



YOUTH REGISTRATION FORM

TO BE FILLED OUT 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
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Membership Status: New member Renewing member

Program: Club Child care Camping Self-reliance Teens in Action Other _____

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"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Other _____	Total # in family: <input type="checkbox"/> 2-3 <input type="checkbox"/> 4-5 <input type="checkbox"/> 6-8 <input type="checkbox"/> over 8	Household income: <input type="checkbox"/> under \$15,000 <input type="checkbox"/> \$15,001-\$25,000 <input type="checkbox"/> \$25,001-\$35,000 <input type="checkbox"/> \$35,001-\$45,000 <input type="checkbox"/> \$45,000-\$55,000 <input type="checkbox"/> over \$55,000
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Disabilities:
 Physical (specify): _____
 Developmental (specify): _____
 Other (specify): _____

Religious Preference: _____

List specific activities the applicant should not participate in _____

List allergies or physical/health limitations _____

Father's or guardian's name _____ Address and phone (if different from child) _____ Employer _____ Work Phone # (____) _____ Occupation _____ Hobbies/Interests/Clubs _____	Mother's or guardian's name _____ Address and phone (if different from child) _____ Employer _____ Work Phone # (____) _____ Occupation _____ Hobbies/Interests/Clubs _____
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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 USA council. I will assist in observing the rules of the council, and I waive any claims against Camp Fire USA 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 USA 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 USA publicity: Yes No

Date _____ Signature of Parent or Legal Guardian _____

For office use only:

Area/ASU _____

Leader _____

Starflight Discovery
 Adventure Horizon

Child Care: Site _____

We can use your services! Please tell us if you can:

Be a leader
 Help with product sale
 Drive for outings
 Help at meetings
 Keep records
 Telephone for activities
 Arrange trips or events

Are you a former Camp Fire USA 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: _____
(Signature of Leader and/or Program Director)

Date _____