DATE JOINED CAP (MMM YYYY)		
MAILING ADDRESS								
CITY				STATE		ZIP CODE		
D.O.B. (MM/DD/YY) / /		AGE	HEIGHT ' "		WEIGHT lbs	HAIR COLOR		EYE COLOR
SCHOLASTIC ACHIEVEMENT <input type="checkbox"/> High School Graduate <input type="checkbox"/> College Years <input type="checkbox"/> Post Graduate Years			RELIGIOUS PREFERENCE (if services requested)				CONTACT INFORMATION H: () - W: () - M: () -	
			HAT SIZE (i.e. 7 1/2) M <input type="checkbox"/> F <input type="checkbox"/>		SHIRT SIZE (S, M, L, XL)			
EMAIL ADDRESS								

RELEVANT EXPERIENCE

FOR OFFICE USE ONLY

<p>ADMINISTRATION</p> <p>SQUADRON: _____</p> <p>FLIGHT: _____</p> <p>ROOM NUMBER: _____</p> <p>HAT SIZE: _____</p> <p>SHIRT SIZE: _____</p>	<p>MEDICAL</p>
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<p>FINANCE</p> <p>AMOUNT PAID: _____</p> <p>CHECK NUMBER: _____</p> <p>DATE RECEIVED: _____</p> <p>AMOUNT OWED: _____</p>	<p>NOTES</p>
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MEDICAL INFORMATION - TO BE COMPLETED BY ALL APPLICANTS

This information is for Official Use Only and will not be released to unauthorized persons. Answer all questions as accurately as possible so that special activity or encampment staff can make themselves aware of any pre-existing medical problems or conditions and be alert to help you.

HAVE YOU EVER HAD AN FAA OR OTHER FLIGHT PHYSICAL DENIED, SUSPENDED, OR REVOKED? NO YES (Give the date and reason in the remarks section.)

DO YOU CURRENTLY USE ANY MEDICATION? (Including eye drops) NO YES (List any medication taken and the reason in the remarks section.)

HAVE YOU HAD OR BEEN INVOLVED IN AN ACCIDENT IN THE PAST 2 YEARS? NO YES (Explain the extent of your injuries and treatment required in the remarks section.)

HAVE YOU HAD OR HAVE NOW ANY OF THE FOLLOWING? (If yes is answered on any items, please explain why in the remarks section with dates and physician(s) consulted (if any). Items not specifically noted below having the potential to interfere with performance during the special activity or encampment should be documented in the remarks section.)

- | | | | | | |
|--|--------------------------------|--|---------------------------------|--|---|
| <input type="checkbox"/> NO <input type="checkbox"/> YES | Frequent or severe headaches | <input type="checkbox"/> NO <input type="checkbox"/> YES | Ear infections | <input type="checkbox"/> NO <input type="checkbox"/> YES | Chronic diseases like Diabetes or Bronchitis |
| <input type="checkbox"/> NO <input type="checkbox"/> YES | Dizziness or fainting spells | <input type="checkbox"/> NO <input type="checkbox"/> YES | Rupture | <input type="checkbox"/> NO <input type="checkbox"/> YES | Girls only - Menstrual cramps |
| <input type="checkbox"/> NO <input type="checkbox"/> YES | Unconsciousness for any reason | <input type="checkbox"/> NO <input type="checkbox"/> YES | Positive TB skin test | <input type="checkbox"/> NO <input type="checkbox"/> YES | Other illness or accidents |
| <input type="checkbox"/> NO <input type="checkbox"/> YES | Eye trouble, excluding glasses | <input type="checkbox"/> NO <input type="checkbox"/> YES | Epilepsy or fits | <input type="checkbox"/> NO <input type="checkbox"/> YES | Military rejection or medical discharge |
| <input type="checkbox"/> NO <input type="checkbox"/> YES | Hay fever | <input type="checkbox"/> NO <input type="checkbox"/> YES | Kidney stones or blood in urine | <input type="checkbox"/> NO <input type="checkbox"/> YES | Rejection for life insurance |
| <input type="checkbox"/> NO <input type="checkbox"/> YES | Sugar or albumin in urine | <input type="checkbox"/> NO <input type="checkbox"/> YES | Motion sickness | <input type="checkbox"/> NO <input type="checkbox"/> YES | Admission to hospital |
| <input type="checkbox"/> NO <input type="checkbox"/> YES | Heart trouble | <input type="checkbox"/> NO <input type="checkbox"/> YES | Nervous trouble of any sort | <input type="checkbox"/> NO <input type="checkbox"/> YES | Record of traffic convictions |
| <input type="checkbox"/> NO <input type="checkbox"/> YES | High or low blood pressure | <input type="checkbox"/> NO <input type="checkbox"/> YES | Any known allergies | <input type="checkbox"/> NO <input type="checkbox"/> YES | Record of other convictions |
| <input type="checkbox"/> NO <input type="checkbox"/> YES | Stomach trouble | <input type="checkbox"/> NO <input type="checkbox"/> YES | Any drug or narcotic habit | <input type="checkbox"/> NO <input type="checkbox"/> YES | Attempted suicide |
| <input type="checkbox"/> NO <input type="checkbox"/> YES | Asthma | <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 |

