

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: NER-NJ-073	Activity Name: West Point Orienteering Skills Workshop	Activity Date: 29 Sep-1 Oct 2017

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	West Point Waivers and Releases
<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>I authorize my cadet to participate in the activity described above.</i>	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: West Point Orienteering Skills Workshop	Activity Date & Time: 1600 29 Sep to 1400 1 Oct, 2017
Activity Location: Lake Frederick Recreation Area, Highland Mills, NY	Activity <input type="checkbox"/> classroom, tour, light <input type="checkbox"/> backcountry duty Format(s): <input checked="" type="checkbox"/> physically rigorous <input type="checkbox"/> flying
Participation Fee: See below. Payment Due: 26 Sept, 2017	Transportation Rally Point: Red Cross, Fairfield, NJ
Transportation Provided? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Extra Fee:	CAP Point of Contact Name: 2d Lt Alisa Vural, CAP
"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: 201.819.2219
Equipment Needed: <input checked="" type="checkbox"/> See website or flier for equipment list	Activity Website:
Food fee \$25, check payable to CAP. See separate Activity Plan and Schedule	Estimated Time Returning to Home or Rally Point: 1400, 1 Oct 2017