

# Registration Form – Trainings, Service Weekends and Other Camping Dept. Events



Complete both sides of form and  
and mail with payment to:

Camp Sealth  
PO Box 13599  
Burton WA 98013

Or fax to: 206 463 6936  
Phone registrations are *not* accepted  
Questions?? 206 463 3174 ext. 35

Participant's Name: \_\_\_\_\_ Family's \_\_\_\_\_  
(one form per person) \_\_\_\_\_ Nickname: \_\_\_\_\_ Last name: \_\_\_\_\_  
First Initial Last (if different than child's last name)

Participant's Address: \_\_\_\_\_ Additional last name \_\_\_\_\_  
Participant might be known as: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home phone: (\_\_\_\_\_) \_\_\_\_\_

Work phone: (\_\_\_\_\_) \_\_\_\_\_ Cell phone or pager? (\_\_\_\_\_) \_\_\_\_\_

County: \_\_\_\_\_ Family e-mail address: \_\_\_\_\_

Gender:  Male  Female Minors: List birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Does this youth participate in any other Camp Fire activity?  Yes  No Grade in School: \_\_\_\_  
mo. day year

## IF PARTICIPANT IS A MINOR, FILL IN THIS CONTACT INFORMATION. ADULT PARTICIPANTS: PLEASE LIST EMERGENCY CONTACTS

	Parent/Guardian 1 (primary)	Parent/Guardian 2	Parent/Guardian 3
Name:	_____	_____	_____
Address:	_____	_____	_____
Employer:	_____	_____	_____
Work phone: (_____) _____	(_____) _____	(_____) _____	(_____) _____
Home phone: (_____) _____	(_____) _____	(_____) _____	(_____) _____
Cell phone: (_____) _____	(_____) _____	(_____) _____	(_____) _____
Pager number: (_____) _____	(_____) _____	(_____) _____	(_____) _____
Other phone: (_____) _____	(_____) _____	(_____) _____	(_____) _____

All participants, please list additional, local emergency contact people: (authorized to act on behalf of participant or of minor's parent(s) if they cannot be reached)

Name: \_\_\_\_\_ Home phone: (\_\_\_\_\_) \_\_\_\_\_ Work phone: (\_\_\_\_\_) \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

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## HEALTH HISTORY -- To be completed by all participants

- Known allergies and intolerances
 

Reaction	Medications and/or Care & Treatment
Food	
Drugs	
Plants	
Insects	
Other:	
- Participant does NOT eat: red meat chicken pork fish eggs milk/dairy any animal products  
Explain any other dietary restrictions:
- List ALL medications being brought to camp (include both prescription and over-the-counter meds)  
Medications for minors are collected by event leader/health care provider. Parent instructions for prescription meds will NOT be accepted. Prescriptions must have physician's instructions or pharmacy label with child's name and directions on the original pharmacy label. Over-the-counter meds must also be in the original containers. Please DO NOT use your own containers or pill organizers. All meds must have current date. Adults may keep/dispense their own meds, provided they are kept in a secure place such as a locked car or in the person's controlled possession.
- Describe any restrictions to participant's activities while at this event or any serious illness/injuries we should be aware of:
- Give dates (year) of last immunization: Tetanus\_\_\_\_\_ Hepatitis\_\_\_\_\_ Other\_\_\_\_\_
- Describe any limitations, disabilities or special needs and how we can assist with them.
- Does the participant have \_\_\_ Asthma \_\_\_ Diabetes \_\_\_ Seizures \_\_\_ Sleepwalking \_\_\_ Anaphylactic reaction to: \_\_\_\_\_  
Other (describe): \_\_\_\_\_

**ACKNOWLEDGEMENT OF RISK and ASSUMPTION OF PERSONAL RESPONSIBILITY**

I understand that camp activities have inherent risks. My child (or ward) has permission to participate in the camp activities, service projects or other program(s) for which he/she is hereby enrolled. I will assure that my minor child or I am properly prepared for all activities including having proper clothes and equipment, my child or I am in good health and willing and able to participate in camp activities, and willing to abide by camp policies and follow directions of camp personnel. I understand that reasonable measures will be taken to safeguard the health and safety of all participants and that parents of minors 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 emergency contact people to act on my behalf, and authorize calling a physician to provide whatever emergency medical or surgical treatment is necessary. I further authorize the camp to provide, for myself or my minor child, routine, non-emergency medical care and transportation for said care, and understand that the camp will attempt to contact me about any unusual injuries or illnesses. I accept responsibility for the cost of such medical treatments. In the event that my child (or ward) or I am photographed, filmed or recorded while at Camp Sealth, Camp Fire may use the photo, film or recording for publicity, promotional, instructional or related purposes. I have read and understand the registration procedures, refund policies and all details in the materials pertaining to the program my child or I am attending.

Minor's Parent/Guardian OR Adult Participant Signature X \_\_\_\_\_ Date \_\_\_\_\_

**REGISTRATION**

<u>Name of event(s) you are attending</u>	<u>Date(s)</u>	<u>Fee(s)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Fees Due: \$ \_\_\_\_\_

How are you paying?

- Full payment amount enclosed, check or money order: \$ \_\_\_\_\_ (No charge for service weekends)
- Deposit (minimum \$30 for skill training course): \$ \_\_\_\_\_ (Include dues if applicable\*)
- Financial aid request (Enclosed)
- Camp Fire Currency (Central Puget Sound Council) -- Amount to be used: \$ \_\_\_\_\_
- Charge my: MasterCard / Visa (circle one and give card information below:)

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Amount to be charged: \$ \_\_\_\_\_  Deposit (plus membership dues, if applicable\*) \_\_\_\_\_

Full fee

Signature of card holder X \_\_\_\_\_

*Charge WILL NOT be accepted unless credit card information and signature are complete.*

Daytime phone number: ( ) \_\_\_\_\_ Print name on card: \_\_\_\_\_

Office Use Only

\* Annual Membership Dues are \$20 individual or \$45 family. Service weekend volunteers and participants in skills training courses do not need to pay the annual dues.

**OPTIONAL DEMOGRAPHIC INFORMATION**

Completing the information below greatly helps Camp Fire seek and receive funding from the community. Your response is optional. Camp Fire programs are available to all people without regard to race, gender, creed, national origin, sexual orientation, economic status or mental or physical disabilities.

Participant's ethnic origin (be specific): \_\_\_\_\_ Immigrant or refugee from (country): \_\_\_\_\_

If participant is a minor, is she/he from a single parent family?  Yes  No Number of people in household: \_\_\_\_\_

Annual household income: \_\_\_\_\_ below \$15,000 \_\_\_\_\_ \$15,001-\$25,000 \_\_\_\_\_ \$25,001-\$35,000 \_\_\_\_\_ \$35,001-\$45,000 \_\_\_\_\_ \$45,001-\$55,000  
\_\_\_\_\_ \$55,001-\$75,000 \_\_\_\_\_ \$75,001-\$100,000 \_\_\_\_\_ \$100,001-\$150,000 \_\_\_\_\_ \$150,001-\$200,000 \_\_\_\_\_ \$200,001 and over