

CIVIL AIR PATROL CADET ACTIVITY PERMISSION SLIP

SUGGESTED BEST PRACTICE for LOCAL "WEEKEND" ACTIVITIES:

Announce the activity at least 2 weeks in advance and require participating cadets to sign-up via this form 1 week prior to the event

1. INFORMATION on the PARTICIPATING CADET

Cadet Name:	Cadet Grade:	CAPID:
Unit Charter Number:	Activity Name:	Activity Date:

2. INFORMATION about the ACTIVITY

<i>For hotel-based activity or conference</i> Grade & Name of Supervising Senior:	<i>For hotel-based activity or conference</i> Supervising Senior initial to acknowledge responsibility:
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3. PARENT's or GUARDIAN's CONTACT INFORMATION

Parent or Guardian Name:	Relationship to Cadet:	Contact Number on Date(s) of Activity:
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4. OTHER DOCUMENTS REQUIRED to PARTICIPATE

Check those that apply and attach with this form

<input type="checkbox"/> CAPF 31 Application for Special Activity	<input type="checkbox"/> Other / Special Local Forms (specify)
<input type="checkbox"/> CAPF 160 CAP Member Health History Form	
<input type="checkbox"/> CAPF 163 Provision of Over the Counter Medication	

5. PARENT's or GUARDIAN's AUTHORIZATION

Cadets who have reached the age of majority, write "N.A."

I authorize my cadet to participate in the activity described above.	Signature:	Date:
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Disposition: Units may discard this completed form when the activity concludes.

Please detach on the dotted line. The upper portion is for CAP and the lower portion is for the parent's or guardian's reference.

6. HELPFUL INFORMATION for PARENTS & GUARDIANS

To be completed by the cadet with assistance from local leaders or activity hosts

Activity Name: Cadet Great Start Training Day	Activity Date & Time: 07 JAN, 1000-1300 hours
Activity Location: Squadron HQ	Activity <input checked="" type="checkbox"/> classroom, tour, light duty <input type="checkbox"/> backcountry Format(s): <input type="checkbox"/> physically <input type="checkbox"/> flying <input type="checkbox"/> rigorous
Participation Fee: NA Payment Due: NA	Transportation Rally Point: NA
Transportation Provided? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Extra Fee:	CAP Point of Contact Name: Maj Todd Mandel
"High Adventure"? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain:	<i>The supervising adult staff is expected to include</i> <input type="checkbox"/> men only <input type="checkbox"/> women only <input checked="" type="checkbox"/> men and women
Meals: <input checked="" type="checkbox"/> Provided <input type="checkbox"/> Bring own food <input type="checkbox"/> Bring money	Emergency Phone: 608-633-1496
Equipment Needed: <input type="checkbox"/> See website or flier for equipment list Bring BDUs/ABUs	Activity Website: caplacrosse.org
	Estimated Time Returning to Home or Rally Point: 1300 hours