



**Camp Fire USA is all inclusive and welcoming
to all youth.**

**Camp Fire USA NCW Council builds caring, confident
youth and future leaders.**

**Camp Fire USA offers classic clubs for \$10 per year.
This does not include the cost of vest or tee shirts or emblems.**
Please fill out and return the following form with your dues to your club leader

An honored beneficiary of the Wells Foundation.

Camp Fire USA is a United Way Agency

**North Central Washington Council ♦ PO Box 1734, Wenatchee WA 98807-1734
509/663-1609 ♦ 800/888-2325 ♦ campfire@nwi.net
www.campfirencw.org**



Emergency Contacts:

Name: _____ Home Phone # _____

Address: _____ Cell Phone # _____

Employers Name: _____ Work Phone # _____

Name: _____ Home Phone # _____

Address: _____ Cell Phone # _____

Employers Name: _____ Work Phone # _____

Demographics: *Furnishing this information is optional: It is for statistical purposes only. Responses will not affect the applicant's qualifications to become a member.*

Ethnicity	Number In Family	<u>Religious Preference</u>	Income level: Under \$25,000 a year	Income level: \$25,000 to \$35,000	Income level: \$35,000 to \$45,000	Income level: \$45,000 to \$55,000	Income level: Over \$55,000

Parent/Legal Guardian Permission:

- I give my permission that my child (or ward) to become a member of the Camp Fire USA North Central Washington Council. I will assist in observing the rules of the council and that I waive any claims against Camp Fire USA and the council except for claims arising from gross negligence or willful acts of the council or it's agents that may arise from participation in the activities of the Camp Fire Council. I understand that reasonable measures will be taken to safeguard the health and safety of all participants and that I 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 calling of a physician to provide whatever emergency medical or surgical treatment is necessary. I accept responsibility for the cost of such medical treatments.*

- You have my permission to use photographs in which my child appears for Camp Fire publicity.*

Signature: _____

Date: _____