IMMUNIZATIONS

FAMILY PHYSICIAN (Name, address, and phone number)

INSURANCE INFORMATION

<input type="checkbox"/> Medical Company	<input type="checkbox"/> Liability Company
Policy Number	Policy Number

EMERGENCY ADDRESSEE - PARENT, GUARDIAN, OR CLOSEST RELATIVE TO BE NOTIFIED IN CASE OF EMERGENCY

Name	Relationship	
Address	Day Telephone	Night Telephone

REMARKS

RELEASE AGREEMENT

KNOW ALL MEN BY THESE PRESENTS that I am submitting my application for Civil Air Patrol Special Activities or Encampments, and I hereby volunteer entirely upon my own initiative, risk, and responsibility for an assignment to participate in this activity of encampment 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 or encampment, travel incident to the activity or encampment, 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 or encampment.
6. Acting as a spokesman for Civil Air Patrol, rendering reports on the activity or encampment.
7. Refraining from argumentative discussions concerning governmental policies.

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/encampment or activities/encampments, 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/encampment or activities/encampments or continuances thereof, as well as all ground and flight operations incident thereto.

DATE

SIGNATURE OF APPLICANT

RELEASE BY PARENTS OR GUARDIAN

KNOW ALL MEN BY THESE PRESENTS: WHEREBY my child has applied for the activity or encampment referred to above, 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/encampment or activities/encampments, 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 the death or on account of any injury to my child 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/encampment or activities/encampments 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 this form.
3. Will follow all rules, regulations, and directives as established by the Civil Air Patrol, Inc., activity project officer or encampment commander, or other staff members. If not following the above mentioned rules, regulations, and directives he/she may be sent home at the discretion of the project officer, encampment commander or activity directory at my expense.

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

DATE

WITNESS FOR FATHER'S SIGNATURE

FATHER OR LEGAL GUARDIAN

WITNESS FOR MOTHER'S SIGNATURE

MOTHER OR LEGAL GUARDIAN

SQUADRON CERTIFICATION

I certify that the above information is correct and that all requirements for attendance, as specified in National Headquarters Directives, will be completed by the required dates. This applicant is the

_____ choice of _____ cadets/seniors in this squadron applying for _____.

SQUADRON COMMANDER

WING CERTIFICATION (Mandatory for all but Region Staff Applicants)

This applicant is the _____ choice of _____ cadets/seniors in this Wing applying for _____.

WING COMMANDER / BOARD PRESIDENT

REGION CERTIFICATION (IACE Escorts and Region Staff Applicants Only)

This applicant is the _____ choice of _____ cadets/seniors in this Region applying for _____.

REGION COMMANDER

EMERGENCY NOTIFICATION DATA

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MI	CAP RANK	CAPID
ADDRESS			CITY	STATE AND ZIP CODE

CIVIL AIR PATROL UNIT INFORMATION

UNIT CHARTER NO.	UNIT NAME	UNIT LOCATION (City and State)		
UNIT COMMANDER'S NAME		CAP RANK	TELEPHONE (Weekdays) AC: NO.	
ADDRESS			TELEPHONE (Nights & Weekends) AC: NO.	

PERSON TO NOTIFY IN CASE OF EMERGENCY

NAME (Mr., Mrs., etc.)	RELATIONSHIP	TELEPHONE (Weekdays) AC: NO.		
ADDRESS	TELEPHONE (Nights & Weekends) AC: NO.		CELL PHONE	

EMERGENCY MEDICAL DATA

PERSONAL PHYSICIAN _____ PHONE _____

PHYSICIAN'S ADDRESS _____ CITY _____

BLOOD TYPE _____

PERTINENT MEDICAL DATA (Allergies, Diseases, Chronic Illnesses, medications, etc.) _____

Public Relations Release

United States Air Force, Wright-Patterson AFB, Ohio

I hereby authorize Wright-Patterson Air Force Base, the United States Air Force, the United States Department of Defense, the STARBASE Wright-Patt Program, the Wright-Patterson AFB Educational Outreach Program and other federal and state governmental entities and corporations working in conjunction therewith (collectively referred to hereinafter as "STARBASE Wright-Patt" to photograph and videotape my child for promotional purposes. I hereby waive any monetary or other rights that I might have to inspect and/or approve the finished product of the advertising, promotional or news copy and consent to its use in whatever way the STARBASE Wright-Patt deems appropriate. I hereby consent to the release of said portraits, pictures, videotapes, or motion pictures to broadcast and print media such as non-governmental newspapers and publications, television, cable or radio stations. I understand that all rights and title to the released information shall remain with the STARBASE Wright-Patt or the recipient.

