



BURLINGTON COUNTY EXPLORER POST #150 APPLICATION 2020



Registration Fee \$40.00/Year	Male <input type="checkbox"/> New Explorer <input type="checkbox"/> Female <input type="checkbox"/> Returning <input type="checkbox"/>	Date of Application / /
Last Name	First Name	Middle Name
Address	City	State Zip Code
Date of Birth / /	Home Telephone Number () -	Name of School
Parent / Guardian's Name		Your E-Mail Address (NEEDED FOR EXPLORER RELATED COMMUNICATION)
MEDICAL INFORMATION		
Medical Concerns Allergies / Medications? YES <input type="checkbox"/> NO <input type="checkbox"/> Medical Conditions? YES <input type="checkbox"/> NO <input type="checkbox"/>	If YES, please explain:	
Any Physical or Behavioral Conditions that may effect participation? YES <input type="checkbox"/> NO <input type="checkbox"/>	If YES, please explain:	
Name of your primary physician:	Town of your primary physician:	Phone of your primary physician: () -
LAW ENFORCEMENT CONTACT HISTORY		
Have you ever had any contact with police, sheriff or any other law enforcement agency? YES <input type="checkbox"/> NO <input type="checkbox"/>	If YES, with what law enforcement agencies have you had contact?	
If YES, please briefly explain your contact AND the final disposition:		
EMERGENCY CONTACT INFORMATION		
Name	Relationship	
Address	Town	State Zip Code
Home Phone Number () -	Work Phone Number () -	Cell Phone or Pager Number () -
Name (Alternate)	Relationship	
Address	Town	State Zip Code
Home Phone Number () -	Work Phone Number () -	Cell Phone or Pager Number () -
Authorization / Acceptance		
<p>The above health history is correct and complete, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as the judgement of medical personnel dictates. I have received, read, understood and asked any questions regarding the Post By-Laws. I understand that any violation of Post By-Laws may result in suspension and/or removal from the post.</p>		
Explorer's Signature _____	Parent or Guardian Signature (If under 18) _____	Date _____

BCSD – Revised 01/24/2019

Membership Termination (Official Use Only)		
<input type="checkbox"/> Resigned	<input type="checkbox"/> Stopped Attending	<input type="checkbox"/> Dismissed
<input type="checkbox"/> Good Standing	<input type="checkbox"/> Not in Good Standing	
Date: _____ Advisor: _____		

Official Use Only		
Annual Dues Paid	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dues Paid By:	<input type="checkbox"/> Check	<input type="checkbox"/> Cash
Date Rec'd: _____	Rec'd By: _____	

Please see other side for Website/Social Media waiver.



EXPLORER POST #150

53 ACADEMY DRIVE
WESTAMPTON, NEW JERSEY 08060



WEBSITES/SOCIAL MEDIA PHOTO WAIVER

In signing this document, you **are authorizing your child's picture to be used on the Burlington County Sheriff, Eastampton Police, Lumberton Police, Mount Holly Police, and Westampton Police Websites/Social Media** in coordination with advertising youth programs on the Explorer Program.

I have been notified and am aware that my child's picture may be used on the Burlington County Sheriff, Eastampton Police, Lumberton Police, Mount Holly Police, and Westampton Police Websites/Social Media.

My signature below indicates I have read and understand the above.

Dated: _____ Print Youth Name: _____

Adult Signature: _____ Print Adult Name: _____

NOTE: If any aspect of this agreement requires clarification, please have an Explorers representative from **the Burlington County Sheriff's, Eastampton Police, Lumberton Police, Mount Holly Police, or Westampton Police Departments** fully explain before signing.