

2011/2012 Winter Camp

See Registration Worksheet for dates and fees.

Registration Due December 22nd

Camp Fire USA Long Beach Area Council • telephone (562) 421-2725
7070 E. Carson St., Long Beach, CA 90808 • fax (562) 421-4056



OFFICE USE ONLY		
DATE REC'D _____	Staff Initials _____	
CASH _____	CHECK _____	CHARGE _____
RECEIPT # _____		
AMT \$ _____		
ISSUED: PARENT PKT _____		

CAMPER INFORMATION

Camper Name _____ Birth Date ____/____/____ boy ____ girl ____
Last Name First Middle (mo/day/yr)

Address _____ Age at camp _____ Current Grade _____

City _____ State _____ Zip _____ Current School _____

Home Phone (____) _____ Camp Fire Club Member? Yes ____ No ____

PARENT/GUARDIAN INFORMATION

Parent 1 _____	Parent 2 _____
Address _____ <small>(If different from camper or other parent)</small>	Address _____ <small>(If different from camper or other parent)</small>
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone Contacts:	Phone Contacts:
Home (____) _____ Cell (____) _____	Home (____) _____ Cell (____) _____
Work (____) _____ Employer _____	Work (____) _____ Employer _____
Email address _____	Email address _____

EMERGENCY CONTACTS • Parents will always be the first contact made in case of an emergency. The following individuals are authorized to act on behalf of parent/s, if parent/s cannot be reached:

Name _____	Phone (____) _____	Relationship _____
Name _____	Phone (____) _____	Relationship _____

AUTHORIZED PICK-UPS • The following individuals are authorized to pick-up your camper. They will be required to show identification.

Name _____	Phone (____) _____	Relationship _____
Name _____	Phone (____) _____	Relationship _____

DEMOGRAPHICS • Optional; Camp Fire USA is asked to provide summarized data to community funders.

Household: Two Parents ____ Single Parent ____ Guardian ____ Foster Parents ____ Camper Ethnicity ____

Annual Household Income: Under \$15,000 ____ \$15,001-\$40,000 ____ \$40,001-\$65,000 ____ Over \$65,000 ____

HOW DID YOU HEAR ABOUT US?

ADDITIONAL FORMS AVAILABLE AT www.campfirelb.org Over — Both sides of form must be completed.

Day Camp Health History Form and Release

Registrations will NOT be processed if form is incomplete. Dates MUST be given or a copy of the camper's immunization record must be attached to this form at time of registration for registration to be complete. Form returned must be original, not faxed, emailed or copied.

Camper Name _____

Is the participant covered by family medical/hospital insurance? Yes ___ No ___ Group Number _____

Physician _____ Phone _____ Policy holder's name _____

<u>Vaccine</u>	<u>Dates: Mo/Yr</u>	<u>Which of the following has the participant had?</u>
DTP	_____	Measles _____
TD (tetanus/diphtheria)	_____	Chicken Pox _____
Tetanus	_____	German measles _____
Polio	_____	Mumps _____
MMR	_____	Hepatitis A _____
Influenza B	_____	Hepatitis B _____
Hepatitis B	_____	
Varicella (chicken pox)	_____	

TB Mantoux Test--
Date of last test _____ **Result:** pos. _____ neg. _____

Has/does the participant:

- 1. Had any recent injury, illness, infectious disease? ___ Yes ___ No
- 2. Have a chronic or recurring illness/condition? ___ Yes ___ No
- 3. Have frequent headaches? ___ Yes ___ No
- 4. Wear glasses, contacts or protective eye wear? ___ Yes ___ No
- 5. Have problems with diarrhea/constipation? ___ Yes ___ No
- 6. Have hay fever? ___ Yes ___ No
- 7. Ever passed out during or after exercise? ___ Yes ___ No
- 8. Ever been dizzy during or after exercise? ___ Yes ___ No
- 9. Have ADD/ADHD? ___ Yes ___ No
- 10. Have asthma? ___ Yes ___ No
- 11. Have heart problems? ___ Yes ___ No

Allergies:

- Food _____
- Animals _____
- Medications _____
- Insects _____
- Plants _____
- Other _____
- Explain reaction and medication used: _____

Explain any "yes" answers. _____

List any known physical, mental, or social difficulties that may affect participation and/or for which special consideration should be given: _____

If participant has been under the care of a physician within the past 12 months or had any activity restrictions, attach a statement from a physician.