Parent/Guardian Signature: _____ Date: _____

GENERAL TALENT RELEASE

The United States Government has requested that I grant, release, and discharge certain rights arising from my participation, or the participation of an infant or minor child for whom I execute custody, in a video or audio recording or presentation entitled:

" _____ ";

PIN _____ or PAN _____ which is being made by or produced for the United States Government.

This grant, release, and discharge of said rights to the United States Government is made freely and without expectation of recompense of any kind, in full cognizance of the risks inherent in the operational techniques employed in the production, including, but not limited to, the focusing of lights upon me or the infant or minor child; and in contemplation of the reliance by the United States Government upon the rights herein granted and released.

I hereby grant and release to the United States Government the following rights:

a. To use my name, or that of said infant or minor child, in any manner; photographs, likenesses, acts, poses, plays, and appearances made in connection with the said production to record, reproduce, amplify, simulate, filter or otherwise distort my voice or the child's voice and all instrumental, musical, and other sound effects produced by me or by the child; and to reproduce, duplicate, publish, exhibit, use or transmit the same or any parts thereof, by any means, in any manner and for any purpose whatsoever; and to do the same perpetually.

b. To "double" or "dub" my voice, acts, poses, plays, and appearances, or those of the infant or minor child, and all instrumental, musical and/or other sound effects produced by me or said infant or minor child to such extent as may be desired by the United States Government.

This voluntary grant and release will not be made the basis of a future claim of any kind against the United States Government. I release and discharge the United States Government from any cause of action arising from my participation or the participation of the infant or minor child in the production.

This grant, release, and discharge shall inure to the benefit of the United States Government, and its officers, agents, servants, and employees when acting in their official capacities; and to persons, firms or corporations contracting with the United States Government, and their heirs, executors, administrators, successors, or assigns; and to any other persons lawfully reproducing, distributing, exhibiting, or otherwise using the said production or any portion thereof.

The person or persons granting and releasing the rights set forth above are as follows:

1. TALENT

a. TYPED OR PRINTED NAME <i>(Last, First, Middle Initial)</i>	b. SIGNATURE <i>(If under 18 years of age, parent or guardian must sign below.)</i>	c. DATE <i>(YYYYMMDD)</i>
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2. PARENT OR LEGAL GUARDIAN *(Complete if talent is under 18 years of age.)*

a. TYPED OR PRINTED NAME <i>(Last, First, Middle Initial)</i>	b. SIGNATURE	c. DATE <i>(YYYYMMDD)</i>
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3. WITNESS

a. TYPED OR PRINTED NAME <i>(Last, First, Middle Initial)</i>	b. SIGNATURE	c. DATE <i>(YYYYMMDD)</i>
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MEDICATION RELEASE DATA

Note to parents:

Please label & pack all medications in a sealable bag. You must include a copy of this medical data form with the medications and return a copy with the application for the Medical Officer's file. Do not send more medicine than is needed for the duration of the encampment.

_____ (cadet's name) is authorized and has been instructed on the proper use of the following medications:

List prescription & over-the-counter medications brought to the encampment and instructions on dosages:

Check any over-the-counter medications being brought to the encampment.

- | | | | |
|-------------------|--------------------------|--------------------------------------|--------------------------|
| Benedryl | <input type="checkbox"/> | Antacids | <input type="checkbox"/> |
| Cough & Cold Meds | <input type="checkbox"/> | Ibuprofen | <input type="checkbox"/> |
| Pepto Bismal | <input type="checkbox"/> | Aspirin | <input type="checkbox"/> |
| Imodium | <input type="checkbox"/> | Other Antihistamines (e.g. Claritin) | <input type="checkbox"/> |
| Acetaminophen | <input type="checkbox"/> | Other_____ | <input type="checkbox"/> |
| Midol | <input type="checkbox"/> | Other_____ | <input type="checkbox"/> |

My Cadet has been instructed in the correct usage and knows the frequency that he/she needs to take the above listed medications. I give him/her permission to have these medications and to use them as prescribed.

Date

Signature of Parent or Guardian

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| Acetaminophen | <input type="checkbox"/> | Other _____ | <input type="checkbox"/> |
| Midol | <input type="checkbox"/> | Other _____ | <input type="checkbox"/> |

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