

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

For hotel-based activity or conference Grade & Name of Supervising Senior:	For hotel-based activity or conference 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:
<i>Disposition: Units may discard this completed form when the activity concludes.</i>		

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:	Activity Date & Time:
Activity Location:	Activity <input type="checkbox"/> classroom, tour, light duty <input type="checkbox"/> backcountry
Participation Fee:	Payment Due:
Participation Fee:	Format(s): <input type="checkbox"/> physically rigorous <input type="checkbox"/> flying
Transportation Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No Extra Fee:	Transportation Rally Point:
"High Adventure"? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:	CAP Point of Contact Name: The supervising adult staff is expected to include <input type="checkbox"/> men only <input type="checkbox"/> women only <input type="checkbox"/> men and women
Meals: <input type="checkbox"/> Provided <input type="checkbox"/> Bring own food <input type="checkbox"/> Bring money	Emergency Phone:
Equipment Needed: <input type="checkbox"/> See website or flier for equipment list	Activity Website:
	Estimated Time Returning to Home or Rally Point: