



EXPLORER POST 800 Membership Application



PARTICIPANT INFORMATION

Name: _____ DOB: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

School: _____ Grade: _____

E-Mail Address: _____

Do you have previous Explorer experience? Yes No

If yes, where? _____

Major Medical History: _____

Significant Allergies: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Parent/Guardian 2: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

OTHER ADULTS AUTHORIZED TO TAKE YOUTH TO AND FROM EVENTS

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

WHY DO YOU WANT TO JOIN EXPLORER POST 800?

INFORMED CONSENT, RELEASE AGREEMENT AND AUTHORIZATION

I/we certify that the information provided herein is true and complete to the best of my knowledge. I/we authorize investigation of all statements contained in this application as may be necessary in arriving at a membership decision. In the event that I should be offered membership, I/we understand that false or misleading information given in my application or interview(s) may result in discharge. I/we further understand that members are required to abide by all rules and regulations of Explorer Post 800, Miami Township and Learning for Life.

I/we understand that participation in Learning for Life activities involves a certain degree of risk. I/we have carefully considered the risk involved and have given consent for myself and/or my child to participate in these activities. I/we understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I/we release Learning for Life, the local council, Miami Township, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

Applicant Signature

Date

Parent or Guardian Signature

Date