



YOUTH REGISTRATION FORM

To be filled out by Parent or Legal Guardian

Membership Dues:

Youth Member \$12.00

Youth's Last Name	First Name	Middle Initial	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Address	City	State	Zip Code	Phone Number	

FOR OFFICE USE ONLY:

AREA/ASU: _____

Leader: _____

Starflight Discovery

Adventure Horizon

Child Care: _____

Site: _____

Membership Status: New Member Renewing Member

Program: Club Child Care Camping Self-Reliance Teens In Action Other

Furnishing the following information is optional; it is desired only for statistical purposes. Responses will not affect the applicant's qualification to become a member.

Ethnic/Racial: Black Hispanic Caucasian Native American Asian Other _____

Disabilities:	Total # in Family:	Household Income:
<input type="checkbox"/> Physical (specify) _____	<input type="checkbox"/> 2 to 3	<input type="checkbox"/> Under \$15,000
<input type="checkbox"/> Developmental (specify) _____	<input type="checkbox"/> 4 to 5	<input type="checkbox"/> \$15,001 to \$25,000
<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> 6 to 8	<input type="checkbox"/> \$25,001 to \$35,000
	<input type="checkbox"/> Over 8	<input type="checkbox"/> \$35,001 to \$45,000
		<input type="checkbox"/> \$45,001 to \$55,000
		<input type="checkbox"/> Over \$55,000

Religious Preference: _____

Parents/Guardians, we can use your services! Please let us know if you can:

Be a leader

Help with Product Sales

Drive for outings

Help at meetings

Keep records

Telephone for activities

Arrange trip or events

Other _____

Are you a former Camp Fire USA member? Yes No

List specific activities the applicant should NOT participate in: _____

List allergies or physical/health limitations: _____

Father or Guardian's Info (address/phone if different from child) Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ - - - - - Work Phone: _____ - - - - - Employer: _____ Occupation: _____ Hobbies/Interests/Clubs: _____	Mother or Guardian's Info (address/phone if different from child) Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ - - - - - Work Phone: _____ - - - - - Employer: _____ Occupation: _____ Hobbies/Interests/Clubs: _____
Emergency Contact Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ - - - - - Relationship: _____	Alternate Emergency Contact Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ - - - - - Relationship: _____

Persons Authorized to pick up my child include:

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Any specific person NOT authorized to pick up my child:

Name: _____

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 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

Signature _____ Date: _____

AMOUNT ATTACHED

Membership Dues: \$ _____

Program Fees: _____

Other _____

TOTAL: \$ _____

Received by: _____