## **Explorer Application Form**

(To be filled out by parent of guardian)

Grade:	Age:	Birthday:
Child's Name:		
Address:		
Mother's Name: _		
Phone#:		Email Address:
Father's Name: _		
Phone #:		Email Address:
My child can be r	eleased to:	
In Case of an Em	ergency	
Contact:		Phone #:
Family Doctor:		Phone #:
ls there a custod <sup>,</sup> Yes	•	olace?
Does your child s Yes		allergies: If yes, explain:
Does your child t Yes No _		edication? explain:
ls there anything	that the wa	orkers need to know about your child?
My child 's pictur Yes No	•	aken and used for club use.
Date:	Sign	nature:(Parent or Guardian)