

RESIDENT



Camp Fire USA
Today's kids. Tomorrow's leaders.
TESUYA COUNCIL

SS# _____

COPY OF CAMPER'S INSURANCE CARD _____

STARLIGHT RESIDENT

CAMP FEES \$ _____ SR FEES \$ _____

\$ 8.00 T-SHIRT SIZE _____ YS _____ YM _____ YL _____ AS _____ AM _____ AL _____ XL _____ 2X _____ 3X _____

STORE CARD \$ _____

TOTAL FEES \$ _____

CAMPER'S NAME _____ CITY _____
ADDRESS _____ GRADE COMPLETED _____ PHONE (_____) _____
DATE OF BIRTH _____ LEADER _____

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

MY CHILD HAS PERMISSION TO SWIM AT CAMP YES _____ NO _____
WHILE MY CHILD IS AT CAMP TESUYA I CAN BE REACHED, IN CASE OF EMERGENCY AT THE FOLLOWING
ADDRESS _____ PHONE (_____) _____
IF I CANNOT BE REACHED PLEASE CALL _____ PHONE (_____) _____

THE FOLLOWING ADULTS ARE AUTHORIZED TO PICK UP MY CHILD FROM CAMP _____

(PLEASE INFORM THESE ADULTS THEY MAY BE ASKED TO SHOW IDENTIFICATION)

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 OF PARENT/GUARDIAN _____ DATE _____



A United Way Participating Agency