



**U.S. CIVIL AIR PATROL**  
**UNITED STATES AIR FORCE AUXILIARY**  
**OFFICE OF CADET PROGRAMS**

18 Oct 2007

MEMORANDUM FOR CIVIL AIR PATROL CADETS

FROM: RHODE ISLAND WING OFFICE OF CADET PROGRAMS

SUBJECT: Application Process for RI Wing Encampment / Leadership Academy / SAR School

**1. Pre-Application Information**

This year's Rhode Island Wing Encampment 2008 has been scheduled for April 13-19. The cost this year will be \$90. Similar to last year, there will be several 'schools' available.

**Basic Encampment** – Designed for first time attendee's Prerequisite: Obtained the grade of Cadet Airman (Curry Achievement)

**RICLA – Rhode Island Cadet Leadership Academy**  
Designed to teach cadets practical leadership skills Cadet  
Enlisted and Cadet Officer grades welcome Prerequisite: basic  
encampment

**RIGSAR – RI Ground Search and Rescue**  
Graduate cadets and seniors Ground Team Member level 3 Graduate cadets  
and officers Urban Direction Finder Team Members Graduate Selected students  
for Ground Team Leader

**2. Application Process**

Fill out the following forms attached to this document:

**-CAPF 60 Emergency Notification Data**

a. Preferred typed; refer to:

[http://level2.cap.gov/documents/u\\_122903124420.dot](http://level2.cap.gov/documents/u_122903124420.dot)

**ii. DD Form 1381 Air Transportation Agreement**

**iv. Liability Release and Indemnification Agreement [for Orientation Flights]  
Rhode Island National Guard "Release, Hold Harmless Agreement, and  
Authorization"**

**v. CAPF 31 'Application for CAP Encampment or Special Activity'**

**Please put all the above forms and payment into a manila envelop. Mail to:**

RI Wing HQ / CP 644  
Airport Rd, Suite D  
Warwick RI 02886

**3. Deadlines**

**DUE NO LATER THAN**  
**4 March 2008**



**U.S. CIVIL AIR PATROL**  
**UNITED STATES AIR FORCE AUXILIARY**  
**OFFICE OF CADET PROGRAMS**

**4. Application Summary**

a. Rhode Island Wing Personnel

i. **Step 1:** Fill out forms properly

ii. **Step 2:** Have your parents and squadron commander endorse your CAPF 31

iii. **Step 3:** Mail your application to the address above

b. Out-of-State Personnel

i. **Step 1:** Fill out forms properly

ii. **Step 2:** Have your parents and squadron commander endorse your CAPF 31

iii. **Step 3:** Have your Wing commander endorse your CAPF 31 **\*Some Wings require an endorsement from your Group Commander also (i.e. NY Wing)**

iv. **Step 4:** Have your Wing HQ forward your application to the address listed above **OR** retrieve your endorsed forms and forward them yourself.

**5. Arrival & Departure Schedule** (All times are local)

- Saturday, April 12 – Encampment Staff Arrival 1300hrs

- Sunday, April 13 – Arrival of cadet attendee's 1500hrs.

- Saturday, April 19 – 1200hrs; Encampment graduation. Parents and friends are welcomed to attend.

**6. Location**

The Rhode Island Wing Encampment will again be held at Camp Varnum in Narragansett, Rhode Island. Directions are available at:

<http://riwg.cap.gov/encampment/directions.htm> or see attached.

**7. Transportation**

Ultimately transportation to and from the encampment site is purely the responsibility of attendees. RI Wing may offer transportation to/from the following sites upon request.

- T.F. Green State Airport (PVD), Rhode Island

- Logan International Airport (BOS), Boston, Massachusetts

- 'Cross Sound Ferry' Terminal and Amtrak Station, New London, Connecticut

\*Requests must be written (e-mail preferred) and submitted by **4 Mar 2008**.

**8. Contacts**

Any questions may be directed towards:

**Wing Director of Cadet Programs: Benjamin F. Emerick, TFO, CAP**

Phone: (508) 498-1710

Email: [cadetemerick@hotmail.com](mailto:cadetemerick@hotmail.com)



**U.S. CIVIL AIR PATROL**  
UNITED STATES AIR FORCE AUXILIARY  
OFFICE OF CADET PROGRAMS

**Encampment Commander: Edward Hoag, Capt, CAP**

Phone: 401-743-3495

Email: [hoagx45@yahoo.com](mailto:hoagx45@yahoo.com)

**Rhode Island Wing Headquarters**

Phone: (401) 737-8490 Monday – Friday 8:30 to 1:00 Please also monitor the website at: [www.riwg.cap.gov/encampment](http://www.riwg.cap.gov/encampment) for updated information.



