

Leader: _____ Club Name: _____
 Program Level: SF AD DC HC

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

YOUTH REGISTRATION

Last Name _____ First Name _____ M.I. _____ Mem # _____ Membership Status: Renewing New

Family ID#: _____ Home Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Email: _____ Other Children in Household (Name, age, gender) _____
 Gender _____ Birthdate: _____ Age: _____
 School: _____ Grade: _____

Parents / Guardians

Name: _____	Gender: _____	Work: _____
Employer: _____		Mobile: _____
Occupation: _____		Fax: _____
Interests: _____		Pager: _____
Name: _____	Gender: _____	Work: _____
Employer: _____		Mobile: _____
Occupation: _____		Fax: _____
Interests: _____		Pager: _____

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: _____

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 _____

I give my permission for my child (or ward) to become a member of Camp Fire USA Long Beach Area Council. I will assist in observing the rules of the 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 I will be notified as soon as possible in case of emergency affecting my child (or ward). In the event I cannot be reached in an emergency, I hereby authorize the calling of a physician at my expense to provide whatever emergency medical or surgical treatment is necessary. I accept the 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 my child appears for Camp Fire publicity in print media, on the Camp Fire website or in other public relations activities of the council.

Date: _____ Signature: _____