



Camp Fire Green Country
 706 South Boston Ave
 Tulsa, OK 74119
 Phone (918) 592-2267
 Fax (918) 592-3473
 www.tulsacampfire.org

CBC YOUTH REGISTRATION

Individual Registration Part of Family Registration

Membership Status: Renewing New

Club Site: _____

Club Level: _____

Leader: _____

Last Name: _____ First Name: _____ Middle Initial: _____

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

County: _____ School: _____

Gender: _____ Birthdate (mm/dd/yy): _____ Age: _____ Grade: _____

Cash or checks payable to Camp Fire Green Country. Registration is \$10 per person or \$20 for a family of 3 or more. No child will be denied participation based on income. Financial assistance is available. To request, ask your leader for an Angel Fund form.

Check here if requesting financial assistance

Parent(s) / Guardian(s)

Name: _____ Gender: _____ Cell: _____

Employer: _____ Work: _____

E-Mail: _____

Name: _____ Gender: _____ Cell: _____

Employer: _____ Work: _____

E-Mail: _____

Demographics — This information is needed and greatly assists our funding efforts. Thank you.

Female Head of Household? Yes or No

Racial/Ethnic:

(Check all that apply)

- African American/Black
- American Indian/Alaskan Native
- Asian
- Caucasian/White
- Native Hawaiian/Pacific Islander
- Other _____

Hispanic: Yes or No

Select number of people in household, then, in the same column, circle the number closest to household total annual income.

1	2	3	4	5	6	7	8
\$12,150	\$13,900	\$15,650	\$17,350	\$18,750	\$20,150	\$21,550	\$22,950
\$20,250	\$23,150	\$26,050	\$28,950	\$31,250	\$33,600	\$35,900	\$57,450
\$32,400	\$37,050	\$41,700	\$46,300	\$50,050	\$53,750	\$57,450	\$61,150
>\$32,400	>\$37,050	>\$41,700	>\$46,300	>\$50,050	>\$53,750	>\$57,450	>\$61,150

Emergency Contacts —

We will always contact parents/guardians first in the event of an emergency. Please list alternate local contacts.

Last Name: _____ First Name: _____ Primary Phone: _____ Relationship: _____

Last Name: _____ First Name: _____ Primary Phone: _____ Relationship: _____

Last Name: _____ First Name: _____ Primary Phone: _____ Relationship: _____

Last Name: _____ First Name: _____ Primary Phone: _____ Relationship: _____

How will your child get home from Camp Fire Programming? (Check all that apply)

- On-Site After Care Car Walk Bus Day Care _____

Person(s) authorized to pick up my child: _____

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

Continued on back...

Medical Information

If participant has been under the care of a physician within the past 12 months or if there is any question about activity restriction, attach a statement from a physician indicating restrictions and noting any pertinent recommendations.

Any operations, serious injuries or chronic illness? _____

If yes, please specify: _____

Has child been immunized to attend school? _____ Date of last tetanus shot: _____

Name any known allergies: Food _____ Medications _____ Plants _____

Animals _____ Insects _____ Other _____

Explain reaction and indicate medication used: _____

(Medication for above should be brought with you)

Note: The information requested is only to protect the safety of the participant and others. Camp Fire is committed to and does comply with the Americans with Disabilities Act in all respects and will utilize the information provided on this form only for the protection of the participant and other participants and/or to assist in making the accommodations required to permit the participant to fully take part in this Camp Fire activity.

Check if prone to any of the following conditions:

- Fainting Stomach Upsets Asthma or Respiratory Problems Heart Problems ADD/ADHD
 Convulsions Frequent Headaches High Blood Pressure Restlessness or Sleepwalking Other _____

Any disability requiring accommodations in the form of special attention, auxiliary aids or services, removal of physical or communication barriers, etc. (please specify and explain _____)

List medication(s) and use, including insulin. (Must be in original container with prescription and/or store label.)

Medication _____ used for _____ when taken _____

Medication _____ used for _____ when taken _____

Is assistance administering medication needed? _____ Is refrigeration required? _____ Please explain _____

Any present activity restriction desired by participant, his or her parent, guardian, or physician? _____

If yes, please explain _____

Parental / Legal Guardian Permission

I give permission for my child (or ward) to become a member of Camp Fire Green Country, Inc. I agree to observe the rules of the Council and I waive any claims against Camp Fire Green Country, Inc. except for claims arising from gross negligence or willful acts of the Council or its agents that may arise from participation in activities of the Council. I have discussed the above medical information (with my youth) and they will assume the responsibility for restricting activities agreed upon and listed above. They will exercise good judgement in regard to their own health, safety and well being at all Camp Fire activities and/or events. 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 that 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 hereby agree and consent that Camp Fire Green Country, Inc. may publish, broadcast and/or copyright for all purposes, my child's statements and/or pictures taken of my child and/or my property for advertising and public relations purposes, and I waive all claims for compensation for such use. If you do not authorize the use of photos of you or your child, please check here _____. I give permission for my child to participate in Outcome Measurement Surveys and Evaluations, unless I check here _____. *Copies of this signature are as valid as an original.*

Date: _____ **Signature of Parent/Guardian:** _____

OFFICE USE ONLY

Amount Attached: \$ _____ Received by: _____ Type: _____ Date Received: _____