



Youth Registration Form

Leader Name: _____

Name: _____

Address: _____ County: _____

City, State, Zip: _____ e-mail: _____

Home phone: _____ Cell phone: _____ Date of Birth: _____

Gender: Female Male Grade: _____ Name of School: _____

Membership Status: New Member Renewing Member

Program: Adventure Fitness After School Classic Youth Club Family Club Teens In Action

Activities member should not participate in: _____

Allergies or special considerations: _____

Furnishing the following information is voluntary. It is requested for statistical purposes only. Responses are unrelated to securing membership. Ethnic/Racial: ... Disabilities: ... Total in family: ... Household income: ... Household structure: ...

Parent/guardian name: _____

Address/city/state zip: _____ Home phone: _____

Cell phone: _____ Employer: _____ Work phone: _____

Parent/guardian name: _____

Address/city/state zip: _____ Home phone: _____

Cell phone: _____ Employer: _____ Work phone: _____

Any specific person NOT authorized to pick up my child:

Name: _____ Relationship: _____

I would like to receive my newsletter at this e-mail address: _____

Annual membership dues (September through August): Youth: \$10, Adult: \$15, Family of 4 or more at the same address: \$45

Amounts attached: Membership dues: \$ _____ Friendship Fund donation: \$ _____

Parent/Legal Guardian Permission (must be signed and dated for all members):

I give my permission that my child/ward becomes a member of Camp Fire USA. I will assist in observing the rules of the Heartland Programs, and I waive any claims against Camp Fire USA, except for claims arising from gross negligence or willful acts of the Camp Fire or its agents, that may arise from participation in the activities of the Camp Fire USA programs. 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/ward. In the event I cannot be reached in an emergency, I authorize the calling of a physician at my expense to provide whatever emergency medical or surgical treatment is necessary. I give permission for my child to participant in Camp Fire field trips and product sales. I assume responsibility for all money and products handled by my child/ward. I hereby agree and consent that Camp Fire USA may publish, broadcast and/or copyright for all purposes, my/child/ward's statements and/or pictures taken of my child/ward for advertising and public relations purposes, and I waive all claims for any compensation for such use.

Parent/Guardian Signature

Date

For office use only: Area: _____ Leader: _____ Club#: _____ Level: _____ Program Staff: _____ Received by: _____ Amount Rec'd: \$ _____