



PUERTO RICO WING HEADQUARTERS
CIVIL AIR PATROL
UNITED STATES AIR FORCE AUXILIARY
PO Box 92460
San Juan Puerto Rico 00956



LETTER OF UNDERSTANDING (PLEASE PRINT)

I _____ do hereby affirm that I am the parent or legal guardian of Cadet _____. I understand that due to the current health conditions involving the COVID-19 virus Nationwide, I shall provide one of the following items upon arrival for in-processing (check appropriate box):

- A voluntary statement that my cadet has been vaccinated.
- Proof of a negative COVID-19 test taken within 72 hours of arrival, or
- A statement that my cadet self-quarantined for 14 days prior

If my cadet is not vaccinated, I affirm that I will provide him or her with seven black face masks for use during the activity.

I further understand if My Cadet _____ shows signs / symptoms of a COVID-19 exposure, the staff will have the authority to test my Cadet for his/her health and safety. I understand that if the COVID-19 test has a positive test result, it is my responsibility to make arrangements to have them picked up from the activity within 24 hours of notification.

I agree that the goal and focus is for all members is to have a safe and successful at the Puerto Rico Wing Summer Encampment held at Camp Santiago Joint Center, Salinas PR, from 25-31 July 2021.

Signature: _____

Date: _____