

Leader: _____ Club Name: _____

Program Level: SF AD DC HC

Office	Amount Attached: \$	_____
Use	Receipt #:	_____
Only	Payment Method:	_____
	Received by:	_____

ADULT REGISTRATION



Position(s): Leader Assistant Leader Board Member Committee Member Other _____

Mr. Mrs. Last Name _____ First Name _____ MI _____ Mem # _____ Membership Status: Renewing New
 Ms. Miss _____

Family ID#: _____ Home Phone: _____

Address: _____ City: _____ State: _____

Email: _____ Gender _____ Birthdate: _____ Zip: _____

Hobbies and Interest _____

Phone Numbers	Work: _____	Associated Organizations		
	Mobile: _____	Organization Name	Title	Association
	Fax: _____	_____	_____	_____
	Pager: _____	_____	_____	_____

Children in Household: *(Name, age, gender)* _____

Spouse	Name: _____	Work: _____
	Employer: _____	Mobile: _____
	Occupation: _____	Fax: _____
	Associations: _____	Pager: _____

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 _____

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

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 Parents Foster Parents Guardianship Single Parent
 Ethnic/Racial: _____ *(Asian, African/Am, Hispanic, Native Am, Caucasian, Multi)*
 Religious Preference _____
 Special Needs: _____

I will assist in observing the rules of Camp Fire USA, Long Beach Area Council. I understand and acknowledge that I waive and release and discharge Camp Fire USA and its officers, employees, agents and volunteers from all liability or claims arising from Camp Fire activities. 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.

You have my permission to use photographs or video taken as part of Camp Fire activities in which I appear for Camp Fire publicity in print media, on the Camp Fire website or in other public relations activities of the council.

Date: _____ Signature: _____