

ADULT REGISTRATION



**Camp Fire USA
Orca Council**

PO Box 18170
Tacoma, WA 98419

(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)*

Ethnic/Racial: African American Asian Caucasian Hispanic Multi Native American Other

Household Income: under \$15,000 15,001-\$25,000 25,001-\$35,000 35,001-\$45,000 45,001-\$55,000 over \$55,000

Household Structure: 2 Parent Household Foster Parents Guardianship Single Parent Hous

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:** _____