

KANSAS CITY AVIATION EXPO

The Kansas City Aviation Expo will be held at Wheeler Downtown Airport August 22 and 23. The Civil Air Patrol has been invited to participate in helping with crowd safety. For information on the event the web address is <http://www.kcairshow.com/>.

Volunteers will report in to the National Airline History Museum complex after 1700 hours, Friday evening. Cadets will need to bring two CAP Forms 32 and CAP ID card. The uniform for the event is BDUs, Cadets will be inspected for CAPM 39-1 compliance. Individuals who do not bring the required forms or meet uniform standards will not be able to attend. The activity will conclude Sunday evening at 1800 hours and Cadets will be released after they have packed their gear and signed out.

There is no charge for this activity, all meals will be provided. Cadets may bring extra funds for snacks and souvenirs. Prohibited items like knives, lighters and non prescription medicine will be confiscated. Cadets are responsible for what they bring, "if you can't lose it, don't bring it".

All volunteers will need to bring camping equipment, tents, sleeping bags etc., clothing and personal hygiene items for two days and PT clothing for sleeping in.

Senior members attending should bring two Form 32 with emergency contact information.

Individuals who can only participate for one day need to be at the National Airline History Museum by 0730 hours. Anyone who arrives after the Broadway Bridge closes will have to park at one of the designated lots and ride the bus to the terminal.

Since 2001, CAP has used this as an opportunity for Cadet Officers and NCOs to get leadership experience. Cadets can expect to be assigned to positions where their leadership skills will be tested.

Volunteers/Squadrons need to send an email to kcairshow15@yahoo.com by Tuesday, August 18th so we can insure to have adequate materials to support the activity. The emails should include name, rank, unit.



When: 4-6 Sep 2015
Where: Ft. Leonard Wood

TRACKS

Model Rocketry – Beginner \$35

Hands-On phases for Redstone and Titan stages of the CAP Model Rocketry Program.

Model Rocketry – Intermediate \$45

Hands-On phases for the Titan and Saturn stages of the CAP Model Rocketry Program.

Model Rocketry – Advanced Bronze - \$90

Advanced Rocketry training using the [NARTREK Rocket Skills Program](#). Cadets that have completed the CAP Model Rocketry Program may apply. **Includes NAR Membership and NARTREK course Fee. Cadets already members of NAR may reduce price to \$65**

Model Rocketry – Advanced Silver - \$65

Advanced Rocketry training using the [NARTREK Rocket Skills Program](#). Cadets that have completed Model Rocketry Advanced Bronze may apply.

MARC track – Basic \$50

Cadets *MUST* have completed the CAP Model Rocketry Program and the Wright Brothers Achievement to attend.

- Balsa/foam model aircraft construction and test flights
- Real Flight Simulator computer program & hand-held controller
- Wings Aircraft and AeroLab productions
- Academy of Model Aeronautics (AMA) club will provide demonstrations and mentorship in learning to fly real remote-controlled airplanes.
- Limited to 10 cadets**

MARC track – Intermediate \$50

Cadets *MUST* have completed a ASA MARC Track Basic Course, first.

- Real Flight Simulator computer program & hand-held controller
- Construction and flight of Remote Controlled Aircraft
- Academy of Model Aeronautics (AMA) club will provide demonstrations and mentorship in learning to fly real remote-controlled airplanes.
- Limited to 10 cadets**

MARC track – Advanced \$50

Cadets *MUST* have completed a ASA MARC Track Intermediate Course, first.

- Construction and flight of complex Remote Controlled Aircraft
- Academy of Model Aeronautics (AMA) club will provide demonstrations and mentorship in learning to fly real remote-controlled airplanes.
- Limited to 10 cadets**

Flight Simulator track – \$30

Cadets *MUST* have completed the CAP Model Rocketry Program and the Wright Brothers Achievement to attend.

