

*** Submit with \$12.00 Cash or Check ***

**Easton Police Department Explorer Post 2001
Membership Application**

Please Print Clearly

APPLICANT INFORMATION

Name (last) (first) (middle)

Home Address City State Zip Code

Home Phone Cell Phone

Social Security # D.O.B. Email Address

Height Weight Eye Color Hair Color

School Presently Attending Grade

PARENT/GUARDIAN INFORMATION

Mother Home Phone Cell Phone

Father Home Phone Cell Phone

Email Address

EMERGENCY CONTACT INFORMATION

Emergency Contact (other than parents)

Home Phone Cell Phone Other Phone

MEDICAL INFORMATION

Doctor Phone

Known Allergies

Medications

Known Medical Problems

MEDICAL RELEASE

As the parent/legal guardian of _____, I request that in my absence the above named Explorer be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures, and x-ray treatment of the above minor. I have not been given the guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named Explorer.

Parent/Guardian Signature

Date

Applicant Signature

Date