

STAFF/LEADER _____
 COPY OF INSURANCE _____
 SS# _____

STARFLIGHT/RESIDENT
 CAMP FEES \$ _____

\$ _____ T-SHIRT SIZE _____ YS YM YL AS AM AL XL 2X 3X

PHOTO \$ _____

STORE CARD \$ _____

TOTAL FEES \$ _____

CAMPER'S NAME _____ PHONE () _____

ADDRESS _____ CITY _____ STATE/ZIP _____

I AUTHORIZE CAMP FIRE USA TESUYA COUNCIL TO RELEASE PICTURES, PHOTOGRAPHS, SLIDES AND MOVIES TAKEN OF MYSELF FOR PUBLICITY AND PUBLICATION.

IN CASE OF EMERGENCY, CONTACT _____ PHONE() _____

ADDRESS _____
 ALTERNATE EMERGENCY CONTACT _____
 PHONE() _____

I DO NOT HOLD THE CAMP OR CAMP FIRE USA TESUYA COUNCIL BOARD OF DIRECTORS. EXECUTIVE DIRECTOR, LEADER OR GROUP RESPONSIBLE FOR ACCIDENT OR ILLNESS AND IF NECESSARY, I AUTHORIZE THE CAMP DIRECTORS TO SEEK MEDICAL ATTENTION AT MY EXPENSE.

SIGNATURE _____ DATE _____

