

CAMP FIRE USA
4155 Yellowstone
Chubbuck, Id 83202
208-232-8819

YOUTH REGISTRATION FORM

Please Print Clearly

Today's Date: _____ School Attending: _____

Friend Request: _____

Child's Name: _____ Sex: _____ Age: _____

Grade in School: _____ Birthday: _____

Address: _____ City: _____ Zip Code: _____

County: _____ E-Mail Address: _____

Mother / Father Cell Phone# _____ Home Phone: _____

Mother's Name: _____ Father's Name: _____

Program	Amount	Date	Receipt	T-shirt	Refund	Amount	Date	Check #
Soccer								
T-Ball								
Flag Football								
Basketball								

Medical concerns Camp Fire should be aware of? Y/N If yes, complete medical form

Disabilities Camp Fire should be aware of? Y/N If yes, complete medical form

Parent/Guardian permission: I am willing and desire that my child (ward) become a member of Camp Fire. I will assist observing the rules of the council and I waive any claims against Camp Fire Inc. and the Gem State Council except for claims from gross negligence of willful acts of the council or its 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 I will be notified as soon as possible in the case of an emergency. In the event I cannot be reached, I hereby authorize the calling of a physician at my expense to provide emergency and/or surgical care necessary.

Would you be interested in coaching? Yes _____ No _____ Maybe _____

Signature: _____ Date : _____

- Camp Fire cannot guarantee practice time or place due to coach's discretion of practice place and time.
- There is a distinct possibility that siblings may practice or play games at the same time. No refunds will be granted due to scheduling conflicts, and no requests for team changes will be granted.
- Teams are made on the basis of grade and school first, and friend request second.
- Camp Fire cannot guarantee friend requests.

www.pocatellocampfire.com