

# ADULT REGISTRATION



## Camp Fire USA Orca Council

3555 McKinley Ave. E.  
Tacoma, WA 98404--2162

(253) 597-6234  
(253) 597-6420 Fax  
info@campfireusaorca.org

Membership Status:  Renewing  New

Program and Position: \_\_\_\_\_

Mr.  Mrs.  Ms.  Miss

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I: \_\_\_\_\_ Mem # \_\_\_\_\_

Family ID#: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_ County: \_\_\_\_\_

**Phone Numbers** Work: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Pager: \_\_\_\_\_

**Associated Organizations**

Organization Name	Title	Association
_____	_____	_____
_____	_____	_____

**Spouse** Name: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Associations: \_\_\_\_\_

Work: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Pager: \_\_\_\_\_

**Demographics** *Information which greatly assists our funding (optional)*

<b>Ethnic/Racial:</b>	<b>Household Income:</b>	<b>Household Structure:</b>
<input type="checkbox"/> African American	<input type="checkbox"/> under \$15,000	<input type="checkbox"/> 2 Parent Household
<input type="checkbox"/> Asian	<input type="checkbox"/> 15,001-\$25,000	<input type="checkbox"/> Foster Parents
<input type="checkbox"/> Caucasian	<input type="checkbox"/> 25,001-\$35,000	<input type="checkbox"/> Guardianship
<input type="checkbox"/> Hispanic	<input type="checkbox"/> 35,001-\$45,000	<input type="checkbox"/> Single Parent Hous
<input type="checkbox"/> Multi	<input type="checkbox"/> 45,001-\$55,000	
<input type="checkbox"/> Native American	<input type="checkbox"/> over \$55,000	
<input type="checkbox"/> Other		

**Primary Language:** \_\_\_\_\_  
**Special Needs:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contacts**

Last Name: \_\_\_\_\_ First Name(s): \_\_\_\_\_ Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Relationship: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name(s): \_\_\_\_\_ Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Amounts Attached** Make checks payable to the council.

Program fees \_\_\_\_\_  
Other \_\_\_\_\_ Received by: \_\_\_\_\_  
**TOTAL \$** \_\_\_\_\_ Date: \_\_\_\_\_

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 the Camp Fire council. I understand that reasonable measures will be taken to safeguard the health and safety of all participants and that my emergency contact will be notified as soon as possible in case of any emergency. In the event he or she 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.

➔ **Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_