



# Camp Fire Minnesota Club Registration Form 2016-2017

**Office Use Only**  
 Entered into KTrax \_\_\_/\_\_\_/\_\_\_  
 Club ID \_\_\_\_\_  
 Member No. \_\_\_\_\_  
 Staff Initials \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

YOUTH LAST NAME: \_\_\_\_\_ YOUTH FIRST NAME \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth (mm/dd/yy): \_\_\_\_\_ Gender:  Male  Female  Transgender

Grade: \_\_\_\_\_ T-Shirt Size: youth **S / M / L** or adult **S / M / L / XL**

Youth Cell Phone: \_\_\_\_\_ Youth e-mail: \_\_\_\_\_

**PARENT/GUARDIAN #1**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address (If different from Youth): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Additional Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_ Relationship to youth: \_\_\_\_\_

Is email a good way to communicate with you? **Y / N**      Is texting a good way to communicate with you? **Y / N**

**PARENT/GUARDIAN #2**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address (If different from Youth): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Additional Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_ Relationship to youth: \_\_\_\_\_

Is email a good way to communicate with you? **Y / N**      Is texting a good way to communicate with you? **Y / N**

**EMERGENCY CONTACTS**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

**PARENT PICK-UP (check one)**

- I will pick up my child at the end of each Camp Fire Club meeting.
- My child may walk home at the end of each Camp Fire Club meeting.

**MEDICAL INFORMATION**

Allergies: \_\_\_\_\_

Food/Dietary Restrictions: \_\_\_\_\_

The following is collected by Camp Fire Minnesota, is optional and is kept confidential and is only used for evaluation, grant writing and partner reporting purposes.

Please answer all questions below:

<b>1. Race/Ethnicity</b> (Mark all that apply)				
<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> African American/Black	<input type="checkbox"/> Native American/ Native Alaskan	<input type="checkbox"/> Asian	
<input type="checkbox"/> Latino/Hispanic	<input type="checkbox"/> African (recent immigrant)	<input type="checkbox"/> Other: _____		
<b>2. Does this student identify as Lesbian, Gay, Bi-Sexual, or Transgender?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>3. Primary Language Spoken at Home:</b>				
<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Chinese	<input type="checkbox"/> Vietnamese	
<input type="checkbox"/> Somali	<input type="checkbox"/> Russian	<input type="checkbox"/> Other: _____		
<b>3a. Is Youth in ELL/ ESL Program:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>4. Does this child have an Individualized Education Program (IEP)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>5. Household Structure:</b>				
<input type="checkbox"/> Two Parent	<input type="checkbox"/> Single Parent	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Guardianship	
<b>6. Does this youth qualify for free or reduced lunch?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				

**PARTICIPANT AGREEMENT AND RELEASE OF LIABILITY  
Camp Fire Minnesota Out-of-school Time Clubs**

In consideration for Camp Fire Minnesota ("Camp Fire") allowing the participant named below ("Participant") to participate in the Camp Fire Out-of-school Time Club program for which Participant is registered (the "Camp Fire Club"), the undersigned parent or guardian of Participant agrees as follows:

**Participation.** Participant may attend and participate in all activities associated with the Camp Fire Club. Participant has the necessary mental and physical skills and ability to participate in all Camp Fire Club activities.

**Release of Liability.** I am aware that there are numerous obvious and non-obvious risks in Participant's participation in the Camp Fire Club, including, without limitation, accidents and injuries, and I accept and assume all these risks. **I HEREBY RELEASE FROM LIABILITY AND INDEMNIFY AND HOLD HARMLESS CAMP FIRE AND ITS RESPECTIVE OFFICERS, DIRECTORS, TRUSTEES, EMPLOYEES, AGENTS, AND VOLUNTEERS FROM ANY AND ALL CLAIMS, DEMANDS, OR LIABILITY WHATSOEVER FOR ANY ACCIDENT, BODILY INJURY, DEATH, PROPERTY DAMAGE, OR OTHER LOSSES OF ANY KIND ARISING DIRECTLY OR INDIRECTLY FROM PARTICIPANT'S PARTICIPATION IN THE CAMPFIRE SUMMER PROGRAM, WHETHER CAUSED BY NEGLIGENCE OR OTHERWISE.**

**Rules.** Participant will be required to follow instructions, reasonable safety procedures, and Camp Fire rules and policies (the "Rules"). I understand and agree that any violation of the Rules may result in disciplinary action, including, without limitation, immediate withdrawal from any Camp Fire Club activity, notification to a parent or guardian, or dismissal from the Camp Fire Club entirely. I further understand that in order to provide a safe and cooperative group experience, Participant may be dismissed from the Camp Fire Club in Camp Fire's reasonable discretion for any reason, including, without limitation, the Participant's behavior, illness, or injury. I understand that my child is able to leave Camp Fire club activities at will and Camp Fire is not responsible for the safety of my child once they have left the program space. Parents will be notified if the participant leaves Camp Fire Club early. I understand that as a parent/guardian must be home while my child attends Camp Fire Club.

