

YOUTH REGISTRATION



Camp Fire USA Inland Northwest Council

524 N Mullan Rd
 Spokane Valley, WA 99206
 (509) 747-6191
 (509) 747-4913 Fax
 (800) 386-2324
 campfire@campfireinc.org

Program Year _____
 Membership Status: Renewing New
 Club Leader Name: _____

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

Home Phone: _____

Address: _____ City _____ State _____ Zip: _____

Email: _____ Count _____

Gender _____ Birthdate _____ Age: _____

School: _____ Current Grade: _____

Parents / Guardians

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

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

Demographic Information which greatly assists our funding (optional)

Ethnic/Racial	Household Income:	Household Structure	User Defined	Primary Language
<input type="checkbox"/> African American	<input type="checkbox"/> Under \$15,000	<input type="checkbox"/> 2 Parent Household	<input type="checkbox"/> YBIC	_____
<input type="checkbox"/> Asian	<input type="checkbox"/> \$15,000-\$25,000	<input type="checkbox"/> Foster Parents		_____
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> \$25,001-\$35,000	<input type="checkbox"/> Guardianship		Special Needs:
<input type="checkbox"/> Multiracial	<input type="checkbox"/> \$35,001-\$45,000	<input type="checkbox"/> Joint Custody		_____
<input type="checkbox"/> Native American	<input type="checkbox"/> \$45,001-\$55,000	<input type="checkbox"/> Single Parent		_____
<input type="checkbox"/> Other	<input type="checkbox"/> over \$55,000			_____
<input type="checkbox"/> White				_____

Emergency Contact

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 USA Inland Northwest Council (hereafter "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 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 or surgical treatment is necessary. I accept responsibility for the cost of such medical treatments. I hereby agree and consent that Camp Fire USA may publish, broadcast, and/or copyright, for all purposes, my child's (or ward's) statements and/or pictures taken of my child (or ward) and/or my child's (or ward's) property for advertising and public relations purposes, and I waive all claims for any compensation for such use.

➔ **Date:** _____ **Signature:** _____