

**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:** \_\_\_\_\_