

**CIVIL AIR PATROL HIGH ADVENTURE ACTIVITY REQUEST**

**CAP UNIT INFORMATION**

Sponsoring CAP Unit: \_\_\_\_\_ Activity Director/Project Officer: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**ACTIVITY INFORMATION**

Type of Activity

- Rappelling       Obstacle/Confidence Course       Canoeing/Kayaking       Ropes Course  
 Indoor Skydiving       Paintball/ Simunitions       Water Survival       Firearms Training  
 Other –Please describe: \_\_\_\_\_

\*\*\*Note that flying in ultra-lights, para-sailing, parachuting, and similar activities are expressly PROHIBITED by CAP.

Primary Date(s) of Activity: \_\_\_\_\_ Alternate Date(s) of Activity / Rain Dates: \_\_\_\_\_  
Location(s) of Activity: \_\_\_\_\_ Estimated Number of Cadets Participating: \_\_\_\_\_

**HOST AGENCY**

Activity Host / Outside Organization: \_\_\_\_\_ Point of Contact: \_\_\_\_\_  
PoC's Title: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Is this a military unit or law enforcement agency? \_\_\_\_\_

What are the host organization's and/or instructors' qualifications, certifications, accreditations, etc.? If the host organization is not a commercial business or a military or law enforcement unit, have the instructor's credentials been validated? Please attach a copy of current certification(s).

What published safety protocols will the host organization be following?

**ADULT SUPERVISION**

How many CPPT-approved senior members will be on-scene?

Senior Member Chaperones' Name	CAPID	Years of Experience for this HAA
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SAFETY CONSIDERATIONS**

Does this activity depend on good weather? If so, please identify your minimum weather conditions.

Is this activity open to all cadets or are there any medical or fitness requirements? Please describe.

Are cadets required to bring special equipment? Please describe.

Will the CAP senior staff be bringing any special equipment? Please describe.

What is the group's plan in the event of a medical emergency?

How will parents be briefed of the activity's plans? Please attach your Letter to Parents and/or parents' briefing slides.

Will the staff have completed CAPFs 31 on file, on site, signed by parent or guardian for each cadet?

**APPROVALS**

Grade, Name of Unit Commander

\_\_\_\_\_  
Signature

Approved  
Date

Disapproved

\_\_\_\_\_  
Grade, Name of Wing Commander

\_\_\_\_\_  
Signature

Approved  
Date

Disapproved

**REMARKS**