

YOUTH REGISTRATION



Camp Fire USA Orca Council

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

Membership Status: Renewing New

Last Name _____ First Name _____ M.I.: _____ Mem # _____

(253) 597-6234
(253) 597-6420 Fax

Family ID#: _____ Home Phone: _____ **District:** _____

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

Email: _____ County: _____

Gender: _____ Birthdate: _____ Age: _____ **Phone Numbers:**

School: _____ Grade: _____

Parents / Guardians

Name: _____ Gender: _____ Work: _____

Employer: _____ Mobile: _____

Occupation: _____ Fax: _____

Associations: _____ Pager: _____

Name: _____ Gender: _____ Work: _____

Employer: _____ Mobile: _____

Occupation: _____ Fax: _____

Associations: _____ Pager: _____

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

Ethnic/Race: American Indian or Alaska Native Asian Caucasian Hispanic Multi Native American Other

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

Household Structure: 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: _____

Persons authorized to pick up my child:

Persons NOT authorized to pick up my child:

Amounts Attached: _____ Received by: _____ Date: _____

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 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 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 surgical treatment is necessary. I accept responsibility for the cost of such medical treatments.

➔ Date: _____ Signature: _____