**U.S. CIVIL AIR PATROL**  
**UNITED STATES AIR FORCE AUXILIARY**  
**OFFICE OF CADET PROGRAMS**

**R.I. Encampment  
Release**

I hereby authorize: Cadet (Print Name) \_\_\_\_\_; To participate in activities conducted by the Civil Air Patrol that have not been mentioned previously in this information packet. Such activities may include the Rhode Island National Guard obstacle course at Camp Fogarty, repelling activities, firearms training system (FATS), as well as practice search and rescue missions, etc. All activities will be conducted under the supervision of qualified Civil Air Patrol and military instructors. Furthermore, all activities have been constructed in accordance with Civil Air Patrol regulations.

Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ (Omit if cadet is 18 or older) Cadet

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Additional Medical Information**

**List the required medications for this person, and when they require usage:**

1. Type: \_\_\_\_\_ When/How often: \_\_\_\_\_
2. Type: \_\_\_\_\_ When/How often: \_\_\_\_\_
3. Type: \_\_\_\_\_ When/How often: \_\_\_\_\_
4. Type: \_\_\_\_\_ When/How often: \_\_\_\_\_

**List any allergies this person may have, and how to counter them:**

**If you or your child has a medical concern that requires more detail. Please type, and attach a separate page containing :**

What the condition is

What type of medication is required

How often the medication must be taken

If the subject must test or check (blood sugar) levels, etc and how often

EMERGENCY NOTIFICATION DATA				
PERSONAL INFORMATION				
LAST NAME	FIRST NAME	MI	CAP RANK	CAPID
ADDRESS			CITY	STATE AND ZIP CODE
CIVIL AIR PATROL UNIT INFORMATION				
UNIT CHARTER NO.	UNIT NAME		UNIT LOCATION (City and State)	
UNIT COMMANDER'S NAME			CAP RANK	TELEPHONE (Weekdays) AC: NO.
ADDRESS			TELEPHONE (Nights & Weekends) AC: NO.	
PERSON TO NOTIFY IN CASE OF EMERGENCY				
NAME (Mr., Mrs., etc.)		RELATIONSHIP	TELEPHONE (Weekdays) AC: NO.	
ADDRESS		TELEPHONE (Nights & Weekends) AC: NO.	CELL PHONE	

CAP FORM 60, DEC 03

Previous editions will not be used after 31 Mar 04

OPR/ROUTING: LMM

**EMERGENCY MEDICAL DATA**

PERSONAL PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

PHYSICIAN'S ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

BLOOD TYPE \_\_\_\_\_

PERTINENT MEDICAL DATA (Allergies, Diseases, Chronic Illnesses, medications, etc.) \_\_\_\_\_

CAP FORM 60, DEC 03 REVERSE

<b>AIR TRANSPORTATION AGREEMENT</b>		DATE
PLACE 143rd Airlift Wing, R.I. Air National Guard Quonset ANGB, Quonset Point, RI	FULL NAME	
PERMANENT ADDRESS		
<p>For and in consideration of being permitted to fly as a passenger in aircraft operated by or on behalf of the United States of America, for and on behalf of myself, my personal representatives, heirs and assigns, I hereby release and discharge the United States, its agents, servants, or employees from any and all claims for property damage and/or personal injury or death resulting from or during said flight or flights or continuances thereof or from ground operations incident thereto.</p>		
SIGNATURE		
WITNESS	WITNESS	
NAME AND ADDRESS OF PERSON TO BE NOTIFIED IN EMERGENCY		

DD Form 1381, JUL 62 (EG)

Reset

Designed using Perform Pro, WHS/DIOR, Dec 96

RELEASE, HOLD HARMLESS AGREEMENT  
and AUTHORIZATION

Date: \_\_\_\_\_

Name of Participant:

\_\_\_\_\_

(Last, First, Middle Initial)

I authorize my child named above to participate and climb in the Army National Guard's Recruiting and Retention Resource Management's Rock Wall on \_\_\_\_\_. I understand that participation is voluntary and that while care and attention will be given to the health and safety of the participants, the Rhode Island National Guard, the State of Rhode Island and the United States of America, their agents, servants and/or employees shall not be liable for injury or death sustained by my child while participating in this activity. I understand that participation in this Rock Wall Climb activity involves risk of injury or death and I accept and assume sole responsibility and liability for my child for such risks.

