

Syracuse Composite Squadron - Activity Parental Consent Form

This form must be read and signed by the parent(s)/legal guardian(s) of cadets under the age of 18 years before participating in a squadron-sponsored CAP activity. Cadets over 18 should read and sign for themselves. Please circle "Yes" or "No" in all four sections

Cadet Name: _____	Grade: _____
Activity Name: _____	
Activity Location: _____	
Activity Dates: _____	

Activities Permission

(circle one) **YES NO**

I (We), the undersigned parents(s)/guardian(s) of the above named cadet do hereby authorize the Civil Air Patrol, its officers and members, to have custody of the named child for the purpose of CAP activities. I (we) agree to hold harmless Civil Air Patrol, Inc., its officers and members in the event of an accident or injury to my child which occurs as a result of an official CAP activity. I hereby state that I **DO / DO NOT** (circle one) have my own primary medical insurance for the named child. I understand that I am solely responsible for all costs associated with the activity. I also understand that transportation of my child to and from all CAP meetings and activities is my responsibility.

Medical Treatment Release

(circle one) **YES NO**

In the event my child is injured during an official CAP activity and I cannot be reached or contacted, I hereby give my permission for the appropriate CAP officer or member to act in my stead in authorizing such medical treatment and/or surgery as may be deemed necessary by competent medical personnel licensed in the state of treatment. I understand that I am responsible for all expenses incurred in the rendering of such treatment.

Release for Civil Air Patrol Flight Activities

(circle one) **YES NO**

I understand and agree that as apart of the CAP program, my child may be flown in CAP aircraft, including CAP member furnished aircraft. For this consideration, I extent my permission to said child and the CAP, including its officers and members, and do hereby, for myself, my child, my heirs, executors and administrators, release and will hold CAP, its officers and members, from an and all claims, demands, actions, or causes of actions, on the negligence of CAP, its officers and members, during said official CAP flight activities.

(Signature of Mother/Guardian)

(Signature of Father/Guardian)

(Printed Name)

(Printed Name)

(Date Signed)

(Date Signed)

