



YOUTH REGISTRATION

TO BE FILLED OUT BY PARENT OR LEGAL GUARDIAN

Membership Year 2011-2012

Club Name _____

Leader of Record _____

Area: Bend Redmond Sisters Prineville

Youth Last Name First Name Middle Initial Phone Number

Mailing Address City State Zip Code

Family email: _____

Gender: M F Date of Birth _____ Grade _____ School _____

List specific Activities the applicant should not participate in _____

List Allergies or physical/health limitations _____

Father or Guardian's Name _____ Mother or Guardians Name _____

Address (if different) _____ Address (if different) _____

Employer _____ Employer _____

Work Phone _____ Cell Phone _____ Work Phone _____ Cell Phone _____

Occupation _____ Occupation _____

Hobbies/Interests/ Other Organizations _____ Hobbies/Interests/Other Organizations _____

Our mission:
"Camp Fire USA builds caring, confident youth and future leaders."

- Program:**
- Little Stars
 - Starflight
 - Adventure
 - Discovery
 - Horizon
 - Teens in Action
 - Staff
 - Other _____

Membership Status:
 New Returning Limited

Membership Fee: (membership year =9/1-8/31)
\$30- Before 10-14-11
\$35- After 10-14-11

Optional: for statistical purposes only

Ethnic/Racial: <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian	<input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> Other	Disabilities: <input type="checkbox"/> Physical <input type="checkbox"/> Developmental <input type="checkbox"/> Other (specify) _____	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"/> \$15,000-\$25,000 <input type="checkbox"/> \$25,000-\$35,000 <input type="checkbox"/> \$35,000-\$45,000 <input type="checkbox"/> over \$55,000
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Religious Preference: _____

Emergency Contact:
Name _____ Address _____

City: _____ State _____ Zip _____ Phone (_____) _____ Relationship _____

I give permission for my child (or ward) to become a member of Camp Fire USA Central Oregon. 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 Central Oregon 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 of an emergency and I cannot be reached 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.

I give permission to use photographs in which my child (or ward) appear for Camp Fire USA publicity. ___Yes ___ No

Staff use only:

<input type="checkbox"/> Receipt #	_____
<input type="checkbox"/> Service Center	_____
<input type="checkbox"/> Council Office	_____
<input type="checkbox"/> Data Entry	_____

Date and Initial

Signature _____ Date _____