

ANNOUNCING

GEORGIA WING

SUMMER ENCAMPMENT

21 - 28 JUNE 2008

FT. STEWART, GEORGIA

RETURN THIS COMPLETED

GA WG F-31 WITH PROPER

SQUADRON APPROVALS AND YOUR

CHECK OR MONEY ORDER IN THE

AMOUNT OF \$96.00

TO

GEORGIA WING HEADQUARTERS

1501 FIRST STREET, BLDG 931

DOBBINS ARB, GA 30069-5011

NO LATER THAN 5 JUNE 2008

CADET ENCAMPMENT APPLICANTS

PLEASE READ AND RETURN THIS CHECK LIST WITH THE ATTACHED ITEMS.
YOU MAY FAX THESE ITEMS TO 770-428-9967. ORIGINALS MUST BE HAND
CARRIED TO THE ENCAMPMENT

Please return this entire packet intact with additional items completed and attached

Check off all forms that are attached.

- _____ Parent Permission for Special Activities
- _____ CAP F-60 and Emergency Medical data Form (all blocks must have complete and legible entries)
- _____ Medical Release
- _____ Any supplemental medical information you wish the encampment to have on file
- _____ Haircut Permission form (completed and signed)
- _____ Media Release form (signed)
- _____ Internet Release Form (signed)
- _____ Legible copies of membership card, 101 card, CPR and First Aid cards
- _____ This sheet sign and dated

I _____ have read and understand all the information
Print Name

sent to me. If there was something I did not understand, I discussed it with Lt. Col. Shirley Arnold, (e-mail: hq@gawg.cap.gov; 770-428-9031-daytime; fax 770-428-9967). I am attaching all materials

Cadet: _____ Date: _____

APPLICATION FOR 2008 GEORGIA WING SUMMER ENCAMPMENT

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 (inches)	WEIGHT (lbs)	GENDER	HAIR COLOR	EYE COLOR	TELEPHONE (Home):
SCHOLASTIC ACHIEVEMENT Highest Grade Completed <input style="width: 30px; height: 20px;" type="text"/>		RELIGIOUS PREFERENCE				(Cell):
		PRESENT OCCUPATION				(Fax):
E-MAIL ADDRESS						

Adult T-Shirt Size: Check Size Needed SM MED LG XLG XXLG

List Other encampments you have attended. Include any special activities (wing, region, national).

Staff position held in unit:

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.

SQUADRON COMMANDERPRINT NAME

Mail These Forms to:

Georgia Wing Headquarters
1501 First Street, Bldg 931
Dobbins ARB, GA 30069-5010

Be sure you have filled in all the information asked for. Check for the full amount, \$96.00 must be included.
No partial payments accepted.

APPLICATIONS MUST BE RECEIVED NO LATER THAN 5 JUNE 2008

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 or 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 directory 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

FORM 31 CHECKLIST

- APPLICATION IS FILLED OUT COMPLETELY AND LEGIBLY, AND HAS ALL SUPPORTING DOCUMENTATION ATTACHED
- REQUIRED SIGNATURES HAVE BEEN OBTAINED
- CHECK OR MONEY ORDER IN THE AMOUNT OF \$96.00, PAYABLE to GA WG Encampment
- KEEP A COPY OF THIS COMPLETED FORM FOR YOUR OWN RECORDS.
- SEND THIS COMPLETED FORM TO GEORGIA WING HQ (ADDRESS ON PAGE 1)

**GEORGIA WING ENCAMPMENT 2008
MEDIA RELEASE FORM**

TO: PARENTS OF CADETS AND SENIORS

SUBJECT: Permission to Release Information

For parent of cadets under legal age: We respect your family's privacy and the protection of your child is important to us. The following information and signature is required to allow information about your child or your child's image to be used in the following ways:

I agree and allow my child's name _____
and hometown _____(city/state) to be used for news releases to
local newspapers

Parent Sign here: _____ Date: _____

Cadets of legal age and Senior members: We respect your privacy. The following information and signature is required to allow information about you or your image to be used in the following ways:

I agree to allow my name _____ and home
town _____(city/state) to be used for news releases to local newspapers.

My local newspaper's name is _____

Newspaper's address: _____

State _____ Zip code: _____

Newspaper's phone or fax: _____

Newspaper's e-mail address: _____

The cadet public affairs staff provides a daily newsletter during the encampment. Since this is printed and published, we require a signed release. By signing below, you agree to allow name, image and any information about you/your child that is pertinent to the encampment to be used in the encampment newsletter.