- Comprised of a Microsoft X-gold flight simulator computer program with accompanying yoke and rudder pedals, cadets will learn and perform flight activities to include using flight planning aeronautical charts and lessons to extend the experiential portion of the flight simulator program.
- Limited to 10 cadets**

Staff \$20

Cadets that have completed the CAP Model Rocketry Program and the *Wright Brothers Achievement* may apply for Staff as well as Senior Members who've passed Level 1.

ACCOMMODATIONS

Fort Leonard Wood has barracks and classroom space arranged. Attendees must bring their own linens (Sheet, Mattress sheet, and blanket and/or sleeping bag, pillow, etc.) *MSgt O'Neill will be preparing meals that will in itself, be well worth the trip!*

UNIFORM WEAR

Any authorized uniform combination IAW CAPM 39-1 ***MUST*** be worn, but BDU's/Utility uniforms preferred.

EXPECTATIONS

Training will be conducted in accordance with CAPR 50-20 *CAP Model Rocketry Program* and the *CAP Model Rocketry Program book*, to include building several models with differing fuel sources, then demonstrate their successful launch, flight, and recovery; and/or *CAP AEX MARC module*. Cadets who are between phases can complete partial tracks and their material fee will be reduced, accordingly. Please identify these cadets upon RSVP. Teams may **arrive after 1800 hrs on Friday to remain overnight. Sign in will begin at 0800 hrs Saturday.** Training will conclude at 1800 hrs on Saturday and reconvene at 0800 hrs on Sunday. Training will conclude and members will demobilize NLT 1600 hrs on Sunday.

All tracks will have instruction in Robotics. CAP Orientation Flights are also planned.

PACKING LIST

See Attached. *Fee includes 2 Breakfasts, 2 Lunches, and 1 Dinner meal.*

CADET SPECIFIC

- Cadets must hold and take their own medication. However, please identify medications to their responsible Senior Member, on the CAPF 163, and attached Medication Form.
- All members must have a CAPF 31 signed by their Unit Commander and cadets under the age of 18 their Parent/Guardian.
- There will be both male and female Senior Members RON on premises and genders will camp separately.
- Cadets will be assigned to Elements/Flights and may be placed into leadership positions commensurate with their rank.
- Good order and disciplined will be maintained. Horseplay and inappropriate behavior will not be tolerated. Squadron Commanders will be contacted and cadets will not be allowed to graduate for misbehavior and honor code violations. Please remember the core values. ALL CADETS *MUST* SIGN THE HONOR AGREEMENT!***

RSVP - RÉPONDEZ, S'IL VOUS PLAÎT

Please confirm intent to participate through your unit commander or deputy commander for cadets. In turn, unit points of contact please RSVP to ae@mowgcap.org to ensure enough resources are available ***NLT Thursday, 27 August 2015.***

HOW TO PAY

Units paying for their members may do a draft back to Missouri Wing's Aerospace Education Activity account. Members can pay by cash or checks/money orders drafted to: "Missouri Wing Civil Air Patrol."

PREREQUISITES

- Senior members ***MUST*** have completed Level I
- Cadets ***MUST*** have completed their ***CURRY*** Achievement
- Approval must have your Squadron Commander's approval to attend. This will be demonstrated by a CAPF 31 signed by the Squadron Commander or Deputy.

Show Me Excellence!

