

FAYETTEVILLE POLICE DEPARTMENT

EXPLORERS PROGRAM

Application for Membership

Full Name: _____ Sex: _____ Age: _____ DOB: _____

Address: _____ City: _____ Zip: _____

Home Phone#: _____ Cell #: _____ Email : _____

School Now Attending: _____ School Address: _____

School Phone #: _____ High School Grade: _____ OR College: _____

School Grade Point Average (GPA): _____ School Resource Officer: _____

Home Room Teacher's Name: _____

Do you plan to continue your education after High School? Yes _____ No _____ Major: _____

Career Objective: _____

Place of Employment: _____ Job Title: _____

NC Driver ID #: _____ Shirt Size: _____ Pants Size: _____ Belt: _____

Reason for joining: _____

Parents
name/address: _____

Parent Cell Phone# _____ Parent Work# _____

References: (Must List 3 Non Family Members)

1. _____

Name/ Relationship	Phone
-----------------------	-------

2. _____

Name/ Relationship	Phone
-----------------------	-------

3. _____

Name/ Relationship	Phone
-----------------------	-------

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

EXPLORERS

EXPLORERS



(Please Print)

Participant's Name: _____

Date of Birth: _____

Address:

Parent(s)/Guardian(s):

Home Phone: _____ Work Phone: _____

Cell Phone Number: _____

Parent / Guardian:

Address:

Home Phone: _____ Work Phone: _____

Cell Phone Number: _____

Does your teen take or have any of the following (If yes please explain)?

Medication:

Allergies: _____

Food Allergies: _____

Anything that we should be aware about before your teen participates in this program?

In case of an Emergency (If parents cannot be reached) call:

Name: _____

Phone: _____

Address:

Relationship to participant:

Any Additional Comments:

**Fayetteville Police Explorers
Participation Agreement**

I acknowledge every effort will be made to contact parents/guardians in the case of a medical emergency. If I cannot be reached, I authorize the City of Fayetteville Police Explorer Advisors to seek appropriate medical (physician, dentist, nurse etc.) care for the above participant. I understand that only those medications which are medically necessary and cannot be scheduled outside the hours will be given during the programs. I give permission for my child to be transported in vehicles provided by the City of Fayetteville. Pictures may be taken of my child while participating in City activities and may be used for program publicity.

Parent/Guardian Signature: _____

Date: _____

WHEREAS, the undersigned has requested the use of services, equipment, or facilities belonging to or under the auspices of the City of Fayetteville, North Carolina, and to engage in activities for the executive benefit of the undersigned; and WHEREAS, the City of Fayetteville does not wish to be liable for any damages arising from the personal injury or property damage sustained thereby;

Now, therefore, in consideration of the mutual promises and other good and valuable consideration, the undersigned does hereby for himself, his heirs, executor, employers, successors or administrator, and personal representatives:

- A. Assume full responsibility for any personal injury or any damage to his/her personal property which may occur directly or indirectly in the course of Explorer Post events.
- B. Fully and forever release and discharge the City of Fayetteville, its agents, officials and employees, from any and all claims, demands, damages, rights to action, or cause of action, present or future, resulting from or arising out of this activity.
- C. Agree that it is the intent of the undersigned that this release and indemnity agreement shall be in full force and effect any time after the execution hereof.

Name of Participant: _____

Dated: **Date** _____ **Month** _____ **Year** _____

Signature (of parent or guardian if under 18):

Address, City, State, and Zip: _____

Telephone: _____

WHEREAS, the Fayetteville Police Explorer policy prohibits any behavior that violates state or local laws, and WHEREAS, the Explorer Fayetteville Police Explorer policy demands that all members respect the property of others and the facilities in which the members visit.

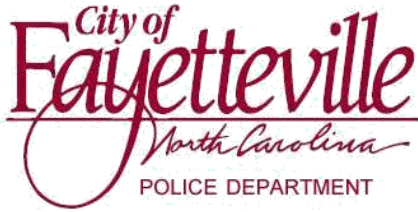
We, the undersigned, have carefully read the foregoing release, know the contents thereof and sign it as our own free act. Any infraction of the above will necessitate the participant's parents being notified and participant being removed immediately upon discover. We understand that our child may be dismissed from the activity/Explorer Program for violation of the aforementioned policy.

Signature of Parent/Guardian: _____

Date: _____

Participant's Signature: _____

Date: _____



Release & Indemnity Agreement

I understand that participating in the Explorer Post physical fitness program involves risk of injury. These risks include inclement weather, accidents while traveling, equipment problems or failures, contacts with and action of other participants, slips/trips/falls and musculoskeletal injuries among others. I choose for myself or for my child to participate in the selected programs despite the risks.

By signing this form, I acknowledge all risks of injury, illness, or death in any way connected with participation in the program. I also agree for myself and for myself and for any child participant to follow all rules and procedures of the program and to follow the reasonable instruction of the advisors and supervisors of the program.

In return for the opportunity to participate in this program, I agree for myself and for my heirs, assigns, executors, and administrators to release, waive and discharge any legal rights I may have to seek payment or relief of any kind from the City of Fayetteville, its employees or its agents for injury, illness, or death resulting from this program. If I am registering a child for a program, I agree that I am a parent, legal guardian, or am otherwise responsible for the child whose application I am submitting and that I release, waive, and discharge any legal rights that I may assert on behalf of the child participation in the program. I also agree not to sue the City of Fayetteville, its employees, or its agent and agree to indemnify the City for all claims damages, Losses, or expenses including attorney's fees, if a suit is filed concerning an injury, illness, or death to me or to my child resulting from participation in the program.

Name of Explorer: (print) _____

Parent/Guardian Signature (if under 18): _____

Date of Signature: _____