I hereby release the Rhode Island National Guard, the State of Rhode Island, the United States of America, their agents, servants and/or employees of and from any and all claims, demands, damages, losses, expenses relating to all harm, personal injuries or death, including but not limited to those resulting from negligence, that my child may sustain which in any way relate to or arise out of my child's participation in the Low Ropes and/or High Ropes Course activities. I shall indemnify and hold harmless the Rhode Island National Guard, the State of Rhode Island, the United States of America, their agents, servants and/or employees from and against any and all claims, demands, damages, losses, expenses, attorneys fees, actions, causes of action, suits or judgments by or on behalf of my said child, his/her heirs, executors, administrators, successors/assigns, or any other person or persons on his/her behalf, arising from or in any way relating to any harm, personal injuries or death, that my child may sustain as a result of my child's participation in the Rock Wall Climb activity.

I hereby authorize the Rhode Island National Guard to secure such emergency medical advice and/or services as may be necessary for the health and safety of my child and I agree to accept full financial responsibility for any such medical advice and services.

I understand that Rhode Island news media and the Rhode Island National Guard may view, photograph, and/or film portions of the Rock Wall Climb activity and interview participants. I authorize the use and/or publication of my child's photograph, image, quote and/or voice in connection with his/her participation in the Rock Wall Climb activity.

Signature of Parent/Guardian:

\_\_\_\_\_

Signature of Participant:

\_\_\_\_\_

Printed Name of Participant:

\_\_\_\_\_

**LIABILITY RELEASE AND INDEMNIFICATION AGREEMENT**

In consideration of the Rhode Island National Guard's permission extended to me to *participate in a Blackhawk Helicopter Orientation Flight*, I hereby release the United States of America and the State of Rhode Island, the Adjutant General, their agents, servants and other employees, from any liability for damage or injury to any person and property caused by the intentional, negligent, grossly negligent, willful, wanton and reckless conduct due to the acts of the above named sovereignties, their agents, servants and other employees for the duration of this activity. I hereby sign this waiver entirely upon my own volition, initiative, risk, and responsibility in consideration to participating in this flight.

I further agree to defend, indemnify and otherwise hold harmless the United States and the State of Rhode Island, their agents, servants and other employees, in any and all motions, either in law or equity, which may be brought against them for damage or injury or death to myself or any person or his/her property which may arise out of this activity, performed by the Rhode Island National Guard, its agents, servants or other employees, licensees or invitees, be it intentional or negligent, grossly negligent or willful, wanton or reckless, which using the aforementioned equipment.

**I, \_\_\_\_\_, INDIVIDUALLY AND FOR MY SUCCESSORS, HEIRS, LEGATEES AND ASSIGNS, HEREBY AGREE TO DEFEND, INDEMNIFY, AND OTHERWISE HOLD HARMLESS THE ABOVE-MENTIONED SOVEREIGNTIES FOR CLAIMS, ACTIONS OR AWARD AGAINST SAID SOVEREIGNTIES BY ME OR ON MY BEHALF.**

**I HAVE READ THE ABOVE AND UNDERSTAND ALL THE AGREEMENTS AND WARNINGS CONTAINED THEREIN.**

Parent / Guardian \_\_\_\_\_

Cadet / SSN: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Date: \_\_\_\_\_

Witness:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Designation)

Two executed copies of this form will be prepared. The licensee shall keep one copy and one copy shall be kept on file at State Headquarters.

## APPLICATION FOR CAP ENCAMPMENT OR SPECIAL ACTIVITY

*FILL IN THE FOLLOWING PAGES AS ACCURATELY AND COMPLETELY AS POSSIBLE. PLEASE TYPE OR PRINT NEATLY. IF FORMS ARE NOT LEGIBLE THEN YOU MAY NOT BE SELECTED FOR THE ENCAMPMENT OR SPECIAL ACTIVITY THAT YOU WANT TO ATTEND*

