Camp Fire Sunshine

Youth Registration Form

(To be completed by Parent or Legal Guardian)

Annual Dues $35 each or $65 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 White/Caucasian Hispanic Multi Racial Native American Native Hawaiian/Pacific Islander Other	**Swimming Ability** Non-Swimmer Beginner Intermediate Advanced Lifeguard Certified
Special Needs ADD ADHD Asperger's Autism Disgraphia Dyslexia Hearing Loss Vision Loss Other _____	**Medical Conditions** Asthma Diabetes Fainting Frequent Headaches Motion Sickness Nose Bleeds Seizures Sleep Walking Other _____
Allergies Animals _____ Environmental _____ Food _____ Insects _____ Medication _____	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.
Dietary Restrictions	**Activity Restrictions**
Behavior Concerns	

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

Emergency Contact Name (other than above)	**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: _____