



Texas Wing Cadet Programs
 Civil Air Patrol
 553 Terry Crawford Drive
 Nacogdoches, Texas 75964



WRITTEN PLAN OF RETURN
 (required of all participants)

I, _____, submit this, my written plan to return to my place of residence in the event I become symptomatic with COVID-19, test positive for COVID-19, am exposed to a person who displays symptoms of COVID-19 infection or who is asymptomatic and tests positive for COVID-19, or have another injury or illness which impedes my further safe participation in the Cadet Training and Education Program (CTEP) in the sole discretion of the CTEP Command staff. I understand that any costs incurred in connection with this plan are my responsibility (or that of my parent or guardian signing below), however, I understand I will receive a refund of any fees within 30 days of the execution of this plan if I am required to return to my place of residence as a result of suspected COVID-19 infection or exposure to a suspected COVID-19-infected person. I additionally understand that I must leave Texas Wing Headquarters within 24 hours of an order to return by the CTEP Command staff. I understand that the CTEP Commander may extend this time period if I am not well enough to travel.

Emergency Contact Information:

Name of person who will assist me in returning home: _____

Phone number where emergency contact may be reached at all times: _____

Additional phone or email address of emergency contact: _____

I (or my parent/guardian, as applicable) authorize the following person(s) to check me out of CTEP and assume all responsibility for delivering me to my place of residence: _____

Contact information for authorized persons (if different from Emergency Contact): _____

I will return home by the following means of conveyance: _____

_____ Signature of Participant

_____ Signature of Parent or Guardian if Participant is a minor

_____ Date Signed