



# 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?

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**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.

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Applicant Signature

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Date

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Parent or Guardian Signature

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Date