



Camp Fire USA Heartland Operations Division

Adult Registration Form

Leader Name, if applicable: _____

Name: _____

Address: _____ County: _____

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

Home phone: _____ Cell phone: _____ Work phone: _____

Employer: _____ Occupation: _____

Does your employer match monetary contributions or contribute money for volunteer hours? Yes No

Sex: Female Male Date of Birth: _____

Membership Status: New Member Renewing Member

Program: Adventure Fitness After School Classic Youth Club Family Club Teens In Action At-Large Adult

Activities member should not participate in: _____

Allergies or special considerations: _____

<i>Furnishing the following information is voluntary. It is requested for statistical purposes only. Responses are unrelated to securing membership.</i>	
Ethnic/Racial:	<input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Other
Disabilities:	<input type="checkbox"/> Physical <input type="checkbox"/> Developmental <input type="checkbox"/> Other
	Specify any checked above: _____
Total in family:	<input type="checkbox"/> 2-3 <input type="checkbox"/> 4-5 <input type="checkbox"/> 6-8 <input type="checkbox"/> more than 8
Household income:	<input type="checkbox"/> under \$20,000 <input type="checkbox"/> \$20,001-\$30,000 <input type="checkbox"/> \$30,001-\$40,000 <input type="checkbox"/> \$40,001-\$50,000 <input type="checkbox"/> \$50,001-\$60,000 <input type="checkbox"/> above \$60,000
Household structure:	<input type="checkbox"/> Foster parents <input type="checkbox"/> Guardianship <input type="checkbox"/> Two parent household <input type="checkbox"/> Single parent household

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: \$ _____

Must be signed and dated for all members:

As a member of Camp Fire USA, 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 Camp Fire USA Council. I understand that reasonable measures will be taken to safeguard the health and safety of all participants and in case of any emergency if I am incapacitated, I authorize the calling of a physician at my expense to provide whatever emergency medical or surgical treatment is necessary. I hereby agree and consent that Camp Fire USA may publish, broadcast and/or copyright for all purposes, my statements and/or pictures for advertising and public relations purposes, and I waive all claims for any compensation for such use.

Signature

Date

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