



Program Membership Fees and Expenses: 2018

All volunteers (Leaders, club volunteers, board members, administrative volunteers, high school youth volunteers working as tutors, camp counselors, or program assistants and consultants) must be registered members of Camp Fire Patuxent Area Council and must complete the attached forms. Leaders and program volunteers are screened and once accepted for volunteer positions are covered on Camp Fire Insurance. Background check fees must be paid with the application. Membership Fees are payable after your application is approved. **If you are unable to pay these fees, some very limited financial assistance may be available in exchange for a specific number of volunteer service hours or in-kind donations. Fall registration dues are due no later than October 1, 2017 for renewing clubs. New clubs who registered in summer 2017 and paid a full membership fee are registered for the program year.**

All volunteers 17 years of age and older must complete a Background Check conducted by the council or through documentation of partner agencies. The following are fees for Registration:

Membership for Board Members **\$100.00**

Adult Members of the Board of Directors who serve in a governance role for the council. Includes the cost of Liability and Board and Directors Insurance. Board members must also complete Background Check.

Membership Fee for Youth Volunteers (15-17) **\$40.00**

(This fee includes coverage for insurance during volunteer work and membership in **Teens in Action**. For students in School Based Programs the fee may be waived by school paying charter fee or grants covering registration)

Family Membership For those who register as members of Families
The first Two family members pay \$ 40 per person; The Third pays 30, and the Forth family member pays \$25. And each additional member pays \$20 each. Family Maximum for Membership—\$150.00 (This fee covers all family members living in the same household only and does not include the background checks—those must be completed annually for all adults.)

Organizational or Partnership Membership Fees for Schools or Organizations--Vary by size of program

Camp Fire Utilizes partner agencies to deliver programming in established program sites. The cost of these programs is negotiated with the partner agency according to the level of program service needed. A formula that includes staffing and program delivery is negotiated with each agency/school based on their particular needs.

Fee for Background Check for adults and youth (17 and older) serving in a leadership Position or having regular interaction with children enrolled in Camp Fire Programs **Must be completed Annually as required by Camp Fire National Office** **\$17.00**

Driving Records \$ 12.00

Background checks are conducted by the council using Volunteer Select/Nexis. The information is held in strictest confidence and is used to ensure that all adults working with or having contact with youth are

clear of any convictions that might put children at risk. **As required by our national office--This must be completed every year to ensure that our youth are safe.** In addition, anyone driving children other than their own children for Camp Fire Activities must have a driving record check.

Uniform Costs

The cost of Camp Fire Youth Uniforms is approximately 40-50 dollars. This includes the cost of a vest, white golf shirt with the Camp Fire Logo, and navy or Khaki slacks or skirts. Middle school youth design ceremonial uniforms for special Camp Fire Events. Middle and High School Youth and Adult Uniforms include a Red or Navy Golf shirt and Navy or Khaki Slacks or Skirts. Shirts are available through the Council. Incidental Items can be purchased through the Camp Fire Online Store at www.campfire.org/store



Please work with council staff to obtain necessary materials. Council Tee Shirts are designed to meet local needs and clubs are invited to order these once a coordinator. Council TShirts are 12 dollars for youth sizes and 15 dollars for adult sizes up to XL and 17 for shirts 2x and larger. They come in a variety of sizes. Adult shirts have a Spark Champion Logo. Navy and Red Shirts are worn by club members, Light blue for youth in teens in action Programs, and Orange by school based program members.

Program Materials and earned awards

All leaders and program supplies must be ordered through the office. This includes book and awards. For more info on awards, please review the leaders training manual where info on awards is provided. Awards include, Emblems, Pins, beads, and locally designed awards.

Other Cost

Youth will incur costs for program activities that are sponsored by the individual clubs, for camp attendance, for special council wide events, and for middle school and high school youth for attendance at local, regional, or national leadership events.

If you have any questions you may contact us at 240-391-6246 or by email at CampFireInfo@gmail.com

Thank you for your interest in Camp Fire.



