**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*

# INFORMATION *on the* PARTICIPATING CADET

Cadet Name: Cadet Grade: CAPID:

Unit Charter Number: Activity Name: Activity Date:

*For hotel-based activity or conference*

Grade & Name of Supervising Senior:

1. **INFORMATION** *about the* **ACTIVITY**

*For hotel-based activity or conference*

Supervising Senior initial to acknowledge responsibility:

# PARENT’s *or* GUARDIAN’s CONTACT INFORMATION

Parent or Guardian Name:

Relationship to Cadet:

Contact Number on Date(s) of Activity:

# 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*
* **CAPF 163** *Provision of Over the Counter Medication*

# 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.*

# 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** ☐ classroom, tour, light

* backcountry

Participation Fee: Payment Due:

duty **Format(s):** ☐ physically rigorous

* flying

Transportation Provided? ☐ Yes ☐ No Extra Fee: Transportation Rally Point:

**“High Adventure”?** ☐ Yes ☐ No

If yes, explain:

CAP Point of Contact Name:

*The supervising adult staff is expected to include*

* **men only** ☐ **women only** ☐ **men and women**

**Meals:** ☐ Provided ☐ Bring own food ☐ Bring money **Emergency Phone: Equipment Needed:** ☐ See website or flier for equipment list **Activity Website:**

Estimated Time Returning to Home or Rally Point:

**CAP Form 60-80 Feb 2018** *Local versions may be used*