

Federal Way Police Explorer Challenge  
**CRIME SCENE TRAINING**  
**REGISTRATION FORM**

AGENCY NAME \_\_\_\_\_ POST # \_\_\_\_\_

ADDRESS /PHONE \_\_\_\_\_

ADVISOR ATTENDING \_\_\_\_\_

ADVISOR EMAIL ADDRESS \_\_\_\_\_

Names must be **PRINTED IN ALL CAPS**

	LAST NAME	FIRST NAME	MI	M/F		Shirt Size
1	SMITH	JOHNNY	R	M		<input checked="" type="radio"/> M L XL <b>2XL</b>
<b>1</b>						M L XL <b>2XL</b>
<b>2</b>						M L XL 2XL
<b>3</b>						M L XL 2XL
<b>4</b>						M L XL 2XL
<b>5</b>						M L XL 2XL
<b>6</b>						M L XL 2XL
<b>7</b>						M L XL 2XL
<b>8</b>						M L XL 2XL
<b>9</b>						M L XL 2XL
<b>10</b>						M L XL 2XL

**FIRST 4 WILL BE GUARANTEED AND REMAINDER WILL BE ADDED AFTER NOVEMBER 1<sup>ST</sup> IF SPACE AVAILABLE**



**Federal Way Department of Public Safety  
33325 8<sup>th</sup> Ave S  
Federal Way, WA 98003  
(253) 835-6700**

## Permission Slip

I, \_\_\_\_\_, give my permission for my son/daughter to attend and participate in the Federal Way Challenge sponsored by the Federal Way Police Department. I understand the Federal Way Police Department, The Federal Way School District, and the City of Federal Way will not be liable for any injuries, accidents, or property damage that occur to my child while he/she attends this function. Further, authorization is hereby granted to secure medical attention and/or hospitalization of my son/daughter in the event of a medical emergency.

\_\_\_\_\_  
Parent/Guardian (if participant is under 18)

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Doctor

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Medical Insurance Company  
Policy Number

\_\_\_\_\_  
Post / Dept Name

Make copies if necessary and everyone attending must complete and bring this form to the event.