NAME (Last Name, First Name, Middle Initial)				JOINED CAP: MM YY		ATTACH RECENT PHOTO HERE
CAPSN	CAP GRADE	UNIT CHARTER NUMBER	REGION	WING		
MAILING ADDRESS (Number and Street)						
(City)			(State)	(Zip Code)		
DATE OF BIRTH: MM DD YY	HEIGHT	WEIGHT	GENDER	HAR COLOR	EYE COLOR	TELEPHONE (Home):
SCHOLASTIC ACHIEVEMENT		RELIGIOUS PREFERENCE				(Alternate):
<input type="checkbox"/> High School Graduate <input type="checkbox"/> College      0 Years <input type="checkbox"/> Post Graduate      0 Years		PRESENT OCCUPATION				(Business):
E-MAIL ADDRESS						(Fax):

DO YOU WISH TO ATTEND MORE THAN ONE SPECIAL ACTIVITY OR ENCAMPMENT?     YES     NO

SPECIAL ACTIVITY OR ENCAMPMENT	LOCATION SLOT DESIRED (If other than Basic/General Participant) RANK ORDER
<input type="checkbox"/> AIR EDUCATION AND TRAINING COMMAND FAMILIARIZATION COURSE	
<input type="checkbox"/> AIR FORCE SPACE COMMAND FAMILIARIZATION COURSE	<input type="checkbox"/> Escort (FL Only)
<input type="checkbox"/> CADET OFFICER SCHOOL	<input type="checkbox"/> Cadet Staff <input type="checkbox"/> Seminar Advisor
<input type="checkbox"/> HAWK MOUNTAIN RANGER SCHOOL	<input type="checkbox"/>
<input type="checkbox"/> NATIONAL BLUE BERET	<input type="checkbox"/> Cadet Staff <input type="checkbox"/> Senior Staff
<input type="checkbox"/> NATIONAL FLIGHT ENCAMPMENT	<input type="checkbox"/> Administrative <input type="checkbox"/> Instructor <input type="checkbox"/> Maintenance
<input type="checkbox"/> NATIONAL GLIDER ENCAMPMENT	<input type="checkbox"/> Administrative <input type="checkbox"/> Instructor <input type="checkbox"/> Maintenance
<input type="checkbox"/> NATIONAL GROUND SEARCH AND RESCUE SCHOOL	<input type="checkbox"/> Advanced <input type="checkbox"/> Cadet Staff <input type="checkbox"/> Senior Staff
<input type="checkbox"/> PARARESCUE ORIENTATION COURSE	
<input type="checkbox"/> ADVANCED PARARESCUE ORIENTATION COURSE	<input type="checkbox"/> Mountaineering <input type="checkbox"/> Navigation
OTHER SPECIAL ACTIVITY OR ENCAMPMENT (National, Region, or Wing)	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**TO BE COMPLETED BY FLIGHT AND GROUND INSTRUCTOR APPLICANTS**

FAA CERTIFICATES AND RATINGS		CFI CERTIFICATE NUMBER & EXPIRATION DATE	MEDICAL CERTIFICATE CLASS & DATE
TOTAL FLIGHT TIME IN HOURS	TOTAL FLIGHT TIME IN HOURS (Last 12 Months)	AIRCRAFT FLOWN (Last 12 Months)	
TOTAL FLIGHT INSTRUCTION GIVEN IN HOURS	FLIGHT INSTRUCTION GIVEN IN HOURS (Last 12 Months)	AIRCRAFT FLOWN IN INSTRUCTION (Last 12 Months)	
TOTAL SOLO ENDORSEMENTS	TOTAL SOLO ENDORSEMENTS (Last 12 Months)	AIRCRAFT FLOWN IN SOLOS ENDORSED (Last 12 Months)	
CAP FORM 5 CHECKRIDE DATE	AIRCRAFT MAKES AND MODEL AUTHORIZED ON CAPFS	PLEASE INCLUDE A COPY OF YOUR PILOT LOGBOOK FOR THE LAST 12 MONTHS AND A COPY OF YOUR CURRENT CAPF 5 WITH THIS APPLICATION.	

**TO BE COMPLETED BY MAINTENANCE OFFICER APPLICANTS**

FAA CERTIFICATES AND RATINGS	CERTIFICATE NUMBER & EXPIRATION DATE
------------------------------	--------------------------------------

**TO BE COMPLETED BY INTERNATIONAL AIR CADET EXCHANGE APPLICANTS**

FOREIGN LANGUAGE EXPERIENCE									
LANGUAGE	SPEAKING ABILITY			WRITING ABILITY			OVERALL UNDERSTANDING		
	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

COUNTRY PREFERENCE (Countries are announced each year in the November issue of the *Civil Air Patrol News*.)

