

Annual Registration Form

September 1, 2009-August 31, 2010

This registration form is to be filled out by parent or guardian.



Family Name: _____

Home Phone: _____

Address: _____

County: _____

New Membership Renewing Membership

Adults / Guardians *(Must be completed for emergency purposes)*

Last Name: _____ First Name: _____ Male or Female Birth date: ___/___/___

Occupation: _____

Employer: _____

Email: _____

Work Phone: _____ Mobile: _____

Club ID#: _____ Position(s): Leader Steward Volunteer Other: _____

Circle Race (optional):

Caucasian Black Native American Asian Hispanic/Latino Multi Other

Special Need (optional): _____

Last Name: _____ First Name: _____ Male or Female Birth date: ___/___/___

Occupation: _____

Employer: _____

Email: _____

Work Phone: _____ Mobile: _____

Club ID#: _____ Position(s): Leader Steward Volunteer Other: _____

Circle Race (optional):

Caucasian Black Native American Asian Hispanic/Latino Multi Other

Special Need (optional): _____

Youth Club Members

Last Name: _____ First Name: _____ Male or Female Birth date: ___/___/___

Age: _____ Grade: _____ School: _____

Traditional / Outdoor Club Leader: _____

FNC ("CF Kids Unplugged") Steward: _____

Circle Race (optional):

Caucasian Black Native American Asian Hispanic/Latino Multi Other

Special Need (optional): _____

Last Name: _____ First Name: _____ Male or Female Birth date: ___/___/___

Age: _____ Grade: _____ School: _____

Traditional / Outdoor Club Leader: _____

FNC ("CF Kids Unplugged") Steward: _____

Circle Race (optional):

Caucasian Black Native American Asian Hispanic/Latino Multi Other

Special Need (optional): _____

Last Name: _____ First Name: _____ Male or Female Birth date: ___/___/___

Age: _____ Grade: _____ School: _____

Traditional / Outdoor Club Leader: _____

FNC ("CF Kids Unplugged") Steward: _____

Circle Race (optional):

Caucasian Black Native American Asian Hispanic/Latino Multi Other

Special Need (optional): _____

Siblings or other family members who may participate (for \$30 family membership)

Name _____ Relationship _____ Birth date: ___/___/___

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Name _____ Relationship _____ Birth date: ___/___/___

Emergency Contacts (If for child, Parent or Guardian will be contacted first)

Name: _____ Relationship to youth: _____ Phone: _____ Alternative Phone _____

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Person(s) NOT authorized to pick up my children: 1. _____ 2. _____

Family Information (optional)

Program Fees

Number in Household: _____

Household Income: under \$15,000
 \$15,001-\$25,000
 \$25,001-\$35,000
 \$35,001-\$45,000
 \$45,001-\$55,000
 \$55,001 and above

Household Structure: Two Parent
 One Parent
 Foster Parent
 Guardianship

Family Fee \$30.00 per family	\$
-- OR --	
Individual Fee \$15.00 per individual	\$
Donation	\$
Total \$ Amount Remitted:	\$

Requesting Financial Assistance and have completed the Scholarship Request Form

I have enclosed a check in the amount of \$ _____

Please bill my Visa MasterCard

Account Number: _____ Exp _____

Name on Account: _____

Parental / Legal Guardian Permission for Child

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 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). I understand that this information may be used by any person who may be responsible for attending to a medical related incident that occurs during a Camp Fire USA event. In the event I cannot be reached in an emergency, I hereby authorize the emergency contact people to act on my behalf, and authorize calling a physician to provide whatever emergency medical or surgical treatment is necessary. I accept responsibility of the cost of such medical treatment.

I hereby agree and consent that Camp Fire USA may publish, broadcast and/or copyright for all purposes, my statements and/or pictures taken of me, my child and/or my property for advertising and public relations purposes, and I waive all claims for any compensation for such use. Yes No

Date: _____ **Signature of Parent/Guardian:** _____