**Travel.** In connection with Participant's participation in the Camp Fire Club, activities and field trips may occur throughout the year, I consent to Participant travelling by vehicle, including, without limitation, by public transportation, rented bus service, or a Camp Fire owned vehicle and assume on behalf of my youth all risk of injury associated with participation in program activities.

**Medication.** I acknowledge and agree that it is my responsibility to communicate any and all of Participant's allergies to Camp Fire Club staff and supply an allergy action plan, as well as proper medication (Camp Fire MN will not store medication). I acknowledge and agree that all medication must be in its original container, properly labeled, and authorized by Participant's health care provider or by written directions for over-the-counter medications. I agree that Camp Fire Club staff may administer the medication described above to Participant.

**Emergency Treatment.** Should an accident or other medical emergency occur during the Camp Fire Club, and Camp Fire Club staff are unable to timely reach me for medical authorization, I hereby give consent for Camp Fire Club staff to authorize necessary ambulance transport, hospitalization and medical treatment, including, without limitation, injections, anesthesia, surgery, and medication. I will be responsible for any and all billings and debts incurred with respect to such medical treatment or services. In extreme medical situations, Camp Fire staff may need to contact a local emergency unite before contacting parents/guardians.

**Surveys and Photographs.** To allow Camp Fire to gather data to evaluate the Camp Fire Club, I agree that Participant may participate in Camp Fire led surveys, focus groups, and other evaluation methods, and I authorize Camp Fire staff to provide information to Camp Fire MN about Participant. Information about Participant will be kept confidential by Camp Fire and its evaluation and community partners. Any reports generated, disclosed, or distributed will be limited to results for all participants, with no specific information on any one Camp Fire Club participant. I give Camp Fire permission to photograph and/or videotape Participant and use, reproduce, and publish such photographs and videos for Camp Fire marketing and publicity purposes without my inspection or approval. When identifying Participants in images, Camp Fire will only disclose the Participant's first name and age.

**I have read this agreement and fully understand and consent to its terms.**

\_\_\_\_\_  
Printed Name of Participant(s)

\_\_\_\_\_  
Printed Name of Participant(s)

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
*Signature* of Parent/Guardian

\_\_\_\_\_  
Date

# Camp Fire Minnesota Field Trip Permission Form 2016-2017 School Year

THIS GENERAL PERMISSION FOR THE 2016-17 SCHOOL YEAR IS SO THAT YOUR YOUTH CAN PARTICIPATE IN FIELD TRIPS THAT MAY OCCUR THROUGHOUT THE YEAR AS A PART OF THIS CAMP FIRE PROGRAM. CAMP FIRE STAFF WILL POST FIELD TRIP DETAILS WHICH WILL INCLUDE DATE, TIME, LOCATION, ACTIVITY AND METHOD OF TRANSPORT. We may use the following forms of transportation: Walking, Rental bus or van, Camp Fire Van, or Public Transportation. You may choose to opt out of specific field trips.

## PARENT/GUARDIAN PERMISSION TO PARTICIPATE & ACKNOWLEDGMENT OF RISK FOR PROGRAM FIELD TRIPS:

I hereby give permission for my youth to participate in the **Camp Fire Minnesota "Camp Fire"** activity and field trips that may be offered. I am aware that it is not possible to foresee and prevent all potential losses arising from indoor and outdoor activities. Knowing the risks and dangers, I understand the possible consequences of my youth participating in program activities. By signing below, I hereby agree to allow my youth to participate in all activities with full knowledge that there are real risks of loss inherent in it. By signing below I expressly assume on behalf of my youth all risk of injury associated with participation in program activities.

I hereby state that to the best of my knowledge, my youth has the necessary mental and physical skill and ability to participate in program activities. As the youth's parent or guardian, I assume full responsibility for my youth for any bodily injury and/or loss of personal property and expense thereof.

I understand that my youth will be required to follow instructions and abide by reasonable safety procedures and rules as outlined in any Camp Fire program materials or by Camp Fire Program Staff. I understand that **Camp Fire** reserves the right to refuse to allow my youth to participate in part or all of the activities if they are determined to be incapable of participating safely. **Camp Fire** also reserves the right to expel youth due to behavioral concerns.

As further consideration for my youth's participation in the program, I (for myself and my spouse [if any] and on behalf of my youth), do hereby fully and forever waive and release **Camp Fire** from each and every claim, suit, action or cause of action of any kind or nature that may arise or be assertable in any way whatsoever relating to my youth's participation in this program, and further, I shall fully and forever defend, indemnify, and hold harmless **Camp Fire** from and against any and all claims, demands, losses, liabilities, damages, actions, causes of action, suits, judgments, costs and expenses (including court costs and attorneys' fees) in any way whatsoever arising out of or relating to my youth's participation in this program/event.

I have read, understood and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon my youth and me during the entire period of participation in the **Camp Fire** program from 09/19/16 to 08/31/17.

Youth's Full Name (please print): \_\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_