

# Basic Training :: Application

King County  
Explorer Search and Rescue  
PO Box 1266 - North Bend, WA 98045



## Personal Information (please print)

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Initial

\_\_\_\_\_  
Date of Birth

I have completed the 8<sup>th</sup> grade.

  M  /  F    
Gender

## Contact Information

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

(    ) - (    ) - (    )  
Home Phone                      Cell Phone                      Work Phone

\_\_\_\_\_  
Ham Call

\_\_\_\_\_  
Email

Please do not include me in a new trainees mailing list

## Medical Information (optional)

Allergies: \_\_\_\_\_  
Regular Medications: \_\_\_\_\_

Medical/Physical Conditions which may affect participation in ESAR activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Emergency Contacts

Name	Phone Number
_____	_____
_____	_____
_____	_____

## Parental Consent (for trainees under 18 years old)

I, \_\_\_\_\_ (Parent/Guardian), acknowledge my child's participation in King County Explorer Search and Rescue training. In the event of injury, I consent to non-emergency care being performed by the course's training staff.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Signature of Participant

I certify that the above information has been filled out truthfully and to the best of my ability.

Trainee Signature: \_\_\_\_\_ Date: \_\_\_\_\_