Aerospace STEM Academy Packing List

UNIFORM ITEMS	QTY	REMARKS
BDU pants	1	
BDU blouse	1	With all insignia
BDU Cover	1	With insignia for officers
Belt (blue webbing with black buckle)	1	
BDU boots	1	
Socks, black	2 pr	
T-shirt, black	2	Crew style, no pocket
PT UNIFORM		
Shorts, blue or black	1	Clean, conservative, not too short
T-shirt, black	1	In addition to above
Sweat pants, running pants, etc	1	Blue or black, conservative
Sweatshirt	1	
Socks, white	2pr	
Shoes, running	1pr	
PERSONAL ITEMS		
		Bring uniform coat (s) if available; otherwise conservative
Light Winter Coat	1	civilian coat is acceptable
Gloves	1 pr	
Underwear	3	
Bras (female cadets)	1	Sports bra recommended
Sleeping Bag or Sheet, Mattress cover, and blanket	1	
Pillow with case	1	
Soap and Shampoo		
Toothbrush and toothpaste		
Deodorant		
Washcloth and towel, shower shoes		Flip flops acceptable
Shaving Cream & Razor (in holder)		If necessary
Clothes Hangar	3	
Feminine Hygiene Products(female cadets)		If necessary
Shoe Polish Kit	1	
CAP notebook, pens or pencils		
Drinks with lids		
Snacks		
PROHIBITED ITEMS		
Weapons of any kind (Knives)		
Alcoholic Beverages		
Illegal Drugs		
Tobacco Products		
Explosives		
Matches/Lighters		



HONOR AGREEMENT

I, Cadet, _____ CAP, have come to the Aerospace STEM Academy (ASA) to experience the full range of opportunities and challenges available in the CAP Cadet Program. I understand that ASA offers me a chance to

- develop leadership skills,
- learn about science, technology, engineering, and math,
- demonstrate my commitment to physical fitness, and
- live the Core Values.

I understand that to accomplish those goals the ASA is run in a military-like training environment, and therefore I pledge to:

INITIALS consistently display a high level of self-discipline, military bearing, and military customs and courtesies.

INITIALS maintain my quarters and personal gear in a constant state of readiness for inspection.

INITIALS be open to new experiences and actively participate in all classes, tours, activities, academic assignments, and calisthenics and sports.

INITIALS live in a community with my fellow cadets, rise for First Call at, turn-in for Taps at, and, to develop my self-reliance, go without phones and the Web.

INITIALS obey all CAP rules and regulations in fact and spirit, and to cooperate with the cadets and seniors who are appointed to lead, train, and assist me.

INITIALS help my fellow cadets succeed as I put service to my team before myself.

I accept ASA's challenges and pledge to meet them with my very best effort. I am ready to train and I hereby request admittance to my Track.

CADET

PERMISSION FOR PROVISION OF MINOR CADET OVER-THE-COUNTER MEDICATION

This form may not be usable in some states due to statutes concerning who can administer medications and administration conditions. Wings with such restrictions will publish appropriate additional guidance in a supplement to CAPR 160-1.

Name (<i>Last, First, Middle</i>)	Grade	CAPID	Charter Number
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Over-The Counter/Non-Prescription Medications

The following over-the counter medications may be administered according to package directions by CAP senior members. Cross out any medications not approved.

Acetaminophen (Tylenol) for fever or pain	Visine eye drops for dry, irritated eye relief
Ibuprofen (Advil, Motrin) for fever or pain	Op-Con A eye drops for allergic conjunctivitis
Bacitracin or Neosporin antibiotic ointment to prevent infection	Benadryl liquid/tabs for allergic reactions
Hydrocortisone anti-inflammatory rash cream	Claritin antihistamine for seasonal allergies
Calamine/Caladryl for poison ivy itch relief	Robitussin products for relief of cough and cold symptoms
Antifungal creams and sprays for treatment of fungal rashes	Delsym to suppress cough
	Tums or Maalox for relief of stomach upset

Allergies

My child/ward has the following allergies or reactions to over-the-counter medications (list type of reaction):

Consent For Minor Cadet To Receive Over-The-Counter Medications

My signature below evidences my consent for CAP senior members to provide over-the-counter non-prescription medications (such as those listed above) to my child/ward if indicated in the reasonable judgment of such senior members. I understand that I will be informed if any such medications are administered.

