



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
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Grade	Name of School
Membership Status: <input type="checkbox"/> New member <input type="checkbox"/> Renewing member Program: <input type="checkbox"/> Club <input type="checkbox"/> Child care <input type="checkbox"/> Camping <input type="checkbox"/> Self-reliance <input type="checkbox"/> Teens in Action <input type="checkbox"/> Other _____			
<i>Furnishing this information is optional; it is desired only for statistical purposes. Responses will not affect the applicant's qualification to become a member.</i>			
Ethnic/Racial:		Total # in family:	
<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 _____		<input type="checkbox"/> 2-3 <input type="checkbox"/> under \$15,000 <input type="checkbox"/> 4-5 <input type="checkbox"/> \$15,001-\$25,000 <input type="checkbox"/> 6-8 <input type="checkbox"/> \$25,001-\$35,000 <input type="checkbox"/> over 8 <input type="checkbox"/> \$35,001-\$45,000 <input type="checkbox"/> over \$55,000 <input type="checkbox"/> \$45,000-\$55,000	
Disabilities: <input type="checkbox"/> Physical (specify): _____ <input type="checkbox"/> Developmental (specify): _____ <input type="checkbox"/> 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) _____

Mother's or guardian's name _____
Address and phone (if different from child) _____

Employer _____
Work Phone # () _____
Occupation _____
Hobbies/Interests/Clubs _____

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

Emergency Contact
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Relationship: _____

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/SU _____
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 _____

Received by: _____
 (Signature of Leader and/or Program Director)
 Date _____

TOTAL \$ _____