

YOUTH REGISTRATION



Camp Fire USA Inland Northwest Council

524 North Mullan Rd.
 Spokane Valley, WA 99206
 (509) 747-6191
 (509) 747-4913 Fax
 (800) 386-2324

Membership Status: Renewing New

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

Family ID#: _____ Home Phone: _____ **Area:** _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ County: _____

Gender: _____ Birthdate: _____ Age: _____ **Phone Numbers:**

School: _____ Grade: _____

Parents / Guardians

Name: _____ Gender: _____ Work: _____

Employer: _____ Mobile: _____

Occupation: _____ Fax: _____

Associations: _____ Pager: _____

Name: _____ Gender: _____ Work: _____

Employer: _____ Mobile: _____

Occupation: _____ Fax: _____

Associations: _____ Pager: _____

Demographics *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"/> Asian	<input type="checkbox"/> \$15,000-\$25,000	<input type="checkbox"/> Foster Parents		Special Needs:
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> \$25,001-\$35,000	<input type="checkbox"/> Guardianship		_____
<input type="checkbox"/> Multiracial	<input type="checkbox"/> \$35,001-\$45,000	<input type="checkbox"/> Single Parent		_____
<input type="checkbox"/> Native American	<input type="checkbox"/> \$45,001-\$55,000			_____
<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 give permission for my child's (or ward's) comments, photograph, film or video to be used by Camp Fire USA for promotional purposes.

➡ **Date:** _____ **Signature:** _____