

# WASHINGTON WING CADET ACTIVITY APPLICATION

(If form is not legible you may not be selected for the activity that you want to attend)

<b>NAME:</b> Last Name, First Name, Middle Initial		<b>Date Joined CAP</b>	
		Month:	Year:
<b>MAILING ADDRESS:</b> (Number and Street)			
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>HOME PHONE</b>
	WA		(   )
<b>UNIT NAME:</b>		<b>CHARTER NUMBER</b>	
<b>CAPSN</b>	<b>CAP GRADE</b>	<b>DATE OF BIRTH</b>	<b>AGE</b>
	c/		
<b>E-MAIL ADDRESS</b>	<b>GENDER</b>	<b>HEIGHT</b>	<b>WEIGHT   HAIR   EYES</b>
	M - F		
<b>SCHOLASTIC ACHIEVEMENT</b>		<b>RELIGIOUS PREFERENCE</b>	
Grade Level Completed:		College Years:	
<b>DESIRED ACTIVITY (check only one box per application)</b>			
<b><u>ENCAMPMENTS</u></b>		<b><u>FLIGHT CAMPS</u></b>	
<input type="checkbox"/> Summer		<input type="checkbox"/> Power	
<input type="checkbox"/> Winter		<input type="checkbox"/> Glider	
		<b><u>TRAINING</u></b>	
		<input type="checkbox"/> WTA	
		<input type="checkbox"/> ESTA	
		<input type="checkbox"/> _____	
<b><u>STAFF APPLICATIONS (only)</u></b>			
Desired Position: 1. _____ 2. _____ 3. _____			
<b><u>PREVIOUS EXPERIENCE: (staff applications only)</u></b>			
Activity	Dates Attended	Position Held	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

## RELEASE BY PARENTS OR GUARDIAN

KNOW ALL MEN BY THESE PRESENTS: WHEREBY my child has applied for the activity 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, 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 an 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 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 of injury or disease which might be affected by this activity except those previously noted in the Washington Wing Medical Information form.
3. Will follow all rules, regulations, and directives as established by the Civil Air Patrol, Inc., activity commander or activity project officer, 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 activity commander or activity project office 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.

### Refund Policy

1. All applications for any activity must be complete and be accompanied by **full payment** or the application will not be processed.
2. All **out-of-state** cadets must send only a cashier's check or money order. No Personal checks.
3. **Refund Policy:** All requests for refunds must be in writing and postmarked by the dates shown below.
  - 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 0% refund.

4. **(PARENT/GUARDIAN INITIAL HERE)**

**I/We have read & understand**

**the**

**refund policy.**

<hr/>	<hr/>	<hr/>
<b>DATE</b>	<u>Print Name of Witness for Father's Signature</u>	<u>Print Name of Father/Legal Guardian</u>
<hr/>	<hr/>	<hr/>
	<u>WITNESS SIGNATURE</u>	<u>FATHER/LEGAL GUARDIAN SIGNATURE</u>
<hr/>	<hr/>	<hr/>
	<u>Print Name of Witness for Mother's Signature</u>	<u>Print Name of Mother/Legal Guardian</u>
<hr/>	<hr/>	<hr/>
	<u>WITNESS SIGNATURE</u>	<u>MOTHER OR LEGAL GUARDIAN SIGNATURE</u>

I certify that the applicant is qualified to attend a CAP activity and recommend approval of the application. Flying (is) (is not) authorized by cadet's parents or guardian.

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<b>DATE</b>	<u>Print Name of Sqdn. Commander/Deputy CC for Cadets</u>	<u>Signature of Sqdn. CC/Deputy CC for Cadets.</u>