

YOUTH REGISTRATION FORM

TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN

Please return this form to: Club@campfiresnoco.org



Camp Fire

Light the fire within

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	Name of School		Grade	Family E-Mail Address	

Membership Status: New member 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: <input type="checkbox"/> Black/African-American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> White/Caucasian	Total # in family:	<input type="checkbox"/> under \$15,000
<input type="checkbox"/> Native American	<input type="checkbox"/> Asian	<input type="checkbox"/> Multi Racial	<input type="checkbox"/> 2-3	<input type="checkbox"/> \$15,001-\$25,000
<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Other _____		<input type="checkbox"/> 4-5	<input type="checkbox"/> \$25,001-\$40,000
Disabilities:			<input type="checkbox"/> 6-8	<input type="checkbox"/> \$40,001-\$55,000
<input type="checkbox"/> Physical (specify): _____			<input type="checkbox"/> over 8	<input type="checkbox"/> \$55,001-\$70,000
<input type="checkbox"/> Developmental (specify): _____			prefer not to answer	<input type="checkbox"/> over \$70,000
<input type="checkbox"/> Other (specify): _____				prefer not to answer

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

TOTAL \$ _____

Received by: _____

For Office Use:

Program _____

Site _____

Notes _____