



CORAL SPRINGS POLICE EXPLORERS APPLICATION



Special Note to Parents and Guardians:


You may save this PDF file to your computer, fill in the fields with your Child's/Ward's information, and then print and sign where indicated. Please complete all sections, as any incomplete sections will delay the enrollment process.

Coral Springs Police Department - Explorer Program

2801 Coral Springs Drive • Coral Springs, FL 33065
954-346-1746

 CORALSPRINGS.ORG/POLICE

 CoralSpringsPD

 CoralSpringsPolice

 CoralSpringsFL

CORAL SPRINGS POLICE EXPLORER POST 276

Application Packet

APPLICANT INFORMATION		Date Submitted:	
Last Name:		First:	M.I.:
Current address:			
City:	State:	ZIP Code:	
Phone:	Email:		
Date of birth:	SSN:	Grade:	Age:
EMPLOYMENT INFORMATION (IF ANY)			
Current employer:			
Employer address:		How long?	
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
PARENT/GUARDIAN INFORMATION			
Name:			
Employer Address:		Phone:	
City:	State:	ZIP Code:	
Relationship to explorer:			
2ND PARENT/GUARDIAN INFORMATION			
Name:			
Employer Address:		Phone:	
City:	State:	ZIP Code:	
Relationship to explorer:			
EMERGENCY CONTACT			
Name:			
Home Phone:		Cell Phone:	
OTHER			
Are you a United States Citizen:			
Do you have a valid driver's license?		Driver's License #	
What State:	Expiration:	Registration #:	
EDUCATION			
Name of School:	Dates Attended:	Degree:	
DO YOU HAVE OTHER CHILDREN/SIBLINGS ENROLLED?			
Name:		Name:	
Date Joined:		Date Joined:	
SIGNATURES			
Applicant (explorer last name, first name):			
Parent/Guardian Signature:		Date:	
2 nd Parent/Guardian Signature:		Date:	

Applicant's Medical History

Last name	First name	Middle name	
Date of birth	Social Security number	Race	Sex
Home address	City and state	Zip Code	

Medical Information

Health/Accident Insurance Company	Phone (w/area code)	Policy Number
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Are you now, or have you ever been, subject to (please answer yes or no):

Asthma _____ Fainting Spells _____ Convulsions _____
 Diabetes _____ Heart Trouble _____ Bleeding Disorders _____
 Allergy(ies) to any medication, food, plant, insect bite or other material or substance _____

If you answered yes to any of the above, please list the allergies: _____

Do you have any condition that may require special care, medication, or diet? yes no

If you answered yes to the above, please explain: _____

Are you taking any medication? yes no

If you answered yes to the above, please explain: _____

Are there any restrictions placed on you for any reason, including medical? yes no

If you answered yes to the above, please explain: _____

Applicant's / Parental Authorization for Medical Treatment

This medical history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to medical personnel and/or physician, selected by the adult leader in charge, to treat my son/daughter (listed applicant) for any medical or surgical emergency as deemed necessary by medical personnel and/or physician.

Applicant's name (print)	Signature	Date
Parent / guardian name	Signature	Date
Home phone (w/ area code)	Work phone (w/ area code)	Cell (w/ area code)

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Medical Clearance Form

I examined _____ on ____/____/____ and certify that he/she has no medical problems, or physical conditions that would prevent him/her from safely taking part in any physical activity as a result of their involvement with the Coral Springs Police Explorer Post 276. If you have any questions I may be contacted at telephone # (_____) _____.

Physician's Name (Print):

Physician's Signature:

Date: ____/____/____

Restriction:

This form is to be completed by the physician or Licensed care provider who has examined the above named explorer within the past fiscal year.

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Permission to carry Handcuffs

I, _____, the parent/guardian of _____
do hereby give permission for my child/ward to carry handcuffs while taking part in sanctioned explorer events with the Coral Springs Police Explorer Post 276. I understand that no handcuffs will be issued or allowed to be carried until proper training on their usage has been given by a certified instructor of the Coral Springs Police Department. Explorers are **NOT** allowed to carry Handcuffs out of explorer uniform and/or out of explorer sanctioned events or meetings.

I also understand that failure to comply with this policy will result in immediate suspensions pending an investigation by the Post Advisors and Board of Directors as deemed necessary.

By selecting here you **DO NOT** consent to your child carrying or training in handcuff usage.

Signature of Parent/Guardian: _____

Date: ____/____/____

Signature of Explorer: _____

Date: ____/____/____

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Parental Release Form

Please clearly indicate the permissions and/or restrictions that apply to your child/ward by writing Yes or No below and providing additional information where requested, if applicable.

Specialized trainings given to explorers include but are limited to:

_____ **Bike Training-** Rigorous bicycling skills, basic bicycle-handling skills; good physical health.

_____ **Physical Agility-** Includes running, Push-ups, Sit ups, and many other approved physical activities. Please note that P.T is a required task during various activities unless otherwise stated by your child/ward's physician

_____ **Defensive Tactics/ Verbal Judo Training-** Explorers are taught basic defensive tactics skills and procedures such as, controlling their breathing, assessing situations, verbal techniques, avoiding distractions, body language and much more.

