



YOUTH REGISTRATION

TO BE FILLED OUT BY PARENT OR LEGAL GUARDIAN

Youth's 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 Guardian's Name _____

Address and Phone (if different) _____ Address and Phone (if different) _____

Employer _____ Employer _____

Work Phone _____ Work Phone _____

Occupation _____ Occupation _____

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

Emergency Contact: _____ The following individuals are permitted to pick up my child:
Name _____ Name _____
Address _____ Name _____
City _____ State _____ Zip _____ Name _____
Phone () _____ Relationship _____ Name _____

Optional: for statistical purposes only

Ethnic/Racial:	Disabilities:	Total # in family:	Household income:
<input type="checkbox"/> Black	<input type="checkbox"/> Physical	<input type="checkbox"/> 2-3	<input type="checkbox"/> under \$15,000
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Developmental	<input type="checkbox"/> 4-5	<input type="checkbox"/> \$15,000-\$25,000
<input type="checkbox"/> Asian	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> 6-8	<input type="checkbox"/> \$25,000-\$35,000
		<input type="checkbox"/> over 8	<input type="checkbox"/> \$35,000-\$45,000
			<input type="checkbox"/> over \$45,000

Religious Preference: _____

PARENT/LEGAL GUARDIAN PERMISSION

I give permission for my child (or ward) to become a member of Camp Fire USA Central Oregon 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 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) appears for Camp Fire USA publicity. Yes No

Signature _____ Date _____

Membership Year _____

Club Name _____

Leader of Record _____

Area: _____

Our mission:

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

Program

- Club: Starflight Little Sparks
 Adventure Teens In Action
 Discovery
 Horizon
 Community Family

Membership Status:

- New Returning Limited

Membership Fee: (membership year =9/1-8/31)

- Full, 9/1-10/15 (\$25.00)
 Full, 10/15-8/31 (\$30.00)

Leader Use:

Amount collected _____
Date _____ By _____

Staff use only:

Date and Initial

- Receipt # _____
 Service Center _____
 Council Office _____
 Data Entry _____

3 copies: office – leader - member