



Group Program Family Registration Form

To be filled out by parent or legal guardian. Please provide as much complete information as possible.

For office use only:
 Branch _____
 Leader Association: _____
 School Year: 2016 - 2017

Family Name: _____ Home Phone: _____
 Address: _____ Email Address: _____
 Nearest Public Elem. School: _____

ADULTS that live at above address (Must be completed -- for emergency purposes)

Last Name: _____ First: _____ MI: _____ Gender: _____ Birthdate: _____ ID#: _____
 Occupation: _____
 Employer: _____
 Work Phone: _____ Mobile Phone: _____
 Position(s): Group Coordinator Additional Coordinator Adult Volunteer Renewing New Not Registering

Information which greatly assists our funding (optional):
 Ethnicity (please be specific): _____
 Hispanic/Latino/Latina Yes No
 Special Needs: _____

Last Name: _____ First: _____ MI: _____ Gender: _____ Birthdate: _____ ID#: _____
 Occupation: _____
 Employer: _____
 Work Phone: _____ Mobile Phone: _____
 Position(s): Group Coordinator Additional Coordinator Adult Volunteer Renewing New Not Registering

Information which greatly assists our funding (optional):
 Ethnicity (please be specific): _____
 Hispanic/Latino/Latina Yes No
 Special Needs: _____

YOUTH

Last Name: _____ First: _____ MI: _____ Gender: _____ Birthdate: _____ ID#: _____
 Group Coordinator _____ Level: _____
 Group ID# (if known) _____
 Fall Grade: _____ School in fall: _____
 List any allergies or physical/health limitations: _____
 Position(s): Renewing New Not Registering

Information which greatly assists our funding (optional):
 Ethnicity (please be specific): _____
 Hispanic/Latino/Latina Yes No
 Special Needs: _____

Last Name: _____ First: _____ MI: _____ Gender: _____ Birthdate: _____ ID#: _____
 Group Coordinator _____ Level: _____
 Group ID# (if known) _____
 Fall Grade: _____ School in fall: _____
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 Position(s): Renewing New Not Registering

Information which greatly assists our funding (optional):
 Ethnicity (please be specific): _____
 Hispanic/Latino/Latina Yes No
 Special Needs: _____

Local Emergency Contacts (When Parent or Guardian cannot be reached)

Name(s): _____ Address: _____
 Home Phone: _____ Other Phone: _____ Relationship: _____

Name(s): _____ Address: _____
 Home Phone: _____ Other Phone: _____ Relationship: _____

Person(s) NOT authorized to pick up my child: _____

FAMILY DEMOGRAPHICS (Although optional, this information greatly assists our funding)

Number in Family: _____

Household income: Under \$15,000 \$25,001—\$35,000 \$45,001—\$55,000 \$75,001—\$100,000 \$150,001—\$200,000
 \$15,001—\$25,000 \$35,001—\$45,000 \$55,001—\$75,000 \$100,001—\$150,000 Over \$200,000

Marital Status of Head of Household: Single Partnership Married Foster Parent Guardianship

PROGRAM FEES

Requesting Financial Assistance and have filled out and attached the Financial Aid Application

Youth Fees (\$40) X _____	
Adult Fees (\$5) X _____	
Discounts (sibling or early bird)	

Total \$ Amount Remitted: _____

Yes, please add me to your e-newsletter list so I can stay up to date on the latest Camp Fire news and events.

Cash **Check#** _____ **Credit Card**

Please bill my: Visa Mastercard
 Account Number: _____ Exp _____
 Print Name on Card: _____
 Signature of Cardholder: _____

PARENTAL / LEGAL GUARDIAN PERMISSION Entered in UC: _____

I give my permission for my child (or ward) to become a member of the Camp Fire council. I will assist in observing the rules of the council and I waive any claims against Camp Fire 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 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 emergency contact people to act on my behalf and authorize calling a physician to provide whatever emergency medical or surgical treatment is necessary. I accept responsibility for the cost of such medical treatments.

In the event that my child (or ward) is photographed, filmed, or recorded while participating in Camp Fire activities, Camp Fire or other partnering organizations approved by Camp Fire may use the photo, film, or recording for publicity, promotional, or instructional purposes.

 **Signature of Parent:** _____ **Date:** _____