



Camp Fire Columbia
High School
2016-17 Program Registration Form

Please check Program School:

Date: ___/___/___

David Douglas

Fir Ridge

YVC

YOUTH LAST NAME: _____ YOUTH FIRST NAME: _____

Home Address: _____ City: _____ Zip: _____

Date of Birth: Month ___ Day ___ Year ___ Gender: Male Female Transgender

Grade: _____ Student ID # _____ T-Shirt Size: _____

Youth Cell Phone _____ Youth Email: _____

PARENT/GUARDIAN #1

Last Name _____ First Name _____

Address (If different from Youth): _____

Cell Phone _____ Other Phone _____ Email: _____

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 _____ Other Phone _____ Email: _____

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: _____

MEDICAL INFORMATION

Allergies: _____

Physicians Name: _____ Physician Phone: _____

Health Insurance Company Name: _____ Group/Policy Number: _____

Individual's Name on Insurance Policy: _____ Check here if no Health Insurance:

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

1. Race/Ethnicity (Mark all that apply):	<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> African American/Black	<input type="checkbox"/> Slavic/Eastern European	<input type="checkbox"/> Middle Eastern	<input type="checkbox"/> Pacific Islander/ Native Hawaiian
	<input type="checkbox"/> Latino/Hispanic	<input type="checkbox"/> African (recent immigrant)	<input type="checkbox"/> Native American/Native Alaskan	<input type="checkbox"/> Asian	<input type="checkbox"/> Other: _____
2. Does this student identify as Lesbian, Gay, Bi-Sexual, Transgender or Queer?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
3. 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: _____		
3a. Is Youth in ELL/ ESL Program:	<input type="checkbox"/> Yes <input type="checkbox"/> No				
4. Does this child have an Individualized Education Program (IEP)?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
5. Household Structure:	<input type="checkbox"/> Two Parent	<input type="checkbox"/> Single Parent	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Guardianship	
6. Does this youth qualify for free or reduced lunch, SNAP or TANIF?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

PARTICIPANT AGREEMENT AND RELEASE OF LIABILITY
Camp Fire Columbia High School Programs

In consideration for the Camp Fire USA Columbia Council ("Camp Fire") allowing the participant named below ("Participant") to participate in the Camp Fire School Based Program for which Participant is registered (the "Camp Fire School Based Programs"), the undersigned parent or guardian of Participant agrees as follows:

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

Release of Liability. I am aware that there are numerous obvious and non-obvious risks in Participant's participation in the Camp Fire School Based Program, 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 SCHOOL 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 School Based Program activity, notification to a parent or guardian, or dismissal from the Camp Fire School Based Program entirely. I further understand that in order to provide a safe and cooperative group experience, Participant may be dismissed from the Camp Fire School Based Program in Camp Fire's reasonable discretion for any reason, including, without limitation, the Participant's behavior, illness, or injury. I understand and agree that I will not receive a refund if Participant is dismissed from the Camp Fire School Based Program.

Travel. In connection with Participant's participation in the Camp Fire School Based Program, I consent to Participant travelling by vehicle, including, without limitation, by public transportation, rented bus service, or a Camp Fire owned vehicle.

Medication. I acknowledge and agree that it is my responsibility to communicate any and all of Participant's allergies to Camp Fire School Based Program staff and supply proper 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 School Based Program staff may administer the medication described above to Participant.

Emergency Treatment. Should an accident or other medical emergency occur during the Camp Fire School Based Program, and Camp Fire School Based Program staff are unable to timely reach me for medical authorization, I hereby give consent for Camp Fire School Based Program 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.

Surveys and Photographs. To allow Camp Fire to gather data to evaluate the Camp Fire School Based Program, I agree that Participant may participate in Camp Fire led surveys, focus groups, and other evaluation methods, and I authorize Camp Fire staff and Participant's teachers to provide information to Camp Fire about Participant. Information about Participant will be kept confidential by Camp Fire and its evaluation partners. Any reports generated, disclosed, or distributed will be limited to results for all participants, with no specific information on any one Camp Fire School Based Program 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. Camp Fire will not disclose the identity of Participant when displaying his or her image.

Release of Information. David Douglas Public Schools Schools and High School Program Provider, Camp Fire Columbia provides the best services when the School and Program share important information about your child for the purposes of program planning, staffing, and safety. This release allows the school to share information about your student with the Program, and the Program Staff to share information about your student with the school/teachers on a need-to-know basis. I understand that:

- Providing this consent is a requirement for my child to participate in the Camp Fire High School Program.
- This consent allows records and information about my student's behavior, safety, education, health, Individualized Education Plan, and social skills to be shared between the Program and school.
- The Camp Fire High School Program will keep all information about students confidential according to its own policies.

I consent to the use/disclosure of the above information and/or records. School information will only be collected for the year/s the youth is/was in Camp Fire programming..

Governing Law; Dispute Resolution. This agreement is governed by and will be construed in accordance with Oregon law, without regard to conflict-of-laws principles. Any dispute relating to this agreement shall be settled exclusively and finally by binding arbitration conducted in Portland, Oregon, before a single arbitrator using the rules of Arbitration Service of Portland, Inc. Judgment on the award rendered by the arbitrator may be entered in any court of competent jurisdiction. If any arbitration, suit, or action is instituted with respect to this agreement, the prevailing party will be entitled to recover all reasonable expenses of the proceeding, including reasonable attorney fees incurred in preparation for or in the proceeding and on any appeal or petition for review, as determined by the arbitrator or court.

Severability. This agreement will be construed broadly to provide a release to the maximum extent permissible under Oregon law. Any provisions found to be void or unenforceable shall not affect the validity or enforceability of any other provisions.

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

Printed Name of Participant(s)

Printed Name of Participant(s)

Date

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Camp Fire Columbia Field Trip Permission Form 2016-17 School Year

THIS GENERAL PERMISSION FOR THE 2015-16 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 PROVIDE FIELD TRIP DETAILS/NOTIFICATION TO PARENTS/GUARDIANS 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, Public Transportation (Tri-met) bus or MAX. 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 Columbia "Camp Fire"** school-based 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 09/01/15 to 08/31/16.

Youth's Full Name (please print): _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____