

## **Lathrop – Manteca Fire Protection District**

### 19001 Somerston Parkway, Lathrop, CA 95330

• (209) 941-5100 • Fax (209) 941-5115 • <u>www.lmfire.org</u> •

#### (To be completed & signed by Parent/Legal Guardian if volunteer is under 18 years of age)

Participant Name:	Gender:	Birthdate:		
School:	Grade:	l		
Address:	1			
Parent/Legal Guardian:				
	Mail:			
Medical Conditions:				
Allergies:				
Emergency Contact 1:	Emergency Contact 2:			
Medical Insurance Information:				
Plan Name: Policy #:				
Volunteer Consent and Release Form for Minors				
I acknowledge that my child,				
I acknowledge that my child and I are responsible to pay	annual Explorer Post applica	tion/membership fees.		
I understand that my child must maintain a 2.0 grade point month or participation in the Explorer Program may be s	_	d two mandatory drills per		
I hereby certify that my child is in reasonable health and is capable of safe participation in the Explorer Program. I assume all risks and hazards incidental to the conduct of this program. I hereby authorize the Lathrop – Manteca Fire Protection District to obtain medical treatment for my child in the event that the parent and emergency contact cannot be reached.				
I hereby release the Lathrop – Manteca Fire Protection D from any and all causes of action and/or claims for any personal property while on the premises of either the La associated with specific programs of the organization.	physical injuries, personal	losses, or damage done to		
agree to indemnify and save harmless the Lathrop – Manteca Fire Protection District from any claims or demands arising out of any such injuries or losses.				
I authorize the publication of any photography taken for advertising further programs, unless I notify the Lathrop permit any published photos at the time of registration.				
By signing below, I certify that I have read, understand, a	and agree to the aforemention	ned information.		
Signature:	Date:			



### Lathrop - Manteca Fire Protection District Explorer Post 31 Guardian & Explorer Consent Form



Personal Information:				
Name:	Date of Birth:		_	
Address:	_ City:	State:	_Zip:	
Home Phone:	_ Cell Phone:			
Drivers License Number: Stat	e Issued			
I,				
ī	. a student of		School, do wish	
I,				
Signature of Parent/Guardian				
Signature of Fire Explorer				
Signature of Post Advisor				

# **Explorer Post 31 Photograph Release**

This release form is for the purpose of putting pictures/video of Explorers on the Lathrop — Manteca Fire Protection District web site and Explorer marketing material to help promote the Fire Explorer Post. Pictures and video will be posted without names.

1	give my permission	for the Lathrop – Manteca
Fire Protection District to	use my picture/video for the re	easons stated above.
Explorers Name:		Date:
Explorers Signature:		
Parent Signature:		
(Only if under 18)		