CAMP FIRE USA MEDICAL INFORMATION FORM

Program Name _____ Youth Adult

Name _____
 Last First Middle

Address _____
 Number and Street City, State and Zip

Date of Birth _____ M/F _____ Age _____ Phone (____) _____

Parent/Guardian/Emergency Contact _____

Home (____) _____ Bus. (____) _____

Names of two alternates who may be contacted in case of an emergency:

1. Name _____ Relationship _____ Phone (____) _____

2. Name _____ Relationship _____ Phone (____) _____

Council Name _____ Phone (____) _____

If youth, name of adult from council in attendance (if any) _____

_____ Name of family physician

Date last seen by family physician _____ Phone (____) _____

Name & ID number of family hospital/medical insurance _____

Employer through which insurance is received _____

Identification number of council insurance (if insured) _____

If participant has been under the care of a physician within the past 12 months or if there is any question about activity restriction, attach a statement from a physician indicating restrictions and noting any pertinent recommendations.

1. Any operations, serious injuries or chronic illnesses _____ If yes, specify: _____

2. Check communicable diseases to date: _____ Measles _____ Chicken Pox _____ Mumps _____
 _____ German Measles (Rubella) _____ Other _____

3. Give year of last immunization booster for: Tetanus Toxoid _____ Polio _____
 German Measles (Rubella) _____ Diphtheria _____ Measles _____

4. Name any known allergies: Food _____ Drugs _____
 Plants _____ Animals _____ Insects _____ Other _____

Explain reaction and indicate medication used _____

(Medication for above should be brought with you)

Email Address Parents _____

5. Check if prone to any of the following conditions: _____ Fainting _____ Convulsions
 _____ Stomach Upsets _____ Frequent Headaches _____ Asthma/Respiratory Problems
 _____ High Blood Pressure _____ Heart Problems _____ Restlessness/Sleepwalking
 Any disability requiring accommodations in the form of special attention, auxiliary aids or services, removal of physical or communication barriers, etc. (please specify) _____

6. The following are the auxiliary aids, services and/or special attention that I/my child require(s) to engage in the Camp Fire USA activity or event, as well as the physical and/or communication barriers that may need to be removed for me/my child to participate in the event: _____

7. List medication(s) and use, including insulin. (Should be in original container with prescription and/or store label.)

Medication _____ used for _____ when taken _____

Medication _____ used for _____ when taken _____

Do you need any assistance administering medication? _____ Is refrigeration needed? _____

Please explain _____

8. Any prior activity restriction? _____ If yes, specify _____

Any present activity restriction desired by participant, his or her parent, guardian or physician? _____

If yes, specify _____

I have completed the above information (with my parents, if a minor) and will assume the responsibility for restricting any activities agreed upon and listed above. I will exercise good judgment in regard to my own health, safety and well being at the Camp Fire USA event described above.

Signed _____ Date _____

Youth Participant

I verify that the above medical information on my child, _____, is complete and accurate. I understand that my child must have had a physical examination within the past three years to participate in a resident camp program. The month and year of the physical was _____. I also 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 such participation. In the event I cannot be reached in an emergency, I hereby authorize the calling of a physician at my expense to provide whatever emergency medical or surgical treatment is necessary.

Signed _____ Date _____

Parent of Legal Guardian

The above information is requested only to protect the safety of the participant and others. Camp Fire USA is committed to and does comply with the Americans with Disabilities Act in all respects and will utilize the information provided on this form for the protection of the participant and other participants and/or to assist in making the accommodations required to permit the participant to fully take part in this Camp Fire USA activity.

Group Program Family Registration Form

For Youth and Adults living in the same household



Patuxent Area Council

PO Box 763

Bowie, MD. 20718

301-860-4923 Fax 301-805-5017

E-Mail CampFirePatuxent@aol.com

To be filled out and signed by parent or legal guardian. Please provide complete information

For Office Use

District _____

Leader _____

School _____

All information must be completed and form Signed

Family Name _____ Home Phone () _____
Address _____ Family E-mail _____
City/State/Zip _____ Nearest School _____

Adults who live at the above address (Must Complete for Emergency Purposes)

Last Name: _____ First _____ Birthdate _____ Gender M / F
Occupation Title _____ Employer _____
Work # _____ Payer _____
Cell Phone _____ E-Mail _____
Position: Leader _____ Asst Leader _____ Sponsor _____
Adult Volunteer _____ Parent Volunteer _____ Other _____

