

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

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