

Tulare Police Department

Explorer Post #299
260 S. M Street
Tulare, CA 93274
559-684-4290

Complete Physical

(TO BE COMPLETED BY DOCTOR)

NAME: _____

DATE: _____

D.O.B. / AGE: _____

SYSTEMS:

CARDIAC:

- A. CHEST PAINS YES _____ NO _____
- B. SWOLLEN ANKLE/FEET YES _____ NO _____
- C. BLOOD PRESSURE _____ / _____

MUSCULO SKELETAL:

NORMAL / ABNORMAL
(PLEASE CHECK ONE)

- A. HEAD _____ / _____
- B. NECK _____ / _____
- C. ARMS _____ / _____
- D. HANDS _____ / _____
- E. LEGS/KNEES _____ / _____

IN YOUR OPINION, IS THIS PERSON ABLE TO PERFORM FOUR (4) LONG DAYS OF PHYSICAL ACTIVITY INVOLVING
RUNNING, JUMPING, AND OTHER STRENUOUS ACTIVITIES?

YES _____ No _____

OFFICE / DOCTOR'S NAME: _____

DOCTOR'S SIGNATURE: _____ DATE _____

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Hold-Harmless / Release Form

The undersigned, parents or guardians of _____, a participant of
 _____ ***Tulare Police Explorer Program*** _____, Post No. _____ **299** _____, hereby indemnifies and
 holds harmless the _____ ***Tulare Police Explorer Program*** _____, its agencies and employees,
 specifically including any and all police officers or personnel involved with the supervision and control of the
 _____ ***Tulare Police Explorer Program*** _____ Explorer Post No. _____ **299** _____ from any claims
 of any kind whatsoever or of any nature for injury to the person or damage to the property of _____
 _____, his/her parents, siblings, or heirs. This indemnity and hold-harmless
 agreement shall be considered a complete and total waiver of any legal and all liability on the part of the
 township/city of ***Tulare*** _____, its servants, agents, or employees, and particularly the police officers engaged
 in the supervision and control as set forth herein above.

Explorer's Signature

Date

Parent's Signature

Date

(Required if explorer is under 18 years of age)

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Emergency Information & Contact List

EXPLORER NAME: _____ GENDER: MALE FEMALE

BIRTH DATE: _____ SOCIAL SECURITY #: _____

ADDRESS (NUMBER & STREET): _____

(CITY, STATE ZIP): _____

TELEPHONE NUMBERS: HOME: _____

EXPLORER'S CELL: _____

PHYSICIAN'S NAME: _____ PHYSICIAN'S PHONE #: _____

NAME OF PARENT/GUARDIAN: _____ AT HOME: NO YES

PLACE OF BUSINESS: _____

BUSINESS PHONE #(S): _____

CELL PHONE #(S): _____

NAME OF PARENT/GUARDIAN: _____ AT HOME: NO YES

PLACE OF BUSINESS: _____

BUSINESS PHONE #(S): _____

CELL PHONE #(S): _____

OTHER RESPONSIBLE PERSON: _____

RELATIONSHIP: _____

ADDRESS: _____

HOME PHONE #: _____

CELL PHONE #: _____

TODAY'S DATE: _____

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**Tulare Police Explorer Post #299
Release of Information**

I AUTHORIZE _____ TO RELEASE ANY AND ALL
(SCHOOL NAME)

INFORMATION TO THE TULARE POLICE EXPLORER POST ADVISORS, REGARDING GRADES,

ATTENDANCE, AND ANY DISCIPLINE PROBLEMS FOR _____
(EXPLORER'S NAME)

PARENT/GUARDIAN SIGNATURE

DATE

EXPLORER SIGNATURE

DATE

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Tulare Police Explorer Post #299 Medical Release Form

I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY THE ADULT LEADER IN CHARGE OF THE EXPLORER POST #299, TO HOSPITALIZE, SECURE PROPER ANESTHESIA OR TO ORDER INJECTION OR SURGERY FOR EXPLORER LISTED BELOW. I DO NOT HOLD THE TULARE POLICE DEPARTMENT OR THE TULARE POLICE EXPLORER POST #299 LIABLE FOR ANY OCCURRENCES RESULTING FROM HIS/HER PARTICIPATION WHILE AT ANY IN TOWN OR OUT OF TOWN EXPLORER ACTIVITIES.

EXPLORER NAME: _____

PARENT/GUARDIAN (PRINT NAME): _____

PARENT/GUARDIAN (SIGNATURE): _____

IN CASE OF AN EMERGENCY, CONTACT:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY: _____

PHONE NUMBER: _____

OTHER MEANS OF CONTACT: _____

ALLERGIES: YES NO

IF "YES", EXPLAIN: _____

EXPLORER _____ IS REQUIRED TO TAKE THE FOLLOWING
MEDICATION(S): _____

THE DOSAGE IS: _____

THE REASON IS: _____

TODAY'S DATE: _____

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Explorer Uniform Requirements

ALL EXPLORERS UPON ACCEPTANCE TO THE PROGRAM ARE REQUIRED TO PURCHASE AND WEAR A REGULATION EXPLORER UNIFORM. THIS UNIFORM WILL BE MANDATORY ON ALL POST ASSIGNMENTS AND MEETINGS, UNLESS OTHERWISE STATED BY THE UNIT ADVISOR.

THE FOLLOWING IS A PRICE LIST OF ALL REQUIRED EQUIPMENT. ***ALL PRICES ARE SUBJECT TO CHANGE*** THE PRICES ARE FROM: **VALLEY UNIFORM CENTER** LOCATED AT **1841 S. MOONEY BLVD** IN VISALIA WITH TELEPHONE NUMBER: **559-739-8939**. STAFF AT THE UNIFORM SHOP WILL HAVE A CURRENT LIST OF TULARE POLICE EXPLORER UNIFORM REQUIREMENTS. (**20% OFF DUTY ITEMS AND BOOTS**)

CLASS A UNIFORM:

SHIRT (SHORT SLEEVE): TACT SQUAD 100% POLYESTER, #8012LB	
S-XL	\$23.99
2XL (18 ½) & UP	\$27.99
SHIRT (LONG SLEEVE): TACT SQUAD 100% POLYESTER, #8002LB	
S-XL	\$25.99
2XL (18 ½) & UP	\$30.99
GOLD "P" BUTTONS, DEPARTMENT PATCHES, EXPLORER TABS, EXPLORER BADGE	N/C
PANTS: NAVY BLUE 100% POLY PANT, (ALL SIZES)	\$45.99
TACT SQUAD #7003N/UNITED	
BELT: BASKET WEAVE, 1 ½"	\$22.50
NAMETAG: GOLD/BLACK (A. NAME)	\$7.00
WHISTLE CHAIN: SILVER	\$6.99
WHISTLE: SILVER	\$3.00
TIE: BLACK	\$6.00
TIE BAR: GOLD	\$3.00
JACKET: TACT SQUAD, BOMBER JACKET, #1001B	\$45.99
DEPARTMENT PATCHES, EXPLORER TABS, EXPLORER BADGE	N/C

CLASS B UNIFORM:

PANT: 511 TDU PANT, TWILL BLUE #74003	
XS-2XL	\$49.99
3XL-4XL	\$59.99
HEM INCLUDED	N/C
POLO SHIRT:	
S-XL	\$26.99
2XL (18 ½) & UP	\$37.99
EMBROIDERY: TULARE PD BADGE, LEFT CHEST	
EXPLORER, DARK NAVY ABOVE BADGE	