

Camp Fire USA Wathana Council
 16250 Northland Dr., Suite 301
 Southfield, MI 48075
 Telephone: 248-559-5840



YOUTH REGISTRATION FORM

To be filled out by Parent or Legal Guardian

Membership Dues:

Youth Member \$12.00
 Adult Member \$24.00
 At Large Member \$30.00

Youth's Last Name	First Name	Middle Initial	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Address	City	State	Zip Code	Phone Number
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Membership Status: New Member Renewing Member
 Program: Club Child Care Camping Self-Reliance Teens In Action Other

Furnishing the following information is optional; it is desired only for statistical purposes. Responses will not affect the applicant's qualification to become a member.

Ethnic/Racial: Black Hispanic Caucasian Native American Asian Other _____

Disabilities:	Total # in Family:	Household Income:
<input type="checkbox"/> Physical (specify) _____	<input type="checkbox"/> 2 to 3	<input type="checkbox"/> Under \$15,000
<input type="checkbox"/> Developmental (specify) _____	<input type="checkbox"/> 4 to 5	<input type="checkbox"/> \$15,001 to \$25,000
<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> 6 to 8	<input type="checkbox"/> \$25,001 to \$35,000
	<input type="checkbox"/> Over 8	<input type="checkbox"/> \$35,001 to \$45,000
		<input type="checkbox"/> \$45,001 to \$55,000
		<input type="checkbox"/> Over \$55,000

Religious Preference: _____

List specific activities the applicant should NOT participate in:

List allergies or physical/health limitations:

Father or Guardian's Info (address/phone if different from child) Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ - _____ - _____ Work Phone: _____ - _____ - _____ Employer: _____ Occupation: _____ Hobbies/Interests/Clubs: _____	Mother or Guardian's Info (address/phone if different from child) Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ - _____ - _____ Work Phone: _____ - _____ - _____ Employer: _____ Occupation: _____ Hobbies/Interests/Clubs: _____
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Emergency Contact Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ - _____ - _____ Relationship: _____	Alternate Emergency Contact Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ - _____ - _____ Relationship: _____
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PARENT/LEGAL GUARDIAN PERMISSION

I give my permission that my child (or ward) become a member of the Camp Fire USA 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 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 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.

You have my permission to use photographs in which my child (or ward) appears for Camp Fire USA publicity: Yes No

Signature _____ Date: _____

FOR OFFICE USE ONLY:

AREA/ASU: _____

Leader: _____

Starflight Discovery

Adventure Horizon

Child Care: _____

Site: _____

Parents/Guardians, we can use your services! Please let us know if you can:

- Be a leader
- Help with Product Sales
- Drive for outings
- Help at meetings
- Keep records
- Telephone for activities
- Arrange trip or events
- Other _____

Are you a former Camp Fire USA member? Yes No

Persons Authorized to pick up my child include:

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Any specific person NOT authorized to pick up my child:

Name: _____

Relationship: _____

AMOUNT ATTACHED

Membership Dues: \$ _____ 12.00

Program Fees: _____

Other _____

TOTAL: \$ _____

Received by: _____