



2009-2010 Camp Fire at The Roost Middle School Registration Form and Roost for the Day permission form

Please complete a separate form for each person. Registration must be completed in full.

CAMP FIRE AT THE ROOST PARTICIPANT INFORMATION

| | | | |
|-------------------------------------------------------|----------------|-------------|------|
| Student's Last Name: | | First Name: | |
| Home address: | | City: | Zip: |
| <input type="checkbox"/> M <input type="checkbox"/> F | Date of Birth: | Email: | |
| Grade: | Teacher: | School: | |

Yes No I would like a Camp Fire staff to call home when my student doesn't arrive at program by 3:30pm.

PARENT/GUARDIAN EMERGENCY CONTACT INFORMATION

Student lives with: Both Parents 1st Parent/Guardian 2nd Parent/Guardian Other:

| | | | | | |
|---------------------------------------|-------------|-------|--|-------------|--|
| 1st Parent/Guardian | | Name: | | Home Phone: | |
| Work Phone: | Cell Phone: | | | | |
| Business Address: | | | | | |
| Email address: | | | | | |
| 2nd Parent/Guardian | | Name: | | Home Phone: | |
| Work Phone: | Cell Phone: | | | | |
| Business Address: | | | | | |
| Email address: | | | | | |

EMERGENCY CONTACTS

| | | |
|-------------|---------------------|--------------|
| Name: _____ | Relationship: _____ | Phone: _____ |
| Name: _____ | Relationship: _____ | Phone: _____ |

TRANSPORTATION

Check (✓) one choice: My child may be

- Picked up by a parent, guardian, or authorized adult (name): 1. _____
- 2. _____
- 3. _____
- Walk home at the following time _____
- My student is able to leave the program when they want to.
- My student may **NOT** be picked up by _____

PHOTOGRAPHY CONSENT:

Do you give permission for your child to be photographed or videotaped for publicity or news purposes? Yes No

Mail or deliver this supervision form (and all other registration paperwork) to:

Sunnyside Swap Shop Co-op
3520 SE Yamhill Portland, Oregon 97214

For registration questions contact: Karen Hery at sunnysideswapshop@gmail.com or at 503.407.2667
For program questions contact: Camp Fire staff at roost@portlandcampfire.org or at 503.229.4345



2009-2010 Camp Fire at The Roost Middle School Registration Form and Roost for the Day permission form

Please complete a separate form for each person. Registration must be completed in full.

(Optional: The following data is collected for Camp Fire funding purposes only.)

Ethnicity: White African American Native American Asian/Pacific Islander Hispanic Other: _____

Does child receive Free or Reduced Lunch? Yes No

Primary language spoken at home: English Spanish Chinese Russian Vietnamese Other:

EMERGENCY CONSENT AND MEDICAL INFORMATION

If you cannot be reached and to protect your child in the event of a medical emergency, please complete the following information. This form will accompany your child to the hospital so that medical treatment can be provided. I hereby authorize Camp Fire USA Portland Metro Council staff to give consent for any emergency medical treatment deemed necessary for my child during program hours including ambulance transport. Yes No

PARENT / GUARDIAN SIGNATURE:

Allergies, special medical conditions, special needs, or restrictions:

Physician Name:

Phone Number:

Health Insurance Company Name:

Group/Policy Number:

Individual's Name on Insurance Policy:

Check here if no health insurance

PARENT/GUARDIAN PARTICIPATION CONSENT AND WAIVER

I hereby agree that _____ may join Camp Fire USA Portland Metro Council. My child may take part in the wide array of athletic, cultural and social activities offered by Camp Fire. I waive any claims I may have against Camp Fire, which may arise out of any accident or injury sustained by my child while engaged in any Camp Fire activities. I agree that my child may participate in surveys, which Camp Fire may administer periodically to gather data for evaluation of their programs and staff. I also authorize Camp Fire to receive information from my child's school that may include school information, attendance, achievements, and behavior.

I have read and understand the consent and waiver statement above.

**Parent / Guardian
Signature:** _____

Date: _____

ROOST FOR THE DAY

I am aware that students can "Roost for the Day" and attend a day of Camp Fire programming before we decide as a family to register for the program on an ongoing basis. Drop in youth with this paperwork are welcome as long as there is room at The Roost within student/staff supervision ratios. To assure that there is space at The Roost on your student's first day, please leave a message on The Roost program phone (503) 229-4345 or an email for The Roost at roost@portlandcampfire.org by noon one business day before your student attends.

Mail or deliver this supervision form (and all other registration paperwork) to:

Sunnyside Swap Shop Co-op
3520 SE Yamhill Portland, Oregon 97214

For registration questions contact: Karen Hery at sunnysideswapshop@gmail.com or at 503.407.2667

For program questions contact: Camp Fire staff at roost@portlandcampfire.org or at 503.229.4345