

**Camp Fire USA Orca Council
MEMBER REGISTRATION**



Membership Status: New Youth
 Renewing Adult (18+ Years)

First Name: _____ Last Name: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

County: _____ Gender: _____ Birthdate: ____/____/____ Age: _____

School: _____ Grade: _____ Camp Nick Name: _____

Parent/Guardian Info *Or if 18+ years, please provide two additional contacts i.e. spouse, partner, family friend ect.

(1) First Name: _____ Last Name: _____ Gender: _____

Cell Phone: _____ Work Phone: _____ Email: _____

Employer: _____ Occupation: _____

(2) First Name: _____ Last Name: _____ Gender: _____

Cell Phone: _____ Work Phone: _____ Email: _____

Employer: _____ Occupation: _____

Demographics Information which greatly assists our funding (optional)

Ethnic/Racial:	Household Income:	Household Structure:	Primary Language:
<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"/> Single Parent Household	
<input type="checkbox"/> Caucasian	<input type="checkbox"/> 25,001-\$35,000	<input type="checkbox"/> Foster Parents	
<input type="checkbox"/> Hispanic	<input type="checkbox"/> 35,001-\$45,000	<input type="checkbox"/> Guardianship	
<input type="checkbox"/> Multi	<input type="checkbox"/> 45,001-\$55,000	Special Needs: _____	
<input type="checkbox"/> Native American	<input type="checkbox"/> over \$55,000	_____	
<input type="checkbox"/> Other			

Persons authorized to pick up my child: _____

Persons NOT authorized to pick up my child: _____

I give my permission that I or my child (or ward) become a member of Camp Fire USA Orca Council. I will assist in observing the rules of the council and that I waive any claims against Camp Fire USA Orca 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 Camp Fire USA Orca 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 me or my child (or ward). I consent to the taking, use and/or copyright of any photographs, videotaping and/or statements of myself or my child (or ward) and/or property during the program for any lawful purpose by Camp Fire USA now or in the future, whether that use is known to me or unknown. I waive any right to inspect or approve the photographs or media and waive any right to royalties or other compensation arising from, or related to, the use of the photographs or media. Should this release be revoked by me at any time, I must provide a written request and send it to the Camp Fire USA Orca Council office.

Parent/Guardian Signature or Self if 18+ years old: _____ Date: _____

Office Use Only:

Individual: \$25 Youth, \$10 Adult. Family Membership \$45. Amount Attached: _____ Received by: _____ Date: _____

Camp Fire USA Orca Council - Health Information Form

Name of Participant: _____ Female Male Date of Birth: _____

Physician: _____ Phone: (____) _____

Health Insurance: _____ Name of primary insured person: _____

Mandatory Emergency/Additional Contacts: If we cannot reach you, list two contacts whom you authorize to act on your behalf, including health care decisions, and to whom the participant can be released to at end of event for whatever reason:

Name _____ Relationship _____ Phone (____) _____

Name _____ Relationship _____ Phone (____) _____

1. Any activity restrictions? _____

2. Any known Allergies, Intolerances, and/or Reactions:

Foods: _____ Reactions: _____

Medications: _____ Reactions: _____

Plants: _____ Reactions: _____

Insects: _____ Reactions: _____

Other (chemicals, latex, etc.): _____ Reactions: _____

3. Give the year of the last immunization or booster: ____ Tetanus ____ Hepatitis A ____ Hepatitis B ____ Flu
 ____ Diphtheria/Pertussis (DTaP/DT) ____ Measles/ Mumps/Rubella Have you (your child) had chicken pox? Y N

4. General Health *Check all that apply: ADD ADHD Hyperactivity Learning disability Sleep walking
 Emotional health concern Bed wetting Diabetic Epilepsy/Seizures *If checked, please attach separate sheet to describe severity and management plan.

5. List ALL medications the participant is bringing to event including: prescriptions, over-the-counter meds, vitamins, and ANYTHING else used to change or improve health status. All medications must: (1) Be in the original pharmacy or manufacturer container (2) Name of patient (3) Current expiration date (4) Directions from pharmacy or physician in English on official forms, parent instructions for prescription medications are NOT accepted. *Unacceptable: pill organizers, travel jars, expired meds, meds prescribed for someone else, dosages changed by parent without doctor's approval in writing.

Name of medication: _____ Dosage: _____ Purpose: _____ Side Effects: _____

6. The following are the over-the-counter medications we use for common ailments that arise. We are limited to dispensing only these medications without further permission from a physician or parent/guardian. Please cross out any products that you do **NOT** want the participant to have:

Robitussin	Advil – Ibuprofen	Tylenol – Acetaminophen	Insect repellent with DEET
Benadryl	Throat lozenges	Sunscreen SPF 30	Calamine or Caladryl Lotion
Tums	Aloe Vera gel	Antibiotic ointment	Kaopectate - Bismuth subsalicylate
	Pepto Bismol	Choraseptic spray	<i>In life threatening emergency: Epinephrine 2%</i>

Camp Fire USA will make every effort to contact parent/guardian by phone if your child becomes ill or injured. We prefer to involve you in decisions about your child's health, and will attempt to reach you for all but minor injuries and illnesses.

Authorization and Consent to Treatment

I attest that the participant is in good health and able to actively participate in activities except as noted in this form. I take full responsibility to see that the participant is properly prepared, including: having proper clothes, equipment, and being in good health. I authorize staff to provide routine health care, administer prescribed and over-the-counter medications that I am sending, as well as any medications recommended by the event nurse for various problems except as I have noted above. I authorize the staff to share information in this Health Information Form with selected staff and professional health care providers on a need-to-know basis. In case of medical emergency or need for medical treatment, after every reasonable effort has been made to contact me, the family physician or the participants additional contacts, I hereby give my permission to the physician secured by Orca Council to hospitalize, secure treatment for and to order injection, anesthesia or surgery for the participant named above. I authorize the staff to arrange and/or provide necessary related transportation for the participant. I agree to be responsible for expenses incurred in the care and treatment of the participant.

Parent/Guardian Signature or Self if 18+ years old: _____ Date: _____

Print Name: _____ Relationship to child: _____