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-092	**Activity Name:** KC10 Full Motion Simulator	**Activity Date:** 23 November 2019

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:**

3. PARENT's *or* GUARDIAN's CONTACT INFORMATION

Parent or Guardian Name:	**Relationship to Cadet:**	**Contact Number on Date(s) of Activity:**

4. OTHER DOCUMENTS REQUIRED *to* PARTICIPATE

Check those that apply and attach with this form

☐ **CAPF 31** *Application for Special Activity*	■ *Other / Special Local Forms (specify)*
☐ **CAPF 160** *CAP Member Health History Form*	CAP ID; CAP 161 Insurance / Emergency Information
☐ **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:**

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: KC10 Full Motion Simulator	**Activity Date & Time:** 23 November 2019
Activity Location: JB MDL	**Activity Format(s):** ■ classroom, tour, light duty ☐ physically rigorous ☐ backcountry ☐ flying
Participation Fee: **Payment Due:**	
Transportation Provided? ■ Yes ☐ No **Extra Fee:**	**Transportation Rally Point:** Squadron at 0700
"High Adventure"? ☐ Yes ☐ No **If yes, explain:**	**CAP Point of Contact Name:** Robert McClellan
	The supervising adult staff is expected to include ■ **men only** ☐ **women only** ☐ **men and women**
Meals: ☐ Provided ■ Bring own food ■ Bring money	**Emergency Phone:** 609-933-3941
Equipment Needed: ☐ See website or flier for equipment list	**Activity Website:**
UOD = ABU	**Estimated Time Returning to Home or Rally Point:** 1300