



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 _____

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

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

House Hold Annual Income	\$0 - \$9,999	\$10,000 - \$29,999	\$30,000 - \$49,000	\$50,000 - up
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Emergency Contact: Name (other than above)	Cell Phone
Relationship to Youth	

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 prove 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