_____ **Basic Firearms Instruction/ Safety Training-** As a requirement of this program, the participants are expected to have a working knowledge of safe firearm handling and marksmanship. These courses are taught under close strict supervision by state certified range officers.

_____ **Ride-A-Long Program-** The purpose of the ride-a-long program is to provide the Explorer with a firsthand knowledge of patrol functions as well as a broader knowledge of basic police procedures. It supplements classroom training in basic police procedures through observation and conversation with police officers during their performance of routine patrol functions.

If you have selected **NO** for your child/ward NOT to participate in any of the specialized trainings listed above please indicate below what are the restrictions.

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Parent Release Form for Media Recording

I, the undersigned, do hereby grant or deny permission to Coral Springs Police Explorers to use the image of my child _____, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Coral Springs Police Explorers website.

- Deny permission to use my child's image at all.
- Grant permission to use my child's image in the following ways (mark all that apply):
 - Limited usage: I want my child's image used within the Coral Springs Police Explorers setting only (not in the larger community).
 - Limited usage: I want my child's image used for educational materials only (not marketing). This could be either within Coral Springs Police Explorers or in the larger community. One example of this could be videos in parent education classes.
 - Limited usage: I want my child's image used on printed materials only (no digital or video use).
 - Unrestricted usage: I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by Coral Springs Police Explorers for a variety of purposes and that these images may be used without further notifying me.

Parent/Guardian signature _____ Date _____

If you have questions, contact Coral Springs Police Explorers at 954-346-1746.

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I solemnly swear and affirm that the answers that I have made to each and all of the questions are true and complete to the best of my knowledge and belief. I agree and understand that any misstatements of material facts contained herein will be cause for forfeiture on my part to all rights to membership in the Coral Springs Police Explorer Program.

I hereby authorize the Coral Springs Police Department to verify any and all facts listed on this application, and to contact any references I have listed.

Date	Signature of applicant
	Signature of parent / guardian

As the parent/guardian of the minor child applying for membership to the Coral Springs Police Explorer Program, I hereby give my permission for my child to become a member of the Coral Springs Police Explorer Program.

Date	Signature of parent / guardian	
	Driver's license number	Issuing state

STATE OF FLORIDA)
) SS
COUNTY OF BROWARD)

On this _____ day of _____, 20_____,

Before me personally appeared _____
to me well know to be the same person described in and who executed the foregoing document, who
having been duty sworn/or affirmed before me, stated that to the best of their knowledge and belief that
the statements and answers to the questions in foregoing questionnaire contained, whether in writing or
in print, are true.

NOTARY PUBLIC, STATE OF FLORIDA AT LARGE

EXPLORERS PROGRAM RELEASE AND WAIVER FOR MINOR

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN
PURSUANT TO SECTION 744.301, FLORIDA STATUTES

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY.

YOU ARE AGREEING THAT EVEN IF THE CITY OF CORAL SPRINGS USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED.

BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE CITY OF CORAL SPRINGS IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY.

YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE CITY OF CORAL SPRINGS HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

(BALANCE OF PAGE INTENTIONALLY LEFT BLANK)

In consideration of the City of Coral Springs granting my child permission to participate in the Police/Fire Explorer Program ("Program"), I, _____ (parent/guardian) give permission for my minor child, _____ to participate in the Program and hereby agree to sign this Release and Waiver.

Accordingly, I, both individually and in the representative capacity of my child, agree to unconditionally release, waive, and discharge the City of Coral Springs, its Commission members, employees, agents, and servants, all hereafter referred to as "releasees," from all claims and courses of action, that I, my personal representatives, assigns, heirs, and next of kin, may have for any loss, damage, or injury to person or property, whether caused by the negligence, or otherwise of the releasees. In addition, I agree to release against all claims, demands, and actions arising out of either my own and/or my minor child's actions or involvement with the City of Coral Springs.

I certify and warrant that my minor child is in good health and physical condition and is able to participate in the Program.

Additionally, I agree that my minor child will adhere to all applicable rules and regulations of the City of Coral Springs.

I have carefully read the foregoing release and waiver, including the statutory notice on the first page, and know the contents thereof. I fully understand the risks that my child may encounter with his/her involvement and activity with the Program. I understand the contents of this Release and Waiver and I am signing this Release and Waiver as my own free act.

I expressly agree that this Release and Waiver is intended to be as broad and as inclusive as permitted by the laws of the State of Florida, and that if any portion thereof is held invalid, it is agreed that the balance shall notwithstanding, continue in full force and effect.

In Witness Whereof, I have executed this Release and Waiver on _____, 20____.

By: _____
(Signature of Parent/Guardian)

By: _____
(Printed Name of Parent/Guardian)

WITNESS: _____
(Signature of Witness)

(Printed Name of Witness)