



2010 Camp Fire USA Day Camp Camper Registration and Health Form

RECEIVED :

Complete BOTH SIDES of this form and mail to:
Camp Fire USA, 4241 21st Ave W, Suite 200, Seattle, WA 98199 No faxes please.

Regular Program Extended Program (if available at your site) CIT Program (if available at your site)

Camper Name: _____ Gender: Boy Girl Birthdate ____/____/____(mo/da/yr)
Last Name First Name MI

Camper Address _____ Camper goes by the name _____

City _____ State _____ ZIP _____ Guardian/Family Last Name _____

Home Phone (____) _____ - _____ E-mail Address _____ Age this summer _____ Grade in fall 2010 _____

Circle **summers** child has attended camp 98 99 00 01 02 03 04 05 06 07 08 09

Camp Fire USA Leader's name: _____ School attending in fall _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1 (Primary): Relationship to camper: _____

Name: _____ Employer: _____ Day Phone: _____ Evening Phone: _____

Address: _____ City, State: _____ ZIP: _____ Cell Phone: _____
(Supply address and home phone if different from camper)

Parent/Guardian 2: Relationship to camper: _____

Name: _____ Employer: _____ Day Phone: _____ Evening Phone: _____

Address: _____ City, State: _____ ZIP: _____ Cell Phone: _____
(Supply address and home phone if different from camper)

LOCAL EMERGENCY CONTACTS

Authorized to act on behalf of parent(s) if they cannot be reached.

Name 1 : _____ Home Phone: _____ Other Phone: _____ Relationship to camper: _____

Name 2 : _____ Home Phone: _____ Other Phone: _____ Relationship to camper: _____

HEALTH INFORMATION

Please attach a note with any other information that will help us serve your child.

Date of last DTaP/DTP/DT/Td: Year _____ MMR Current? Yes No Date of last Tetanus shot: _____

Doctor's Name _____ Doctor's Phone (____) _____ Child's Current Weight _____

Has your child ever been diagnosed with any of the following?

ADD Blind Diabetes Hearing Impaired Physical impairments or mobility limitations
 ADHD Deaf ___Type 1 ___Type 2 Developmental Delay Speech/Language impairment None

Child does not eat: red meat chicken/turkey pork fish eggs milk/dairy any animal products Other Dietary Restrictions: _____

Allergies (list all allergies to foods, plants, medications, etc. plus reaction and treatment): _____

Medication (list everything the child is taking please use additional paper if needed)	Dosage	Purpose	Effect

Describe all current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp: _____

Activities in which child may NOT participate: _____

DEMOGRAPHICS (optional)

Completing this information below correctly helps Camp Fire USA seek & receive funding from the community. Camp Fire USA activities are open to all without regard to race, gender, creed, national origin, sexual orientation, economic status, or mental or physical disabilities.

Number in Family _____ Status of Head of Household: Household Income: \$45,001-\$55,000 \$150,001-\$200,000
Child's Ethnicity _____ Married (two parent) \$Under 15,000 \$55,001-\$75,000 Over \$200,000
Latino/Latina/Hispanic? Yes No Single Parent Guardianship \$15,001-\$25,000 \$75,001-\$100,000
Immigrant or Refugee from (country) _____ Partnership Foster Parent \$25,001-\$35,000 \$100,001-\$150,000

OVER -- Both sides of form must be completed ➔

ENROLLMENT

Fees:	<u>Members</u>	<u>Non-members</u>
Youth gr. K-7	\$130	\$150*
Children of volunteers	\$35	\$55*

Day Camp Name/Site*	Session Dates	Fee
*To serve the most campers at Carkeek Park, choose either session 1 or 2, not both		\$
		\$
		\$
		\$
		\$
		\$
		\$

Registration Office Use Only

Pay Type: ck ca cs cc cr
 Amount: \$ _____ # _____
 Amount: \$ _____ # _____
 Reg Date: _____
 Youth ID #: _____
 Rev.. 1/10

Camp Buddies: Friends in same grade you want in your group (limit 2)
 Camp 1 _____

Camp 2 _____

PAYMENT INFORMATION

Payment is being made now for the items checked below.

Check All That Apply:

- Full payment for one week of day camp (required) \$ _____
 AND, if registering for multiple weeks,
 \$50 deposit X _____ weeks = \$ _____ (deposit total)
 (balance due in full no more than 4 weeks before camp start date)

Payment method for amounts being paid **now**:

- Check/Money Order payable to Camp Fire USA \$ _____ (amt.)
 Camp Fire USA Candy Currency \$ _____ (amt.)
 Gift Certificate \$ _____ (amt.)
 Charge \$ _____ to my MasterCard / Visa Credit Card now
 (please fill in card information to the right)
 Charge balance due to my card 4 weeks before camp start.
- Tax-Deductible Campership donation of \$ _____ enclosed.
Thank you for helping send a low-income youth to camp!
- I am applying for financial aid**. Enclosed is \$10 per session
 Deposit plus Membership Dues and Campership Application.
 **Camperships are limited to one camp session per summer per child.

Total Fees:	\$ _____
Discount for additional camps*	\$ _____
TOTAL DUE	\$ _____
Payment Amount	\$ _____
Balance Due	\$ _____

*Camp Fire's Annual Membership Dues are built into the non-member prices. As this is a one-time fee, non-members may deduct \$20 from the cost of additional camps for a camper who attends more than one day camp.

Credit Card #	_____
Exp. Date	_____
Name of Card Holder (please print)	_____
Signature of Card Holder	_____

PARENT/GUARDIAN AUTHORIZATIONS

My child (or ward) has permission to participate in the camp activities and trips during the session(s) and program(s) for which he/she is enrolled. I understand that camp activities have inherent risks, and that reasonable measures will be taken to safeguard the health and safety of all participants. I will assure that my child is properly prepared for all activities including having proper clothing and equipment, being in good health and willing and able to participate in camp activities, and willing and able to abide by camp policies and follow directions of camp personnel. I understand that I will be notified as soon as possible in case of any emergency, unusual illness or injury affecting my child. In the event I cannot be reached, I hereby authorize the alternate contact people to act on my behalf, and authorize the camp to contact a physician to provide whatever medical or surgical treatment is necessary. I accept responsibility for the cost of such medical treatments. I have provided a complete picture of my child's physical, emotional and mental health, including all medications, on this registration form, and will provide (on the first day of camp) updated health information on the form provided by Camp Fire USA. I will assure that my child will not bring valuables, money, electronic items, weapons, alcohol or illegal drugs to camp. I will monitor my child's use and distribution of any photos taken at camp to assure that they are not used inappropriately nor posted on the Internet. In the event that my child (or ward) is photographed, filmed or recorded while participating in Camp Fire activities, Camp Fire USA or other partnering organizations approved by Camp Fire may use the photo, film or recording for publicity, promotional or instructional purposes. (Optional: If you do not want your child's photograph used for promotional purposes, initial here: _____)

I hereby give permission to the medical personnel selected by the camp director to provide appropriate routine and emergency care for my child and to dispense medications, including the following over the counter medications:

1% Hydrocortisone cream	Ibuprofen	Low Level DEET Insect Repellent	PABA-Free Sunscreen SPF 15/35	Antibiotic Ointment	Benadryl
Skin Moisturizer	Tums/7-up	Saline Eye Solution	Throat Lozenge	Chloraseptic	Calamine Lotion
For anaphylaxis (life threatening emergency): Epinephrine					

Dosages will be administered according to the directions on the package unless a physician directs otherwise.

Please note any of the above medications your child is ALLERGIC to or should NOT have: _____

Parent/Guardian Signature _____ Date _____