



# 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 <input type="checkbox"/> 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): \_\_\_\_\_  
 Developmental (specify): \_\_\_\_\_  
 Other (specify): \_\_\_\_\_

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 \_\_\_\_\_ TOTAL \$ \_\_\_\_\_  
 Received by: \_\_\_\_\_

For Office Use:

Program \_\_\_\_\_  
 Site \_\_\_\_\_  
 Notes \_\_\_\_\_