



## Youth Registration Form

(To be completed by Parent or Legal Guardian Annual  
Dues \$40 each or \$70 per family)

### Office Use Only

Valid from: \_\_\_\_\_ to \_\_\_\_\_

<b>Youth Name</b>	<b>School</b>	<b>Student ID#</b>
<b>Mailing Address</b>	<b>Age</b>	<b>Date of Birth</b> <b>Grade</b>
<b>City</b> <b>State</b> <b>Zip</b>	<b>Sex</b> Male    Female    Other    Prefer not to answer	
<b>Ethnicity/ Race</b> Asian      Black/ African American White/ Caucasian    Hispanic/ Latino      Multi Racial Native American      Pacific Islander      Other	<b>Swimming Ability</b> Non-swimmer      Beginner Intermediate      Advanced      Lifeguard Certified	
<b>Special Needs</b> ADD    ADHD    Asperger's    Autism    Dysgraphia Dyslexia    Hearing Loss    Vision Loss    Other _____	<b>Medical Conditions</b> Asthma      Diabetes      Fainting Frequent Headaches      Motion Sickness      Nose Bleeds Seizures      Other _____	
<b>Allergies</b>	<b>Dietary Restrictions</b>	
<b>Activity Restrictions</b>	<b>Behavior Restrictions</b>	

If your child has had a serious accident or illness within the past twelve months, or are subject to a more serious health condition, or if there are any questions about activity restriction, further information to participate in activities from a physician may be required at the discretion of the Executive Director.

<b>Parent/ Guardian #1: Name</b>	<b>Parent/ Guardian #2: Name</b>
<b>Relationship to Youth</b> Parent    Step-Parent    Foster    Other _____	<b>Relationship to Youth</b> Parent    Step-Parent    Foster    Other _____
<b>Place of Employment</b>	<b>Place of Employment</b>
<b>Email Address</b>	<b>Email Address</b>
<b>Cell Phone</b>	<b>Cell Phone</b>

<b>House Hold Annual Income</b>	\$0 - \$9,999	\$10,000 - \$29,999	\$30,000 - \$49,000	\$50,000 - up
---------------------------------	---------------	---------------------	---------------------	---------------

<b>Emergency Contact: Name (other than above)</b>	<b>Cell Phone</b>
<b>Relationship to Youth</b>	

**Youth Name:** \_\_\_\_\_ In the event of any illness or accident requiring emergency treatment while involved in any Camp Fire activity, I hereby give my permission for any necessary hospitalization, medication, surgery or transportation on recommendation of medical personnel, staff, or the volunteer in charge, in which case all such expenses shall be paid by me. I hereby waive and release Camp Fire Sunshine Central Florida, Inc., Camp Fire and its employees, affiliates, volunteers and directors, and owners/operators of the facility where my child is engaged in a Camp Fire activity (collectively referred to herein as "Releases") from all claims, liability, loss and damage whatsoever on account of any injury to or death of any person and from any damage to, destruction of, or loss of use of any property which at any time may be suffered or sustained by any person or entity arising as a result of any act of omission, negligent or otherwise, of Releases or their agents, except for claims arising from gross negligence or willful acts of Releasees or their agents that may arise from participation in the activities of Camp Fire.

I understand that I will be notified as soon as possible in case of emergency affecting the child on whose behalf I make this application ("my child"). In the event I cannot be reached in an emergency, I hereby authorize the calling of a physician at my expense to provide whatever emergency treatment is necessary. I verify that the previously listed information on my child is complete and accurate.

I understand that Camp Fire staff and volunteers may not be qualified to care for some children with special needs. Further information may be required to determine if Camp Fire can meet your child's needs and abilities.

I attest that my child is fully potty trained and in the case of an occasional accident, able to fully clean and change themselves.

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

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**STATE OF FLORIDA, COUNTY OF** \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of \_\_\_\_\_ physical presence or \_\_\_\_\_ online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_, who is \_\_\_\_\_ personally known to me or \_\_\_\_\_ who has produced \_\_\_\_\_ as identification.

SEAL:

Notary Public Signature: \_\_\_\_\_

**STATE OF FLORIDA, COUNTY OF** \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, I attest that the preceding or attached document is a true, exact, complete, and unaltered photocopy made by me of Camp Fire Sunshine Central Florida's Youth Registration Form presented to me by the document's custodian, Ashley Roberts, and, to the best of my knowledge, that the photocopied document is neither a vital record nor a public record, certified copies of which are available from an official source other than a notary public.

SEAL:

Notary Public Signature: \_\_\_\_\_

**OFFICE USE ONLY:**

DATE DUES PAID: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ SCHOLARSHIP DETAILS: \_\_\_\_\_

**Camp Fire Sunshine Central Florida**

2600 Buckingham Ave. Lakeland, FL 33803

863-688-5491

[www.campfire-sunshine.org](http://www.campfire-sunshine.org)