1.	2.	3.
----	----	----

AIRPORT INFORMATION (List the Name, City, and State of the two closest major airports within 250 miles of your home. This information will be used to purchase your airline ticket once selected.)

1.	2.
----	----

RELEVANT EXPERIENCE (Use this section to relate any CAP or non-CAP experiences that could have a beneficial impact on your being selected to attend the special activity or encampment that you have requested. Use an additional sheet if necessary, but please limit additional documentation.)

**MEDICAL INFORMATION - TO BE COMPLETED BY ALL APPLICANTS**

*This information is for Official Use Only and will not be released to unauthorized persons. Answer all questions as accurately as possible so that special activity or encampment staff can make themselves aware of any pre-existing medical problems or conditions and be alert to help you.*

HAVE YOU EVER HAD AN FAA OR OTHER FLIGHT PHYSICAL DENIED, SUSPENDED, OR REVOKED?  NO  YES (Give the date and reason in the remarks section.)

DO YOU CURRENTLY USE ANY MEDICATION? (Including eye drops)  NO  YES (List any medication taken and the reason in the remarks section.)

HAVE YOU HAD OR BEEN INVOLVED IN AN ACCIDENT IN THE PAST 2 YEARS?  NO  YES (Explain the extent of your injuries and treatment required in the remarks section.)

HAVE YOU HAD OR HAVE NOW ANY OF THE FOLLOWING? (If yes is answered on any items, please explain why in the remarks section with dates and physician(s) consulted (if any). Items not specifically noted below having the potential to interfere with performance during the special activity or encampment should be documented in the remarks section.)

- |  |                                |  |                                 |  |   |
|--|--------------------------------|--|---------------------------------|--|---|
| <input type="checkbox"/> NO <input type="checkbox"/> YES | Frequent or severe headaches   | <input type="checkbox"/> NO <input type="checkbox"/> YES | Ear infections                  | <input type="checkbox"/> NO <input type="checkbox"/> YES | Chronic diseases like Diabetes or Bronchitis  |
| <input type="checkbox"/> NO <input type="checkbox"/> YES | Dizziness or fainting spells   | <input type="checkbox"/> NO <input type="checkbox"/> YES | Rupture                         | <input type="checkbox"/> NO <input type="checkbox"/> YES | Girls only - Menstrual cramps   |
| <input type="checkbox"/> NO <input type="checkbox"/> YES | Unconsciousness for any reason | <input type="checkbox"/> NO <input type="checkbox"/> YES | Positive TB skin test           | <input type="checkbox"/> NO <input type="checkbox"/> YES | Other illness or accidents  |
| <input type="checkbox"/> NO <input type="checkbox"/> YES | Eye trouble, excluding glasses | <input type="checkbox"/> NO <input type="checkbox"/> YES | Epilepsy or fits                | <input type="checkbox"/> NO <input type="checkbox"/> YES | Military rejection or medical discharge   |
| <input type="checkbox"/> NO <input type="checkbox"/> YES | Hay fever                      | <input type="checkbox"/> NO <input type="checkbox"/> YES | Kidney stones or blood in urine | <input type="checkbox"/> NO <input type="checkbox"/> YES | Rejection for life insurance  |
| <input type="checkbox"/> NO <input type="checkbox"/> YES | Sugar or albumin in urine      | <input type="checkbox"/> NO <input type="checkbox"/> YES | Motion sickness                 | <input type="checkbox"/> NO <input type="checkbox"/> YES | Admission to hospital   |
| <input type="checkbox"/> NO <input type="checkbox"/> YES | Heart trouble                  | <input type="checkbox"/> NO <input type="checkbox"/> YES | Nervous trouble of any sort     | <input type="checkbox"/> NO <input type="checkbox"/> YES | Record of traffic convictions   |
| <input type="checkbox"/> NO <input type="checkbox"/> YES | High or low blood pressure     | <input type="checkbox"/> NO <input type="checkbox"/> YES | Any known allergies             | <input type="checkbox"/> NO <input type="checkbox"/> YES | Record of other convictions   |
| <input type="checkbox"/> NO <input type="checkbox"/> YES | Stomach trouble                | <input type="checkbox"/> NO <input type="checkbox"/> YES | Any drug or narcotic habit      | <input type="checkbox"/> NO <input type="checkbox"/> YES | Attempted suicide   |
| <input type="checkbox"/> NO <input type="checkbox"/> YES | Asthma                         | <input type="checkbox"/> NO <input type="checkbox"/> YES | Chronic or recurring injuries   | <input type="checkbox"/> NO <input type="checkbox"/> YES | Medical treatment within the past 5 years other than regular office visits or physicals |

