

YOUTH REGISTRATION FORM

TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN

Youth's First Name		Middle Initial	Last Name		Phone Number ()
Address			City	State	Zip Code
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Grade	Name of School		Family E-Mail Address
Membership Status: <input type="checkbox"/> New member <input type="checkbox"/> Renewing member Program _____					
<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"/> Black/African-American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> 2-3	<input type="checkbox"/> under \$15,000	
<input type="checkbox"/> Native American	<input type="checkbox"/> Asian	<input type="checkbox"/> Multi Racial	<input type="checkbox"/> 4-5	<input type="checkbox"/> \$15,001-\$25,000	
<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Other _____		<input type="checkbox"/> 6-8	<input type="checkbox"/> \$25,001-\$40,000	
Disabilities:			<input type="checkbox"/> over 8	<input type="checkbox"/> \$40,001-\$55,000	
<input type="checkbox"/> Physical (specify): _____				<input type="checkbox"/> \$55,001-\$70,000	
<input type="checkbox"/> Developmental (specify): _____				<input type="checkbox"/> over \$70,000	
<input type="checkbox"/> Other (specify): _____					
Other information you want to share _____					

List specific activities the applicant should not participate in _____

List allergies or physical/health limitations _____

Father's or guardian's name _____ Mother's or guardian's name _____

Address and phone (if different from child) _____ Address and phone (if different from child) _____

Employer _____ Employer _____

Day Phone # (____) _____ Day Phone # (____) _____

Occupation _____ Occupation _____

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

PARENT/LEGAL GUARDIAN PERMISSION

I give my permission that my child (or ward) become a member of the Camp Fire Council. I will assist in observing the rules of the council, and I waive any claims against Camp Fire 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 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 publicity: Yes No

Date _____ Signature of Parent or Legal Guardian _____

Community Partners:
Camp Fire NCW, Children's Home Society of Washington. Chamber of Commerce, Educational Services District, Skill Source, and Wenatchee Valley YMCA

Parents - we can use your services! Please tell us if you can:

- Be a volunteer
- Help with Fund raising
- Drive for outings
- Help at meetings
- Arrange for trips or special events
- Other _____

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 (if you would like to donate to this program)

Make checks payable to the council. _____

TOTAL \$ _____

Received by: _____

For Office Use:
Program _____
Site _____
Notes _____