

YOUTH REGISTRATION FORM

TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN



Youth's First Name		Middle Initial	Last Name		Phone Number ()
Address			City	State	Zip Code
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Grade	Name of School	Family E-Mail Address	
Membership Status: <input type="checkbox"/> New member <input type="checkbox"/> Renewing member Program _____					

Furnishing this information is optional; it is desired only for statistical purposes. Responses will not affect the applicant's qualification to become a member.

Ethnic/Racial: Black/African-American Hispanic White/Caucasian Native American Asian Multi Racial Native Hawaiian/Pacific Islander Other _____

Disabilities:
 Physical (specify): _____ Total # in family: _____
 Developmental (specify): _____ 2-3 4-5 6-8 over 8
 Other (specify): _____ Household income: under \$15,000 \$15,001-\$25,000 \$25,001-\$40,000 \$40,001-\$55,000 \$55,001-\$70,000 over \$70,000

Other information you want to share _____

List specific activities the applicant should not participate in _____

List allergies or physical/health limitations _____

Father's or guardian's name _____ Mother's or guardian's name _____
 Address and phone (if different from child) _____ Address and phone (if different from child) _____

Employer _____ Employer _____
 Day Phone # () _____ Day Phone # () _____
 Occupation _____ Occupation _____

Emergency Contact Name: _____ Alternate Emergency Contact Name: _____
 Address: _____ Address: _____
 City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Relationship: _____ Phone: _____ Relationship: _____

PARENT/LEGAL GUARDIAN PERMISSION

I give my permission that my child (or ward) become a member of the Camp Fire council. I will assist in observing the rules of the council, and I waive any claims against Camp Fire and the council except for claims arising from gross negligence or willful acts of the council or its agents that may arise from participation in the activities of the Camp Fire council. I understand that reasonable measures will be taken to safeguard the health and safety of all participants and that I will be notified as soon as possible in case of any emergency affecting my child (or ward). In the event I cannot be reached in an emergency, I hereby authorize the calling of a physician to provide whatever emergency medical or surgical treatment is necessary. I accept responsibility for the cost of such medical treatments.
 You have my permission to use photographs in which my child (or ward) appears for Camp Fire publicity: Yes No
 Date _____ Signature of Parent or Legal Guardian _____

Parents - we can use your services!
 Please tell us if you can:

Be a volunteer
 Help with product sale
 Drive for outings
 Help at meetings
 Arrange for trips or special events
 Other _____
 Are you a former Camp Fire member?
 Yes No

Persons authorized to pick up my child include:

Name: _____
 Relationship: _____
 Name: _____
 Relationship: _____

Any specific person NOT authorized to pick up my child:

Name: _____
 Relationship: _____

AMOUNTS ATTACHED

Make checks payable to the council.
 Membership dues _____
 Registration/Program fees _____
 Other _____
 Received by: _____ TOTAL \$ _____

For Office Use:
 Program _____
 Site _____
 Notes _____