Print Form

APPLICATION FOR VIRGINIA WING ENCAMPMENT 2009

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 ENCAMPMENT.

NAME (LAST NAME, FIRST NAME)					TELEPHONE (HOME):
Kaleb Wagar					757-342-7960
CAPID	CAP GRADE	UNIT CHARTER #	Region	Wing	Alternate:
Mailing Address					Business:
City		State		Zip Code	Fax:
Date of Birth: MM DD YY	Height	Weight	Gender	Social Security Number	Present Occupation:
Religious Preference					
E-mail Address					

UNIT INFORMATION

Unit Name:		
Commander's Name:	Rank:	Telephone (Day):
Unit City & State:		Telephone (Night):
Commander's Address:		

Information Required

How many powered orientation flights have you received?	Date of last tetanus shot?

T-Shirts

What is your t-shirt size? One t-shirt is included in the encampment fee. Additional t-shirts may be purchased for $9.00, but are not required. **Applications received after June 1, 2009 may not be able to get a t-shirt.**	☐ Small ☐ Medium ☐ Large ☐ X-Large ☐ XX-Large	Number of extra t-shirts Total $ for extra t-shirts @ $9.00 submitted:

Diet

Do you require a special diet?

☐ Yes ☐ No

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 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

Do you currently use any medication? (including eye drops) ☐ No ☐ Yes (List any medications 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.

☐ No ☐ Yes Frequent or Severe Headaches	☐ No ☐ Yes Ear Infections	☐ No ☐ Yes Chronic diseases like Diabetes or Bronchitis
☐ No ☐ Yes Dizziness or fainting spells	☐ No ☐ Yes Rupture	☐ No ☐ Yes Girls only – Menstrual cramps
☐ No ☐ Yes Unconsciousness for any reason	☐ No ☐ Yes Positive TB or skin test	☐ No ☐ Yes Other illnesses or accidents
☐ No ☐ Yes Eye trouble, excluding glasses	☐ No ☐ Yes Epilepsy or fits	☐ No ☐ Yes Military rejection or medical discharge
☐ No ☐ Yes Hay Fever	☐ No ☐ Yes Kidney stones or blood in urine	☐ No ☐ Yes Rejection for life insurance
☐ No ☐ Yes Sugar or albumin in urine	☐ No ☐ Yes Motion sickness	☐ No ☐ Yes Admission to hospital
☐ No ☐ Yes Heart Trouble	☐ No ☐ Yes Nervous trouble of any sort	☐ No ☐ Yes Record of traffic convictions
☐ No ☐ Yes High or low blood pressure	☐ No ☐ Yes Any known allergies	☐ No ☐ Yes Record of other convictions
☐ No ☐ Yes Stomach trouble	☐ No ☐ Yes Any drug or narcotic habit	☐ No ☐ Yes Attempted suicide
☐ No ☐ Yes Asthma	☐ No ☐ Yes Chronic or recurring injuries	☐ No ☐ Yes Medical treatment within the past 5 years other than regular office visits or physicals.

Family Physician (Name, address, & Phone Number):

Insurance Information

☐ Medical Company ☐ Liability Company

Policy Number Policy Number

Emergency Addressee – Parent, Guardian, or Closest Relative to be notified in case of emergency:

Name: Relationship:

Address: Day Phone: Night Phone:

Remarks:

Additional Information: All cadets are expected to arrange their own transportation. If a CA.001ehatialfA yourts ao ae e(.00dratin

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

Parental Consent Statement

_____

Date

1. _____ is herby granted permission to travel by military or CAP-USAF governmental aircraft for the purpose pf participating in Civil Air Patrol's Virginia Wing 200