



Pompano Beach Fire Rescue Explorer Program



Application

If you are interested in applying for membership with the Pompano Beach Fire Rescue Explorer Program, you will need to complete this form and send it in. Once we receive it, our program coordinator will contact you.

Please fill out this form. If you have any questions, please call number below.

Name: _____

Date of Birth: _____ School Name: _____ Grade: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ S.S Number: _____ - _____ - _____

Medical Hx: _____ Medications: _____

Allergies: _____ Blood Type: _____

Drivers License # _____

If you are under 18, please have your parent or legal guardian complete the following:

I am signing below, acknowledging my son/daughter has an interest in the Pompano Beach Fire Rescue Explorer Program. I understand if I have any questions. I may call the number below and talk with someone about the Explorer Program.

Parent / Legal Guardian Print Name- _____

Parent / Legal Guardian Signature- _____

**Pompano Beach Fire Rescue
Explorer Program
120 SW 3rd Street
Pompano Beach FL 33060**

**Training Captain David Smith
(954) 786-4307 Office
david.smith@copbfl.com**

**CITY OF POMPANO BEACH FIRE RESCUE – EXPLORER PROGRAM
AUTHORIZATION, WAIVER AND RELEASE**

For and in consideration of the participation in the Explorer Program of the City of Pompano Beach, I acknowledge and agree that:

1. The City of Pompano Beach does not maintain health insurance for injuries to the Explorer participants that may arise out of involvement in the Explorer Program;
2. That my legal guardian(s) or parent(s) are aware that the work of the City of Pompano Beach, Florida Fire/Rescue Department personnel is inherently dangerous and;
3. By virtue of my participation I risk bodily injury, including paralysis, dismemberment, and death, and other loss including damage to property;
4. I knowingly and freely assume all such risk;
5. Said participant shall engage in various physical activities while enrolled in the Explorer Program, including riding as a guest or passenger in a vehicle assigned to the City of Pompano Beach Fire/Rescue Department. I (we), the undersigned parent(s)/guardian(s) do release, hold harmless and promise not to sue the City of Pompano Beach, its officers, agents, employees, representatives or commission, with respect to any and all such injury, paralysis, dismemberment, property damage, death or loss.
6. I will inform my child that he/she must follow all Explorer Program safety rules as well as any other rules or directions given during participation in the Program. My child and I (we) realize that participation in all Explorer Program activities are voluntary.

Student's Name

Student's Date of Birth

This is to certify that I _____ am the parent or legal guardian of the above-listed minor child, and being fully aware of the activities of the Explorer Program and the risks involved to its participants, AUTHORIZE the participation of the child in said program. Furthermore, I do CONSENT to his/her Waiver and Release as set forth above.

Parent and/or Legal Guardian

Date

AUTHORIZATION FOR MEDICAL TREATMENT OF PROGRAM PARTICIPANT

As Parent and/or Legal Guardian of _____, I hereby give authorization to a physician, paramedic, surgeon or licensed practitioner of medicine to give care and/or emergency medical treatment to _____ when/if necessary, while he/she is enrolled and/or participating in the Explorer Program sponsored by the City of Pompano Beach.

I understand and agree that any expenditure incurred for the care and transportation of the above named minor is my responsibility.

Parent and/or Legal Guardian

Date

Telephone Number