



## 2011-2012 Camp Fire Columbia at The Roost Middle School Registration Form

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

### CAMP FIRE COLUMBIA 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 Program Staff to call home when my student doesn't arrive at program by 30 mins after school dismissal.

### PARENT/GUARDIAN EMERGENCY CONTACT INFORMATION

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

<b>1<sup>ST</sup> Parent/Guardian</b> Name:		Home Phone:	
Work Phone:	Cell Phone:		
Business Address:			
Email address:			
<b>2<sup>ND</sup> Parent/Guardian</b> 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 child may **NOT** be picked up by \_\_\_\_\_

### PHOTOGRAPHY CONSENT:

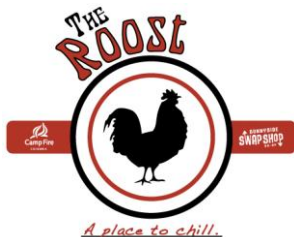
Do you give permission for your child to be photographed or videotaped for publicity or news purposes?  Yes  No

This information is collected for Camp Fire Columbia evaluation, grant writing and reporting purposes. Please answer all questions below:

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

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

For registration questions contact: Karen Hery at [sunnysideswapshop@gmail.com](mailto:sunnysideswapshop@gmail.com) or at 503.407.2667  
For program questions contact the Roost Supervisor at [roost@campfirecolumbia.org](mailto:roost@campfirecolumbia.org) or at 503-229-4345



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1. Race:	<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Black or African-American	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Pacific Islander
	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Multiracial	<input type="checkbox"/> Other: _____		
2. Primary Language Spoken at Home:	<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: _____		
3. Ethnicity:	<input type="checkbox"/> African Immigrant	<input type="checkbox"/> Hispanic/ Latino	<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> Slavic/Eastern European Immigrant	
4. Household Structure:		<input type="checkbox"/> Two Parent	<input type="checkbox"/> Single Parent	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Guardianship
5. Does Youth Receive Free Lunch?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

### 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 Columbia 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:		<input type="checkbox"/> Check here if no health insurance	

### Permission to Participate in Evaluation Activities

Camp Fire Columbia collects evaluation information from participants in order to improve our programs. On a written survey or in a focus group conversation, your child may be asked to comment on her/his experience with Camp Fire Columbia, the Roost and their school. Information about your child will not be shared with people outside Camp Fire Columbia or its evaluation partners. Any reports submitted will be limited to results for all the youth, with no specific information on any one program Youth.

I have read and give permission according to the terms and conditions and that this agreement shall be effective and binding upon my child and me from September 1, 2011 to August 31, 2012.

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

*\*\* Youth may participate in Camp Fire activities whether or not their Parent/Guardian gives permission to "participate in evaluation activities."*

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### Participation Agreement and Acknowledgement of Risk

I, Parent/Guardian of YOUTH, hereby give permission for my YOUTH to participate in CAMP FIRE COLUMBIA "CAMP FIRE" after-school activities at The ROOST, including but not limited to, classroom, playground and field trip activities.

I hereby agree to allow my YOUTH to participate in all CAMP FIRE activities with full knowledge that there are real risks of loss inherent in it. I am aware it is not possible to foresee and prevent all potential losses arising from indoor and outdoor activities (including recreational, cultural and social activities). Knowing the risks and dangers, I understand the possible consequences of my YOUTH participating in activities during a CAMP FIRE program. By signing below I expressly assume on behalf of my YOUTH all risk of injury associated with participation in CAMP FIRE programming and 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/Guardian, I assume full responsibility for my Youth for any bodily injury and/or loss of personal property and expense thereof.

In consideration of the benefits to be received as the result of my YOUTH's participation in CAMP FIRE, the receipt and sufficiency of which I hereby acknowledge and fully and forever waive and release CAMP FIRE and the officers, directors, trustees, employees, agents, volunteers and insurers of each of them, 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 CAMP FIRE.

I further understand and agree each YOUTH participating in the CAMP FIRE program will be required to follow staff instructions and abide by all other reasonable safety procedures. 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 any Youth due to behavioral concerns. I further understand that in order to provide a safe and cooperative group experience, a YOUTH may be dismissed from the CAMP FIRE program without refund for reasons including behavior, illness or injury.

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

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

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