IMMUNIZATIONS

FAMILY PHYSICIAN (Name, address, and phone number)

INSURANCE INFORMATION

<input type="checkbox"/> Medical Company	<input type="checkbox"/> Liability Company
Policy Number	Policy Number

EMERGENCY ADDRESSEE - PARENT, GUARDIAN, OR CLOSEST RELATIVE TO BE NOTIFIED IN CASE OF EMERGENCY

Name	Relationship	
Address	Day Telephone	Night Telephone

REMARKS

RELEASE AGREEMENT

KNOW ALL MEN BY THESE PRESENTS that I am submitting my application for Civil Air Patrol Special Activities or Encampments, and I hereby volunteer entirely upon my own initiative, risk, and responsibility for an assignment to participate in this activity of encampment at the first available opportunity and with full knowledge that such activity may include:

- 1. Traveling by land, sea, or air in US military, commercial, or privately owned vehicles from regular place or residence to the site of the activity or encampment, travel incident to the activity or encampment, and subsequent return to place of residence.
2. Participation in aeronautical activities as a passenger or student trainee in US military, commercial, or privately owned aircraft.
3. Living for a period of one week or more on diminished rations and minimal shelter simulating actual survival conditions.
4. Being quartered and/or subsisting away from regular or normal place of residence for an extended period of time.
5. Remaining with the cadet group I am assigned to at all times during the activity or encampment.
6. Acting as a spokesman for Civil Air Patrol, rendering reports on the activity or encampment.
7. Refraining from argumentative discussions concerning governmental policies.

In consideration of the permission extended to me by the Civil Air Patrol/United States of America through its officers and agents to participate in said activity/encampment or activities/encampments, 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 my death or on account of any injury to me or my property 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/encampment or activities/encampments or continuances thereof, as well as all ground and flight operations incident thereto.

DATE

SIGNATURE OF APPLICANT

RELEASE BY PARENTS OR GUARDIAN

KNOW ALL MEN BY THESE PRESENTS: WHEREBY my child has applied for the activity or encampment 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/encampment or activities/encampments, 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 on 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/encampment or activities/encampments 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 Medical Information section of this form.
3. Will follow all rules, regulations, and directives as established by the Civil Air Patrol, Inc., activity project officer or encampment commander, 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 project officer, encampment commander or activity director 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.

DATE

WITNESS FOR FATHER'S SIGNATURE

FATHER OR LEGAL GUARDIAN

WITNESS FOR MOTHER'S SIGNATURE

MOTHER OR LEGAL GUARDIAN

SQUADRON CERTIFICATION

I certify that the above information is correct and that all requirements for attendance, as specified in National Headquarters Directives, will be completed by the required dates. This applicant is the

choice of cadets/seniors in this squadron applying for

SQUADRON COMMANDER

WING CERTIFICATION (Mandatory for all but Region Staff Applicants)

This applicant is the choice of cadets/seniors in this Wing applying for

WING COMMANDER / BOARD PRESIDENT

REGION CERTIFICATION (IACE Escorts and Region Staff Applicants Only)

This applicant is the choice of cadets/seniors in this Region applying for

REGION COMMANDER

APPLICATION CHECKLIST

- APPLICATION IS FILLED OUT COMPLETELY AND LEGIBLY, AND HAS ALL SUPPORTING DOCUMENTATION ATTACHED
APPROPRIATE NUMBER OF COPIES OF APPLICATION HAVE BEEN MADE (3 FOR NATIONAL CADET SPECIAL ACTIVITIES)
REQUIRED SIGNATURES HAVE BEEN OBTAINED
CHECK(S) OR MONEY ORDER(S) IS(ARE) ATTACHED IF REQUIRED (CHECKS ARE MAILED SEPARATELY FOR NATIONAL CADET SPECIAL ACTIVITIES)
COPIES HAVE BEEN FORWARDED OR RETAINED AS REQUIRED (FOR NATIONAL CADET SPECIAL ACTIVITIES MEMBERS RETAIN ONE COPY, FORWARD ONE TO THEIR WING REVIEW BOARD, AND FORWARD THE THIRD COPY TO NATIONAL HEADQUARTERS BY 31 JANUARY AT THE FOLLOWING ADDRESS:

