

# YOUTH REGISTRATION



**Camp Fire USA**  
**CfW Council**  
 DC 6 cl % %+\$

Membership Status:  Renewing  New

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

Tacoma, WA 981 FJ  
 (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/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: \_\_\_\_\_

**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:** \_\_\_\_\_