Renewing _____ New _____
Adult volunteer _____
Other _____

Last Name: _____ First _____ Birthdate _____ Gender M / F
Occupation Title _____
Employer _____
Work # _____ Payer _____
Cell Phone _____ E-Mail _____
Position: Leader _____ Asst Leader _____ Sponsor _____
Adult Volunteer _____ Parent Volunteer _____ Other _____
Relationship to Children listed below:
Parent _____ Grandparent _____ Non-Related Guardian _____ Other: _____ Please Indicate _____

Renewing _____ New _____
Adult volunteer _____
Other _____

Parent Authorization

I Authorize my Children listed below to participate in Camp Fire USA Programs _____

YOUTH 1

Last Name: _____ First _____ Birthdate _____ Gender M / F
Club _____ Leader _____ Club Level _____
Grade In _____ Fall _____ School _____ Renew _____ Transfer _____ New _____
List any activities from which this applicant is restricted _____

List any allergies or physical/health limitations _____

For Statistical Purposes Only (often grantors ask us for this information when we request funding)

Ethnicity _____ Disabilities _____

YOUTH 2

Last Name: _____ First _____ Birthdate _____ Gender M / F
Club _____ Leader _____ Club Level _____
Grade In _____ Fall _____ School _____ Renew _____ Transfer _____ New _____
List any activities from which this applicant is restricted _____

List any allergies or physical/health limitations _____

For Statistical Purposes Only (often grantors ask us for this information when we request funding)

Ethnicity _____ Disabilities _____

YOUTH 3

Last Name: _____ First _____ Birthdate _____ Gender M / F
Club _____ Leader _____ Club Level _____
Grade In _____ Fall _____ School _____ Renew _____ Transfer _____ New _____
List any activities from which this applicant is restricted

List any allergies or physical/health limitations

For Statistical Purposes Only (often grantors ask us for this information when we request funding)

Ethnicity _____ Disabilities _____

YOUTH 4

Last Name: _____ First _____ Birthdate _____ Gender M / F
Club _____ Leader _____ Club Level _____
Grade In _____ Fall _____ School _____ Renew _____ Transfer _____ New _____
List any activities from which this applicant is restricted

List any allergies or physical/health limitations

For Statistical Purposes Only (often grantors ask us for this information when we request funding)

Ethnicity _____ Disabilities _____

YOUTH 5

Last Name: _____ First _____ Birthdate _____ Gender M / F
Club _____ Leader _____ Club Level _____
Grade In _____ Fall _____ School _____ Renew _____ Transfer _____ New _____
List any activities from which this applicant is restricted

List any allergies or physical/health limitations

For Statistical Purposes Only (often grantors ask us for this information when we request funding)

Ethnicity _____ Disabilities _____

YOUTH 6

Last Name: _____ First _____ Birthdate _____ Gender M / F
Club _____ Leader _____ Club Level _____
Grade In _____ Fall _____ School _____ Renew _____ Transfer _____ New _____
List any activities from which this applicant is restricted

List any allergies or physical/health limitations

For Statistical Purposes Only (often grantors ask us for this information when we request funding)

Ethnicity _____ Disabilities _____

Signatures and Validation

I _____ authorized the above named Children to participate in Programs sponsored by Camp Fire USA Patuxent Area Council.

Photo and video images of my children and myself MAY MY Not be used to promote Camp Fire USA Programs.

Printed Name _____ Signature _____

Date Signed _____



Family Activity Interest Form

Date Completed _____ Family Name _____

Email Contact _____ Phone Contact _____

As a Family we are interested in the following Activities:

	Pre-k-2	2-5th	6-8th	Teens	College	Adults
Arts and Craft Activities						
Awards for Camp Fire Achievement						
Awards Congressional Service Awards						
Awards Presidential Service awards						
Career Exploration						
Cooking						
Family Fun and Game Nights						
Financial Literacy						
Fitness and Health						
Leadership Council Leadership Opportunities						
leadership Help with club activities and events						
Leadership Help with Fundraising						
Leadership of a Club						
Leadership of a special event						
Leadership Training						
Nutrition Education						
Outdoor Camping						
Outdoor cooking						
Outdoor Environmental Education						
Outdoor Hiking						
Outdoor Skills building						
Safety Emergency Readiness training						
Safety Programs						
Safety Programs CPR						
Safety Programs First Aid						
Self-reliance and Personal Growth						
Self-Reliance Goal Setting						
Service to the Community						
Stem Engineering						
Stem Math						
Stem Science						
Stem Technology						
Teen Service Trips						
Training Adult Training Opportunities						