

# 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:
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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:	Activity Date & Time:
Activity Location:	Activity <input type="checkbox"/> classroom, tour, light <input type="checkbox"/> backcountry
Participation Fee:	duty Format(s): <input type="checkbox"/> physically <input type="checkbox"/> flying
Payment Due:	rigorous
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	CAP Point of Contact Name:
If yes, explain:	The supervising adult staff is expected to include
Meals: <input type="checkbox"/> Provided <input type="checkbox"/> Bring own food <input type="checkbox"/> Bring money	<input type="checkbox"/> men only <input type="checkbox"/> women only <input type="checkbox"/> men and women
Equipment Needed: <input type="checkbox"/> See website or flier for equipment list	Emergency Phone:
	Activity Website:
	Estimated Time Returning to Home or Rally Point: