



Personal Information:				
Name:	Date of Birth:	Date of Birth:		
Address:	City:	State:	Zip:	
Home Phone:	Cell Phone:			
Drivers License Number:	_ State Issued			
I, permission/consent for my young person to program sponsored by the Lathrop - Manteca Fi the rules and regulations of the program. I also discretion of the department or myself. I give records.	participate in non-opera re Protection District. M o understand that the mer	tional and operation Iy young person has nbership of my young	al ride out activities of the Fire Explorer received, understood, and agreed to follow g person may be terminated at anytime at the	
I,				
regulations. By signing below, I agree to abide by and away from the activities of the program will right to obtain and view my grades and attendance	directly reflect on my me			
Signature of Parent/Guardian				
Signature of Fire Explorer				
Signature of Post Advisor				