**KINGDOM OF LAOS**

**ROYAL LAO AIRBORNE / RAIDER DEPARTMENT**

 **ROYAL LAO SPECIAL OPERATIONS DEPARTMENT**

 **ANDER SON S.C.**

We require the following information to complete your application to attend the Royal Lao Airborne Jump School. Please print clearly. Unless you specify otherwise, your certificates and orders will include the information you have listed below.

Name: Click here to enter text. Click here to enter text.

 First Middle Last

Address: City State: Zip:

Click here to enter text.

SSN (Last 4 Digits) Cell Phone: Home Phone:

Click here to enter text. Click here to enter text.

Email Address: Date of Jump:

Branch of Service: Rank:

  **(Weight (Can Not Exceed 220 lbs.)**

\***For the table above, simply click where you need to input information and enter information as requested.**

**CHECK ONE BY CLICKING IN BOX BELOW:**

[ ] I am not jump qualified and I need five (5) static line jumps. Cost is $650.00. This includes 5 static line jumps, ground school training, all jump equipment and gear, and US Parachute Association Liability

 Insurance, (USPA Insurance is good for 90 days. After 90 days, you will have to repurchase USPA Insurance, by the year, if you wish to maintain coverage).

[ ] I am jump qualified and only need one jump to earn the **Royal Lao Airborne Wings**. Cost is $250.00. This includes one (1) static line jump, ground school training, all jump equipment and gear, and US Parachute Association Liability Insurance, (USPA Insurance is good for 90 days. After 90 days, you will have to Repurchase USPA Insurance, by the year, if you wish to maintain coverage).

[ ] I am jump qualified and only need one jump to earn the **Australian Jump Wings**. Cost is $250.00. This includes one (1) static line jump, ground school training, all jump equipment and gear, and US Parachute Association Liability Insurance, (USPA Insurance is good for 90 days. After 90 days, you will have to repurchase USPA Insurance, by the year, if you wish to maintain coverage).

**\* NOTE\***In order to enroll in Jump Training, you need to pay in advance or submit **a $150.00 non-refundable deposit.** You may pay by PayPal – , or send a check to the below address.

1. When you show up for Jump School, you will pay $100 per jump prior to making a jump

 - either by **CASH** or **CREDIT CARD**. Upon completion of your training, which will probably be late Sunday afternoon, there will be a Pinning Ceremony and you will receive your jump wings, a set of orders, a certificate in English and a certificate in Lao, a challenge coin, and a log book.

1. Forward the completed form, by email or regular mail, to:

**C**. During Ground School, you will have to demonstrate a competency in speaking English

understanding English. If you are unable to do so, you will not be permitted to participate in the jump class nor jump.

**MG Amos Hykes**

102 Green Arbor Lane

Greenville, SC 29615

**Email:** ahykes2001@yahoo.com

|  |  |  |
| --- | --- | --- |
| flag | **Kingdom of LaosRoyal Lao Airborne** **RLA Jump School / RAIDER Department****Royal Lao Special Operations Department** **Anderson, South Carolina** |  |

MEDICAL CONDITION FORM

 The purpose of this form is to provide our Jump School medical personnel with information on any

 existing medical conditions you may have or had and will not be shared with anyone else.

 DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 NAME: ­­­­­­­­­­­­­­­­­­­­­ ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last first

 EMERGENCY CONTACT PERSON: ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last first

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone w/area code relationship

 **1**. Have you ever had a seizure? Yes ( ) No ( ) If yes, in the past 10 years? Yes ( ) No ( )

 **2**. Do you have any Allergies or had Allergic Reactions? Yes ( ) No ( ) If yes, please list:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **3**. Are you currently taking any medication(s)? No ( ) Yes ( ) If yes, what medications & dosages?

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **4**. Have you had any “flu like” symptoms in the past 72 hours? Yes ( ) No ( )

HQ, RLA JUMP SCHOOL / RAIDER Department, RLA Special Operations Dept. 2

SUBJECT: Medical Condition Form for RLA Jump School, Southern Region

 **5**. Have you had any major surgeries or significant injuries? No ( ) Yes ( ) If yes, please list:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6**. **FEMALES ONLY.** Have you been pregnant or delivered, or had a pregnancy terminated within

 the past 180 days? Yes ( ) No ( )

 **7**. **OTHER RELEVANT INFORMATION.** Please share any medical information not covered in the

 above questionnaire, but that you believe is pertinent to the training you are about to undertake:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_