

ADULT 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: _____
 Program and Position: _____

Mr. Mrs. Ms. Miss

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

Home Phone: _____

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

Email: _____ Gender: _____ Birthdate: _____ County: _____

Phone Numbers
 Work: _____
 Mobile: _____
 Fax: _____
 Pager: _____

Associated Organizations

Organization Name	Title	Association
_____	_____	_____
_____	_____	_____

Spouse Name: _____
 Employer: _____
 Occupation: _____
 Associations: _____

Work: _____
 Mobile: _____
 Fax: _____
 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 Househol	<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 Contacts

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 _____

Amounts Attached Make checks payable to Camp Fire USA.

Program fees _____
 Other _____ Received by: _____
TOTAL \$ _____ Date: _____

I will assist in observing the rules of the Camp Fire USA Inland Northwest Council (hereafter "Council"). 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 my emergency contact will be notified as soon as possible in case of any emergency. In the event he or she 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 statements and/or pictures taken of me and/or my property for advertising and public relations purposes, and I waive all claims for any compensation for such use.

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