Date	Signature of Parent/Guardian
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APPLICATION FOR CAP ENCAMPMENT OR SPECIAL ACTIVITY

Name (Last, First, Middle Initial)		CAPID	CAP Grade	Gender	
Member Type	Charter No. (e.g. GLR-MI-059)	Grade in School	Religious Preference		
Address (Include No., Street, City, State and Zip Code)		Home Phone Number	Cell Phone Number		
		E-Mail Address			
Date of Birth (mm/dd/yy)	Shirt Size	Height (Inches)	Weight (Lbs)	Hair Color	Eye Color
Title of Activity ASA		Location of Activity Ft Leonard Wood, MO	Activity Dates 4-6 Sep 2015		
Staff Position(s) Sought Track:					
Emergency Contact Information					
(Primary Contact) Name (Last, First, Middle Initial)		Relationship		Primary Phone Number	
(Secondary Contact) Name (Last, First, Middle Initial)		Relationship		Primary Phone Number	

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 volunteer entirely upon my own initiative, risk, and responsibility for an assignment to participate in this activity of encampment at the first available opportunity and with full knowledge that such activity may include:

1. Traveling by land, sea, or air in US military, commercial, or privately owned vehicles from regular place or residence to the site of the activity or encampment, travel incident to the activity or encampment, and subsequent return to place of residence.
2. Participation in aeronautical activities as a passenger or student trainee in US military, commercial, or privately owned aircraft.
3. Living for a period of one week or more on diminished rations and minimal shelter simulating actual survival conditions.
4. Being quartered and/or subsisting away from regular or normal place of residence for an extended period of time.
5. Remaining with the cadet group I am assigned to at all times during the activity or encampment.
6. Acting as a spokesman for Civil Air Patrol, rendering reports on the activity or encampment.
7. Refraining from argumentative discussions concerning governmental policies.

In consideration of the permission extended to me by the Civil Air Patrol/United States of America through its officers and agents to participate in said activity/encampment or activities/encampments, I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Civil Air Patrol, Inc./United States of America, and all its officers, agents, and employees acting official or otherwise, from any and all claims, demands, actions, or causes of action, on account of my death or on account of any injury to me or my property which may occur as a result of the negligence of the Civil Air Patrol/United States of America, its agents or employees during said activity/encampment or activities/encampments or continuances thereof, as well as all ground and flight operations incident thereto.

_____ Date

_____ Signature of Applicant

(Continued on reverse)

Name (Last, First, Middle Initial)	Title of Activity ASA
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RELEASE BY PARENTS OR GUARDIAN

KNOW ALL MEN BY THESE PRESENTS: WHEREBY my child has applied for the activity or encampment referred to above, In consideration of the permission extended to my child by the Civil Air Patrol/United States of America through its officers and agents to participate in said activity/encampment or activities/encampments, I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Civil Air Patrol, Inc./United States of America, and all its officers, agents and employees acting official or otherwise, from any and all claims, demands, actions or causes of action, on account of the death or on account of any injury to my child which may occur as a result of the negligence of the Civil Air Patrol/United States of America, its agents or employees during said activity/encampment or activities/encampments 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 or injury or disease which might be affected by this activity except those previously noted in the Medical Information section of this form.
3. Will follow all rules, regulations, and directives as established by the Civil Air Patrol, Inc., activity project officer or encampment 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, encampment commander or activity directory 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.

_____	_____	_____
Date	Witness for Father's Signature	Father or Legal Guardian
	_____	_____
	Witness for Mother's Signature	Mother or Legal Guardian

Squadron Certification. (Squadron Commander's signature is not necessary if the activity is approved in eServices or if it is a squadron activity.)

I certify that the above information is correct and that all requirements for attendance, as specified in National Headquarters Directives, will be completed by the required dates.

_____	_____
Date	Squadron Commander

Group Certification. (Group Commander's signature is not necessary if the activity is approved in eServices or if the activity is held within the group.)

_____	_____
Date	Group Commander (or designee)

Wing Certification. (Wing Commander's signature is not necessary if the activity is approved in eServices or if the activity is held within the wing.)

_____	_____
Date	Wing Commander (or designee)