

Leader: _____ Club Name: _____

Program Level: SF AD DC HC

Office Use Only
Amount Attached: \$ _____
Receipt #: _____
Payment Method: _____
Received by: _____

ADULT REGISTRATION



Position(s): Leader Assistant Leader Board Member Committee Member Other _____

Mr. Mrs. Last Name First Name MI Mem # Membership Status: Renewing New
 Ms. Miss

Family ID#: _____ Home Phone: _____

Address: _____ City: _____ State: _____

Email: _____ Gender _____ Birthdate: _____ Zip: _____

Hobbies and Interest _____

Phone Numbers Work: _____
Mobile: _____
Fax: _____
Pager: _____
Associated Organizations
Organization Name Title Association

Children in Household (Name, age, gender)

Spouse Name: _____ Work: _____
Employer: _____ Mobile: _____
Occupation: _____ Fax: _____
Associations: _____ Pager: _____

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: _____

Demographics Information which greatly assists our funding (optional)

Household Income: under \$15,000 15,001-\$25,000 25,001-\$35,000 35,001-\$45,000 45,001-\$55,000 over \$55,000
Household Structure: 2 Parents Foster Parents Guardianship Single Parent
Ethnic/Racial: _____ (Asian, African/Am, Hispanic, Native Am, Caucasian, Multi)
Religious Preference _____
Special Needs: _____

I will assist in observing the rules of Camp Fire Greater Long Beach. I understand and acknowledge that I waive and release and discharge Camp Fire and its officers, employees, agents and volunteers from all liability or claims arising from Camp Fire activities. 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.

You have my permission to use photographs or video taken as part of Camp Fire activities in which I appear for Camp Fire publicity in print media on the Camp Fire website or in other public relations activities of the council.

Date: _____ Signature: _____