

EXPLORER GIRLS
Independent Bible Church
Box 182, Willow Grove, PA 19090

REGISTRATION & MEDICAL INFORMATION FORM

Registration Fee:
\$10.00 per child

Girl's Name 1) _____ Grade: _____ Age: _____ Birthday: _____

Girl's Name 2) _____ Grade: _____ Age: _____ Birthday: _____

Girl's Name 3) _____ Grade: _____ Age: _____ Birthday: _____

Address: (Street) _____

(City) _____ (State) _____ (Zip) _____

Home Phone #: (____) _____ - _____ E-Mail: _____

Business Phone: (____) _____ - _____ Other: _____

Church Affiliation: _____

Parents or Guardians

Name(s): _____

Relationship: _____

Friends or relatives, who can care for your child if you cannot be reached:

Name: _____

Relationship: _____

Phone #: (____) _____ - _____

By signing this form, you give your permission for photographs taken of your daughter to be used by Explorer Girls, Inc. in their promotional publications.

Medical Information:

Doctor: _____ Phone #: (____) _____ - _____

Medical Insurance: _____

Policy Number: _____ Group Number: _____

Policy Holder: _____

List of any health conditions, allergies or special needs that we should be aware of: _____

If the Explorer Girls' leaders are unable to reach those persons listed above, including a doctor, I hereby authorize them to make whatever arrangements deemed necessary, in an emergency, to obtain medical treatment for my child. I agree to be financially responsible for any costs thereby incurred.

Signature of Parent or Guardian: _____ **Date:** _____