

PARENT / LEGAL GUARDIAN:

WHEREBY my child has applied for attendance at the PA Wing Conference. In consideration of the permission extended to my child by the Civil Air Patrol through its officers and agents to participate in said activities I do hereby for myself, my heirs, executors and administrators release and forever discharge the Civil Air Patrol, and all its officers, agents and employees acting officially or otherwise, from any and all claims, demands, actions or causes of action on account of the death or any injury to my child which may occur as a result of the negligence of the Civil Air Patrol, its agents or employees during said activity or activities or continuances thereof, as well as all ground and flight operations incident thereto. In addition, by my signature below, I certify the applicant:

1. Is my minor child or ward.
2. Has no history, injury or disease, which might be affected by this activity except those previously noted in the medical information attached.
3. Will follow all rules, regulations and directives as established by the Civil Air Patrol project officer or commander, or other staff members. If not following the above mentioned rules, regulations and directives he/she may be sent home at the discretion of the project officer, commander or activity director at my expense. However, in case of injury, disease or other illness permission is hereby granted to treat the applicant as required, and if the applicant is released from the activity before recovery from said injury, disease or illness, further treatment will be provided by myself.

\_\_\_\_\_  
 Printed Name of Parent/ Legal Guardian  
 X \_\_\_\_\_  
 Signature of Parent/ Legal Guardian  
 Date: \_\_\_\_\_

\*\*\*\*\*

UNIT COMMANDER: I agree that the Cadet whose name appears on the attached registration form is qualified and has my permission to attend the PA Wing Conference.

\_\_\_\_\_  
 Printed Name of Unit Commander  
 X \_\_\_\_\_  
 Signature of Unit Commander  
 Date: \_\_\_\_\_

\*\*\*\*\*

\_\_\_\_\_  
 Printed Name of Adult responsible for Cadet during Conference  
 X \_\_\_\_\_  
 Signature of Adult responsible for Cadet during Conference  
 Date: \_\_\_\_\_

**CAP PA WING 2008 CONFERENCE**  
**CELEBRATE TEAM CAP!**

**Mail-In Registration**

*to register online:*

<http://pawingcap.com/conference2008>

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sr Mbr	Cadet *	Guest
<input type="checkbox"/> Conference only-Fri, Sat & Sun	\$10.00	\$5.00	n/a
<input type="checkbox"/> Conference only-Saturday	10.00	5.00	n/a
<input type="checkbox"/> Banquet-Only	30.00	30.00	30.00
<input type="checkbox"/> Conference & Banquet	39.00	34.00	n/a

Choose one  
 Chicken [ ]  
 Beef [ ]

Total: \_\_\_\_\_

\* Cadets **must** include Parent release form at left

Name/ CAPID \_\_\_\_\_ Please **PRINT** clearly

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Yes, I want to save \$:

**Car Pool**

I can provide a ride from/to \_\_\_\_\_ (city, zipcode)

I need a ride from/to \_\_\_\_\_ (city, zipcode)

Roommates: willing to share my room with \_\_\_\_\_ M F  
 Roommates: I need a room with \_\_\_\_\_ (Sr Mbrs only 21 yrs + )

Signature \_\_\_\_\_

*One form for each member please  
 Copy for additional registrations*

- 1) Completed Registration form
- 2) Signed Parent/Guardian Release [Cadets]
- 3) Check or M.O. for Registration fee

**Mail to:**

**CAP PA Wing  
 2008 Conference**

Building 3-108  
 Fort Indiantown Gap  
 Annville, PA 17003

p: 717-861-2335  
 f: 717-861-2164

e: 2008conference@pawingcap.com