

LA CROSSE COMPOSITE SQUADRON, CIVIL AIR PATROL

CADET ACTIVITY PERMISSION SLIP

1. INFORMATION *on the* PARTICIPATING CADET

Cadet Name:	Cadet Grade:	CAPID:
Unit Charter Number: WI-037	Activity Name: Model Rocket Launch	Activity Date: 6 Dec 14

2. SENIOR MEMBER CHAPERONE Not Applicable

Grade & Name of Senior Chaperone:	Senior Chaperone signature acknowledging responsibility:
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3. PARENT's *or* GUARDIAN's CONTACT INFORMATION

Parent or Guardian Name:	Relationship to Cadet:	Best Contact Number During Activity:
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4. EMERGENCY AND MEDICAL INFORMATION

Alternate emergency contact name and number:

Cadet has a medical condition that could occur *If yes please briefly describe and explain what should we do if it occurs?*

Cadet is taking medication *If yes, please list medication:*

Cadet requires assistance in taking medication *If yes, list instructions for us:*

5. PARENT's *or* GUARDIAN's AUTHORIZATION *(Cadets that have reached the age of 18, write "N.A.")*

I authorize my cadet to participate in the activity described above and understand that my cadet could be treated outside our health network in an emergency.

SIGNATURE:	DATE:
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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.*

V. HELPFUL INFORMATION *for* PARENTS & GUARDIANS

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

Activity Name: Model Rocket Launch	Activity Date & Time: 6 Dec 2014 0900-1500
Activity Location: La Crosse County Landfill Onalaska, WI	Activity <input checked="" type="checkbox"/> classroom, tour, light duty <input checked="" type="checkbox"/> outdoor
Participation Fee: 0.00	Format(s): <input type="checkbox"/> physically rigorous <input type="checkbox"/> flying
Payment Due:	Transportation Rally Point: Headquarters
Transportation Provided? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Extra	CAP Point of Contact: Maj Dave Snyder
"High Adventure"? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6087926193 / Mai Rich Martin 6087975505
If yes, explain:	Emergency Phone: Capt Zimmerman 6087992570
Meals: <input type="checkbox"/> Provided <input checked="" type="checkbox"/> Bring own food <input type="checkbox"/> Bring money	Activity Website:
Equipment Needed: <input type="checkbox"/> See website or flier for equipment list	Estimated Time of Return: 1500