Parent, Cadet, Senior member: _____
signature

**GEORGIA WING ENCAMPMENT 2008
INTERNET RELEASE FORM**

TO: PATENTS, CADETS, AND SENIORS

SUBJECT: APPROVAL TO RELEASE INFORMATION

Concerns about personal safety can extend to the Internet. Therefore, we are asking your permission regarding information to be used on the Georgia Wing's Internet website. The Georgia Wing Encampment 2008 will be spotlighted under "summer Encampment" on that website. The cadet public affairs staff assists in creating and updating this part of the web site as part of their encampment participation. Please fill out the personal information below that you will allow to be used on the internet and sign below giving your permission

Full Name: _____

CAP Rank: _____ Duty Title at Encampment (if known): _____

Phone Number: _____

E-mail Address: _____

Mailing Address: _____

City, State, Zip Code: _____

If you prefer to list just hometown (city/state) in place of a full address, please provide:

Hometown: _____

Parent signature: _____

Cadet of Legal age signature: _____

Senior Member signature: _____

PARENT PERMISSION FOR SPECIAL ACTIVITIES

2008 GEORGIA WING ENCAMPMENT

There will be several special activities made available to the CADETS attending the encampment. **NOT ALL ACTIVITIES WILL BE AVAILABLE TO ALL CADETS.**

Print Cadet's Name (even if over 18)

Physical Activities

The cadets will have the opportunity to participate in the use of an obstacle course. The course is not difficult but is a personal challenge to many individuals. We will not be using the high exposure/high risk obstacles in this activity. If you authorize this activity, **PLEASE INITIAL CAN OR CANNOT. Must have valid physical reasons signed by family physician, not to participate in mile run, volleyball, and normal physical training.**

My son/daughter **can** _____ / **cannot** _____ participate in the obstacle course, mile run, volleyball, and normal physical training.

M-16 and M-60 SHOOT

Fort Stewart has made the official weapons firing range available for the encampment cadets to learn FIREARMS SAFETY and have the opportunity to FIRE AN M-16 and M-60. Your son/daughter MUST have your permission to participate in the Firearms Safety Course and the firing of the weapons.

My son/daughter **can** _____ / **cannot** _____ participate in the Firearms Safety class and fire the weapons

MILITARY AIRCRAFT ORIENTATION FLIGHTS

My cadet **does** _____ **does not** _____ have my permission to fly on powered aircraft/helicopters at the Georgia Wing Encampment. Please initial does or does not.

Parent Signature (or cadet's if 18 or above)

Date

CADETS: MAKE SURE YOUR PARENTS INITIAL AND SIGN THIS FORM!!!!

**MEDICAL RELEASE
2008 GEORGIA WING ENCAMPMENT
CIVIL AIR PATROL**

1. I, (Parent/Legal Guardian)_____ hereby authorize the CAP Encampment Commander, Maj Jeff Arnold, and those CAP Senior members in charge, to obtain emergency medical attention for my son/daughter for the purpose stated below during the Civil Air Patrol Summer Encampment being held at Ft. Stewart from 21 June through 28 June 2008. I request that the encampment staff

1.1 Reasonably provide for the health and welfare of my child.
(full name) _____ who is ____ years of age:
(Date of birth: Monty/Day/Year)_____

1.2 Make decisions and authorize any emergency treatment and/or medical or hospital care which may reasonably be required and

1.3 Promptly inform me of any significant injury or concern the staff may have about the health and welfare of my child.

2. This medical release shall be effective for the dates of the Encampment unless I earlier revoke in writing. This shall not be affected by my disability or incapacity to act, and shall continue in full force and effect during any period for which I am disabled or incapacitated.

3. I hereby understand that the Encampment Staff will act under the "Good Samaritan liable Act" in the care of the cadets. I also understand that these volunteers cannot be held liable for any and all claims, causes of action, loss, liability, damage, attorney fees included in defense costs, or costs they may incur as a result of acting under this Medical release. I understand that they are volunteers working with this nonprofit program serving young persons in the State of Georgia and that they neither represent themselves as having any special medical or psychological expertise nor are they in any way compensated for their volunteer service.

I sign this document on _____ 2008

_____ Signature

_____ Print Name

_____ Address

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)	
ADDRESS		TELEPHONE (Nights & Weekends)	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