HQ CAP/CP
105 SOUTH HANSELL STREET
MAXWELL AFB AL 36112-6332



## RHODE ISLAND WING 2008 ENCAMPMENT GEAR LIST

You **MUST** bring the following items:

### Uniforms:

- BDU's  
2 sets of BDU pants and blouse  
(winter and/or summer)  
BDU cap  
Boots, black all-leather combat  
Field Jacket w/liner Belt w/  
subdued buckle, for BDU's  
Boot socks, wool or cotton (may be  
black, gray, or white)  
T-shirts, crew neck (preferably black,  
but brown acceptable)  
Cutouts, grade insignia, all patches  
properly sewn on, etc.
- Blues  
Pants (male) / slacks or skirt (female)  
Shirt (male) / Blouse (female)  
Tie (male) / Tab (female)  
Socks, black cotton (male) / hose  
(female)  
Belt w/ silver buckle  
Shoes, dress low-quarter  
T-shirts, white, V-neck (male)  
Flight cap w/insignia  
Nameplate, cutouts, insignia, properly placed  
and sewn patches, ribbons, etc.

### Civilian Clothing:

- Off-duty clothing  
Pants, shirts, jackets, etc. NOTE that  
Rhode Island can get chilly in mid-April.  
Bathrobe, or similar attire for showering  
Towels / face-cloth  
Undergarments  
Shower shoes or sandals  
Long-johns

### Athletic clothing

Blue Sweatpants or warm-up pants **NO**  
LOGOS  
Gray Sweatshirt and T-Shirts **NO**  
LOGOS  
Blue Gym Shorts **NO** LOGOS  
Athletic undergarments  
Running sneakers w/socks

### General Items:

CAP Identification Card (Required)  
Study materials (Leadership / Aerospace),  
notebook, pens, pencils  
Bed sheets (flat, **NOT** fitted), pillow with  
case, blanket (wool preferably). **NO**

### sleeping bags.

Laundry bag (cloth or plastic)  
Toiletries (soap, shampoo, deodorant,  
toothbrush, toothpaste, etc)  
Web belt with canteen and holder,  
flashlight w/batteries, whistle  
Yardstick  
Shoe shine kit  
Clothes hangers  
Sewing kit  
Iron and starch (recommended)

### You **MAY NOT** bring (these items will be confiscated):

1. Weapons or similar paraphernalia  
(i.e. knives, machetes, firearms,  
fireworks, etc.)
2. Electronic entertainment devices,  
phones, pagers, or watches.
3. Illegal drugs, cigarettes, smokeless  
tobacco products, alcoholic beverages,  
etc.
4. Water pistols, water balloons
5. Pornographic material
6. Foods, candy, gum, etc.
7. Non-prescription / over-the-counter  
medication of any kind. Prescription  
medications must be reported to  
medical officer during in-processing.
8. Straight-edge razors (safety razors are  
permitted).

**ENCAMPMENT HEADQUARTERS**  
**Rhode Island Wing Civil Air Patrol**  
**UNITED STATES AIR FORCE AUXILIARY**

**DIRECTIONS TO CAMP VARNUM, RI**

**If you are coming from the north end of the state:** Follow Interstate 95 south to exit 9, which is Rt. 4. Follow Rt4 south past where it merges with ( and becomes) Rt. 1. Just after this merge, take a right-hand cloverleaf exit onto Rt. 138 East. At the first exit, take a right onto Rt. 1A, right on Rt. 1A will take you south. Follow Rt. 1A south about 5.3 miles and look for a left turn at a street with some small street signs that say "Camp Varnum".

**If you are coming from the south end of the state:** Follow interstate 95 north to exit 3 in Hope Valley, which is Rt. 138 east. This road winds around, but follow it for about 13 miles until it crosses Rt. 1. Continue across as it changes name to Bridgetown Rd, and follow to Rt. 1A, take a right on Rt. 1A. Follow Rt. 1A about three miles and look for a left turn at a street with some small street signs that say "Camp Varnum".

**At the left onto the access road to Camp Varnum,** on arrival day, there should be a CAP van to help with further directions. Stay on this road for 0.3 miles, keeping to the left at the fork (even though it says authorized traffic only), and the road ends at the camp Total distance of 1 mile.