List any medications* in use: _____

*All medication must be turned in to the Camp Director on the first day of each session. All medicine must be in the original container and labeled with the camper's name, dosage and directions.

PARENTS READ AND SIGN

Please initial that you agree with all items:

- ___ My/our child (or ward) has permission to participate in the camp activities and trips during the session(s) for which s/he is enrolled. I/we understand that camp activities have inherent risks, and that reasonable measures will be taken to safeguard the health and safety of all participants, and authorize the camp to provide appropriate routine and emergency care of my/our child and any dispensing of medications and/or transportation necessary for that care.
- ___ I/we understand that I/we will be notified in case of any emergency, unusual illness or injury affecting my/our child. In the event I/we cannot be reached, I/we hereby authorize the alternate contact people to act on my/our behalf and authorize the camp to contact a physician to provide whatever medical or surgical treatment is necessary. I/we accept responsibility for the cost of such medical treatments.
- ___ I/we will assure that my/our child is properly prepared for all activities including having proper clothes, being in good health and willing and able to participate, being willing and able to abide by camp policies and the camp conduct code, and willing and able to follow the directions of camp personnel.
- ___ I/we will ensure that my/our child does not bring valuables, money, electronic items, weapons, alcohol or illegal drugs to camp. I/we will monitor my/our child's use and distribution of any photos taken at camp to assure that they are not used inappropriately nor posted on the internet.
- ___ I/we have read and understand the registration procedures, refund policies, and other details contained in the camp brochure regarding the session my/our child is attending. I/we understand the deposit is non-refundable and non-transferable and that I/we will pay the balance of program fees by the required date.
- ___ Optional: I hereby give permission to the designated camp personnel to provide routine health care and administer such over the counter medications as: pain relievers, anti-inflammatories, insect repellants, sunscreen, antacids, antihistamines, anti-itch lotions and/or ointments, moisturizers, throat lozenges, saline eye solution.
- ___ Optional: In the event my/our child is photographed, filmed or recorded while at camp, Camp Fire USA may use the photo, film or recording for publicity, promotional or instructional purposes.

I/we have read this release and waiver of all liability and understand that I/we will give up substantial rights by signing it, and that I/we sign this form completely voluntarily.

Parent/Legal Guardian Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

2011 BACKYARD BUNCH REGISTRATION WORKSHEET & PAYMENT OPTIONS

STEP 1: Full Sessions.

Session Type			
<input type="checkbox"/>	Full Week December 26 - 30	\$140	= \$ _____
<input type="checkbox"/>	Full Week January 2 - 6	\$140	= \$ _____

STEP 2: Daily Rate. Circle the daily sessions that your camper will be attending. (If your child is only attending full sessions please move on to step 3)

Session Type										
Mon 12/26	Tues 12/27	Wed 12/28	Thurs 12/29	Fri 12/30	Mon 1/02	Tues 1/03	Wed 1/04	Thurs 1/05	Fri 1/06	
<input type="checkbox"/>	Daily Rate Option						\$40 x _____	= \$ _____		
							# of Days			

STEP 3: Extended Day.

Session Type			
<input type="checkbox"/>	Full Week Extended Camp Hours AM: 7:00-8:30 PM: 3:30-6:00	\$30 x _____	= \$ _____
		# of weeks	

Session Type										
Mon 12/26	Tues 12/27	Wed 12/28	Thurs 12/29	Fri 12/30	Mon 1/02	Tues 1/03	Wed 1/04	Thurs 1/05	Fri 1/06	
<input type="checkbox"/>	Daily Rate Option						\$10 x _____	= \$ _____		
							# of Days			

Total for Step 1, 2, and 3: = \$ _____									
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STEP 4: Payment Section

Payments by check will not be accepted after December 12

Payment Section
All fees are non-refundable and non-transferable. There is a fee of \$25 on all returned checks.
Circle form of payment:
CHECK CASH VISA MASTERCARD
(Checks payable to Camp Fire USA)
CREDIT CARD # _____
EXP. DATE _____
Print Name as it appears on card _____
Cardholder Signature _____